NHS England

Allied Health Professions Enhanced Level Practice Schemas with Model Curricula

(11 professions)

Foreword

The NHS Long Term Workforce Plan has set out three clear priority areas for the NHS workforce over the next 15 years: **train**, **retain** and **reform**. The allied health professions (AHP) Enhanced Level workforce includes large numbers of practitioners providing key decision-making capability and capacity, complex care, and case management to people and communities across health and social care. They are of high importance in providing essential specialist knowledge and expertise within specific areas of practice. There are no recognisable, structural training opportunities to build clinical reasoning and skills for this group of staff, to build a productive and effective workforce. To retain staff, clear structured career development pathways are essential.

AHPs Deliver drives our continued commitment to the upskilling, education and development of the AHP workforce across the entirety of their career pathways. The opportunity to build training pathways and the potential to utilise the Enhanced Clinical Practice Apprenticeship for the allied health professions to support all three of the long-term workforce plan priority areas is key. This will support sustainable, funded, accredited, high-quality training and education to meet the requirements of 21st-century healthcare now and in the future.

Professor Suzanne Rastrick OBE
Chief Allied Health Professions Officer (England)

© NHS England 2024

Registered allied health professionals working towards or within the Enhanced Level of Practice will have the opportunity to develop their skills and capabilities via the Enhanced Clinical Practice Apprenticeship.

To develop their knowledge, skills, and behaviours within their professional context, we have developed schemas and model curricula for ten of our allied health professions (the remaining five will be developed at a later date). We have worked closely with a wide range of innovation partners and would like to thank everyone for their hard work and commitment. The schemas and model curricula will support the delivery of high-quality profession-specific educational programmes, alongside embedded work-based learning.

This resource will provide an invaluable source of information for education providers, employers, and professionals to support widening access to education and training at the Enhanced Level of Practice.

Claire Arditto
National AHP Enhanced Practice Apprenticeship Programme Lead
Regional Head of Allied Health Professions North-East and Yorkshire

© NHS England 2024

Contents

© NHS England 2024

Using this resource

Introduction

Who are these schemas for?

Profession-specific schemas

Enhanced Level Practice schemas for seven professions

Enhanced Level Practice schema – dietetics

Enhanced Level Practice schema – occupational therapy

Enhanced Level Practice Schema – operating department practitioners

Enhanced Level Practice Schema – physiotherapy

Enhanced Level Practice Schema – podiatry

Enhanced Level Practice schema – prosthetics and orthotics

Enhanced Level Practice schema – diagnostic radiography

Enhanced Level Practice schema – therapeutic radiography

Enhanced Level Practice schema – paramedic

Enhanced Level Practice schema – osteopathy

Enhanced Level Practice schema – speech and language therapy

© NHS England 2024

Using this resource

The contents of this document remain the property of the NHS England Workforce Training and Education Directorate (previously Health Education England) and are protected under copyright ©.

For detailed information on how you may be able to use this resource, including intellectual property, copyright and use of schema content, please refer to specific guidance at: www.england.nhs.uk/terms-and-conditions-2

Intellectual property

The names, images and logos identifying NHS England are proprietary marks. If you wish to copy or use the NHS England logo, you must get prior approval from our communications team by emailing them at: england.web@england.nhs.uk

Copyright

You may use and re-use the information featured in this document (not including logos or photographs) unless identified as another party's copyright free of charge in any format or medium, under the terms of the Open Government Licence.

The permission to reproduce protected material does not extend to any material in this document which is identified as being the copyright of a third party or for any photographic images. Authorisation to reproduce such material must be obtained from the copyright holders concerned.

Disclaimer

This document is provided 'as is', without any representation or endorsement made and without warranty of any kind, whether express or implied, including but not limited to the implied warranties of satisfactory quality, fitness for a particular purpose, non-infringement, compatibility, security and accuracy.

Introduction

NHS England commissioned the development of schemas and model curricula to support the development of allied health profession-specific programmes in order to increase the scope of the delivery of the Enhanced Clinical Practitioner apprenticeship and to elevate those professions where there is less accredited training available at this level of practice.

This is in support of the priorities outlined in the NHS Long Term Workforce Plan (2023).

These schemas are intended to sit alongside and inform other Enhanced Level Practice education and training programmes that exist currently or that are developed in the future.

The schemas in this document were developed via innovation partnerships including education providers, professional bodies, subject matter experts and a broad range of stakeholders across health and social care.

Each schema was developed separately, by nationally commissioned organisations. For this reason, there is some variation in the structure and format of the different schemas, but they all provide comprehensive information tailored to the specific allied health professions (AHPs). The schemas and model curricula provided are for use by academic education institutes to support development of profession-specific approved programmes within their own institution.

There is a clear commitment throughout all the schemas to the principles of equality, diversity, inclusion and belonging. Throughout development, a wide range of stakeholders was consulted to ensure all the schemas are wholly inclusive. Further detailed reference to equality, diversity, inclusion and belonging is included within each profession-specific schema.

This document includes schemas for 10 of the allied health professions. It does not include art therapy, drama therapy, music therapy, orthoptics, or speech and language therapy. It is intended that these will be developed at a later date.

© NHS England 2024

What is Enhanced Practice?

The Long Term Plan (LTP) and the AHP Strategy for England – AHPs Deliver identified the need for improved career pathways for staff, with associated funding for education and training. Enhanced Practice (EP) education is seen as a key part of this improved career pathway for allied health professions and will realise the full potential of the skill mix found within the health and social care workforce. There is acknowledgement that a large proportion of this multi-professional workforce provides complex care to patients and manages much of the day-to-day risk of services[1]. Allied health professionals have a range of unique skills to meet the needs of complex populations and work autonomously within multi-professional teams; however, there is a lack of career structure between preceptorship and Advanced Practice roles. Providing meaningful career pathways and progressing the development of profession-specific skills is essential to retain valued staff.

> "Enhanced Clinical Practice is a level of practice evident in the healthcare workforce. It is delivered by experienced, often registered professionals who practice with autonomy and independently. They do complex work and manage day to day risk, including risks on behalf of or with patients."
>
> The Principles of Enhanced Level Practice, Health Education England, 2022

Enhanced Practice (EP) is a level of practice that already exists within the AHP workforce. It is delivered by established clinicians, who are autonomous professionals, making a significant impact on patient care and clinical services. Through use of profession-specific knowledge, skills, and behaviours, they make autonomous decisions within a defined area of practice, mitigating and managing risk to the patient, themselves, others, and the service. There are no 'generic' Enhanced Practitioner roles; practitioners are post qualification/registration and have experience and a recognised body of **profession-specific** knowledge. Recognising and formalising Enhanced Level Practice will drive cultural change and provide a positive impact on services.

Practitioners working at enhanced practice level do so across different sectors and settings. They hold and apply a focused depth of professional knowledge, skills, and

[1] Health Education England (2022). The Principles of Enhanced Level Practice

© NHS England 2024

behaviours within their individual scope of practice and sphere of influence to meet population health, patient care, service delivery, and workforce needs. Fundamental to practice at enhanced level (and all levels of practice) is practitioners having and exercising a developed understanding of their personal scope of practice at any one point in time and the limits of their scope and competence, and therefore knowing when they need to seek advice and guidance to ensure that patient safety is upheld.

> "Each profession develops approaches and expertise to meet the needs of patients and populations and to develop a body of knowledge that they hold and apply. Enhanced Level Practice is very much rooted in that development of knowledge and expertise. Therefore, different professional groups express what it looks like to work at this level of practice. This means there is no generic 'enhanced clinical practitioner' role or training."
>
> Beverley Harden, Deputy Chief AHP Officer (England) and Multi-Professional Lead for Advancing Practice, NHS England

Practitioners who work at an enhanced level do not have to include the term 'enhanced' in their job title. They work autonomously as part of a multidisciplinary team or independently and are proficient within their area of practice, being able to apply their skills, experience, and education to substantially contribute to episodes of care. This level of practice occupies the space after preceptorship and before Advanced Practitioner and may be a destination in itself, or a precursor to Advanced Practice. Enhanced Level Practice contributes significantly to person-centred care, quality, safety, and efficiency within services.

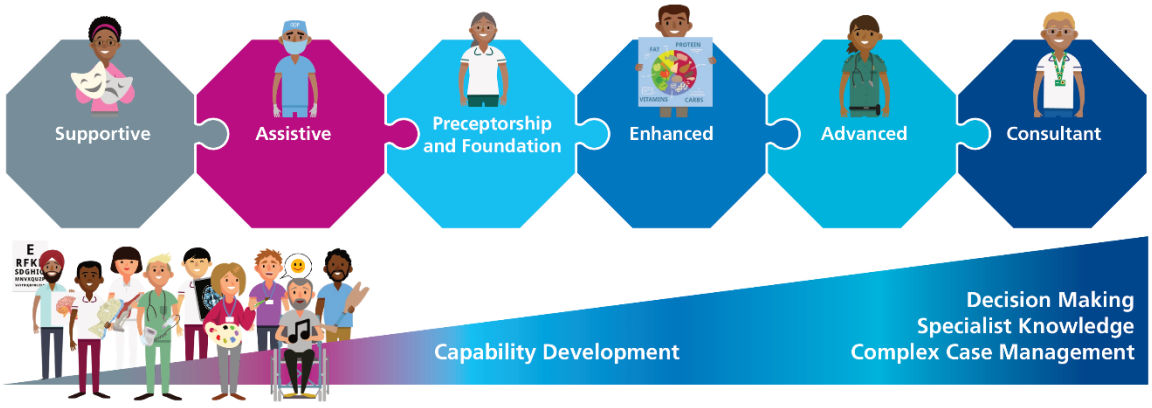


Figure 1: AHPs capability development

© NHS England 2024

Who are these schemas for?

Education and training providers

These schemas are primarily aimed at academic education institutions (AEIs) to facilitate the design and delivery of postgraduate education for Enhanced Level Practice across the allied health professions. They provide enhanced level and profession-specific descriptors that map to the Enhanced Clinical Practitioner apprenticeship standard and occupational duties for Enhanced Practice. They cite examples of evidence that may be used to demonstrate learning (either as part of a module/CPD or on-the-job training), pathway examples that illustrate current workforce priorities, and alignment to key profession-specific frameworks.

An FAQs document for AEIs, which includes clarification on levels of learning, funding and delivery, is available online.

Employers

These schemas can be used by employers to provide a guide to this level of practice, with pathway examples and suggestions of evidence that may be used to demonstrate learning as part of on-the-job training. They can also be used to guide equality, diversity and belonging when recruiting and training practitioners at an enhanced level. Employers should use the schema alongside the employer's guide to the Enhanced Practice apprenticeships.

Practitioners

These schemas can be used by those training and working to provide a guide to this level of practice, expectations of education and training required, and suggestions of evidence that may be used to demonstrate learning as part of off- and on-the-job training.

© NHS England 2024

NHS England

Enhanced Level Practice schemas for seven professions

Diagnostic radiography

Dietetics

Occupational therapy

Operating department practitioner

Physiotherapy

Podiatry

Prosthetics and orthotics

Developed by Coventry University and University of Salford Innovation Partnership

© NHS England 2024

Acknowledgements

Innovative partnership

Project leads

- Dr Kim Stuart, Associate Professor Occupational Therapy, Coventry University
- Louise Henstock, Senior Lecturer Physiotherapy, University of Salford

Project advisors

- Amanda Royston, Strategic Lead for Health, Coventry University
- Dr Gillian Rawlinson, Director of AHP and Public Health, University of Salford

Professional leads

Dietetics

- Dr Stacey Jones, Professional Lead Dietetics, Worcester University

Diagnostic radiography

- Joanne Ashworth, Senior Lecturer Diagnostic Radiography, University of Salford

Occupational therapy

- Dr Kim Stuart, Associate Professor Occupational Therapy, Coventry University

Operating department practitioner

- Dr Bernice Tighe, Associate Professor AHP, Coventry University

Physiotherapy

- Timothy Pigott, Lecturer Physiotherapy, University of Salford

Podiatry

- Hayley Edginton, Lecturer Podiatry, University of Salford

Prosthetics and orthotics

- Dr Gill Rawlinson, Director of AHP and Public Health, University of Salford

© NHS England 2024

Development teams

Dietetics

- Tania Rumney, National AHP Education and Training Lead, NHSE

Diagnostic radiography

- Dr Claire Mercer, Senior Lecturer, University of Salford

Occupational therapy

- Sam Dewis, Assistant Professor Occupational Therapy, Coventry University
- Sue Kenney, Lecturer Occupational Therapy, Coventry University
- Dr John O'Shea, Assistant Professor Occupational Therapy, Coventry University
- Occupational Therapy Team, University of Salford

Operating department practitioner

- Helen Lowes, National AHP Education and Training Lead, NHSE

Physiotherapy

- Chloe Wheatman, Lecturer Physiotherapy, University of Salford
- Julie Reay, Senior Lecturer Physiotherapy, University of Salford
- Louise Henstock, Senior Lecturer Physiotherapy, University of Salford
- Dr Gillian Rawlinson, Director of AHP and Public Health, University of Salford

Podiatry

- Dr Veronica Newton, Lecturer in Podiatry, University of Salford
- Dr Anita Williams, External Consultant, Part time lecturer in Podiatry
- Jennifer Andrews, PhD student, University of Salford

Prosthetics and orthotics

- Rhona Campbell, PhD student, University of Salford
- Robert Fulford, Senior Lecturer, University of Salford

Speech and Language Therapy

- Dr Kim Stuart, Associate Professor Occupational Therapy, Coventry University

© NHS England 2024

- Louise Henstock, Senior Lecturer Physiotherapy, University of Salford

Enhanced Practice advisor

Jo Jennings, Assistant Professor, Enhanced Practice, Coventry University

Equality, diversity and belonging leads

- Ganesh Baliah, Chief AHP System and AHP Programme Director, Suffolk and Northeast Essex
- Nikita Mascarenhas Lecturer Physiotherapy, Salford University

Innovation partners and Innovative Collaborative Group (ICG)

- Coventry and Warwickshire Integrated Care Board
- Coventry and Warwickshire Training Hub
- Suffolk Integrated Care Board
- Nottinghamshire County Council
- Coventry and Warwickshire Partnership Trust
- South London and Maudsley Foundation Trust
- Guys and St Thomas NHS Foundation Trust
- Northern Care Alliance NHS Trust
- National Breast Imaging Academy
- Alder Hey NHS Trust
- Liverpool NHS Foundation Trust.
- Wrightington, Wigan, and Leigh NHS Foundation Trust
- The British Dietetic Association
- The Society and College of Radiographers.
- The Royal College of Occupational Therapy
- The College of Operating Department Practitioners
- The Chartered Society of Physiotherapy
- The Royal College of Podiatry
- The British Association of Prosthetists and Orthotists

© NHS England 2024

- Melanie Clarkson (Chair ICG), Consultancy for Diagnostic Radiography schema, Project Lead for Therapeutic Radiography schema. Principal Lecturer in Advancing Practice and CPD for AHP. Sheffield Hallam University. Subject Matter Expert for Therapeutic Radiography NHS England
- Prof. Beverly Snaith (Vice Chair ICG), Clinical Professor of Radiography, Mid Yorkshire NHS Trust, and University of Bradford. Subject Matter Expert for Diagnostic Radiography NHS England
- Gemma Burke, Professional Lead Diagnostic and Therapeutic Radiography, Sheffield Hallam University
- Ryan Carr, Radiography Clinical Fellow, NHS England. Training Project lead Centre of Advancing Practice Southeast. Sonographer
- Brian Chaka, Assistant professor, Diagnostic Radiography. University of Bradford
- Denise Foulkes, Senior Lecturer for Diagnostic Imaging, Sheffield Hallam University
- Kayleigh Hizzett, Assistant Professor, Diagnostic Radiography. University of Bradford
- Dr Robert Higgins, Lecturer in Radiography, Programme Leader for Nuclear Medicine Imaging. University of Salford
- Michelle Hood, Senior Lecturer in Diagnostic Imaging, Sheffield Hallam University
- Dr Amy Robertson, Education and Accreditation Officer. The College of Radiographers
- Helen Watts, Radiography Clinical Fellow, NHS England. Reporting Radiographer, South Tees NHS Trust

Professional body leads

Dietetics

- Sian Cunningham, The British Dietetic Association

Diagnostic radiography

- Dr Amy Robinson, Professional Officer for Education and Accreditation, The Society and College of Radiographers

© NHS England 2024

Occupational therapy

- Karin Orman, Director Practice and Innovation, The Royal College of Occupational Therapy
- Dr Nikki Daniels, Head of Communities and Connections, The Royal College of Occupational Therapy

Operating department practitioner

- Mike Donnellon, The College of Operating Department Practitioners

Physiotherapy

- Reena Patel, Assistant Director of Workforce and Education, The Chartered Society of Physiotherapy

Podiatry

- Emma Stoneman, The Institute of Chiropodists and Podiatrists

Prosthetics and orthotics

- Peter Iliff, The British Association of Prosthetists and Orthotists

Critical friends

- Linda Hollingworth, Senior Lecturer Physiotherapy, University of Salford
- Helen Carruthers, Senior Lecturer Physiotherapy, University of Salford
- Bethan Haeney, Senior Lecturer Physiotherapy, University of Salford
- Lucia Berry, Senior Lecturer in Physiotherapy (Pelvic Health), Brunel University London
- Paul Millington, Assistant Professor of Physiotherapy (MSK), Bradford University
- Rachel Hemmingway, Allied Health Professional Workforce Lead, Greater Manchester
- Alison Turner, Allied Health Professional Workforce Lead, Greater Manchester
- Victoria Dickens, Director of Allied Health Professionals, Northern Care Alliance
- Anita Watson, National AHP Education and Transformation Lead for Physiotherapy, NHSE

© NHS England 2024

- Alan Mount, Professional Lead for ODP, Canterbury Christ Church University
- Dr Peter Roberts, Senior Lecturer, Course Leader BSc (Hons) Podiatry, University of Huddersfield, Member of Education Committee Royal College of Podiatry
- Dr Benjamin Bullen, Head of Education and Professional Development, Royal College of Podiatry
- Thanaporn (Dao) Tunprasert, Principal Lecturer, MSc Podiatry Course Leader, University of Brighton, Member of Educational Committee, Royal College of Podiatry
- Alex Crisp, Principal Occupational Therapist, Bristol City Council
- Hannah Stroude, Occupational Therapist, Assistant Deputy Director Allied Health Professions, University Hospital Coventry and Warwickshire
- Mary Borley, Occupational Therapist, AHP Workforce Fellow, Coventry and Warwickshire Partnership Trust
- Karin Orman, Director Practice and Innovation, The Royal College of Occupational Therapy
- Dr Nikki Daniels, Head of Communities, The Royal College of Occupational Therapy
- Deborah Glennie, Clinical Fellow, Workforce Transformation Operating Department Practice, NHSE
- Rachel Bilton, Radiography Clinical Fellow, NHS England. Consultant Gastrointestinal Radiographer, Northwest Anglia NHS Foundation Trust
- Emma Crompton, Radiography Clinical Fellow, NHS England. Lead Reporting Radiographer, Guy's and St Thomas' NHS Foundation Trust
- Rachel Horton, National AHP Education & Training Lead for Diagnostic Radiographers. Centre for AHP Education & Transformation. Health Education England
- Luisa Roldao Perez, Radiography Clinical Fellow, NHS England. Advanced Practice Trust Project Lead and Advanced Clinical Practitioner in Nuclear Medicine Therapies

© NHS England 2024

- Kim Whitlock, Radiography Clinical Fellow, NHS England. Consultant Therapeutic Radiographer (Breast), Norfolk and Norwich University Hospital NHS Foundation Trust

© NHS England 2024

Contents

Purpose of the Enhanced Level Practice schema

Options for delivery

Indicative Enhanced Practice programme of study

Development of the schema

Outline of the Enhanced Practice model curricula

Who is this schema and model curricula for?

Eligibility criteria for education programmes

Transition and alignment across career pathways

Equality, diversity, inclusion and belonging

Learning, teaching and assessment

Learning, teaching and assessment strategy

Learning and teaching methods

Communities of practice

Equality, diversity, inclusion and belonging principles and actions

Differentiating levels of practice from academic study

End-point assessment

Work-based learning requirements

Apprenticeship requirements

Differentiating support in the workplace

© NHS England 2024

Enhanced Level Practice schema – dietetics

Introduction

Underpinning the curricula development approach through the innovation partnership

Understanding and using the curriculum

Current national frameworks and capabilities referenced

Enhanced Level Practice in dietetics – curriculum intent

Enhanced Level Practice domains (organised within each pillar of practice)

Enhanced Level Practice schema – occupational therapy

Introduction

Underpinning the curricula development approach through the innovation partnership

Understanding and using the curriculum

Current national frameworks and capabilities referenced

Enhanced Level Practice in occupational therapy – curriculum intent

Enhanced Level Practice domains

Enhanced Level Practice Schema – operating department practitioners

Introduction

Underpinning the curricula development approach through the innovation partnership

Understanding and using the curriculum

© NHS England 2024

Current national frameworks and capabilities referenced

Enhanced Level Practice for operating department practitioners – curriculum intent

Enhanced Level Practice domains

Enhanced Level Practice Schema – physiotherapy

Introduction

Underpinning the curricula development approach through the innovation partnership

Understanding and using the curriculum

Current national frameworks and capabilities referenced

Enhanced Level Practice in physiotherapy – curriculum intent

Enhanced Level Practice domains

Enhanced Level Practice Schema – podiatry

Introduction

Underpinning the curricula development approach through the innovation partnership

Understanding and using the curriculum

© NHS England 2024

Current national frameworks and capabilities referenced

Enhanced Level Practice in podiatry – curriculum intent

Enhanced Level Practice domains

Enhanced Level Practice schema – prosthetics and orthotics

Introduction

Underpinning the curricula development approach through the innovation partnership

Understanding and using the curriculum

Current national frameworks and capabilities referenced

Enhanced Level Practice in prosthetics and orthotics – curriculum intent

Enhanced Level Practice domains

Enhanced Level Practice schema – diagnostic radiography

Development of the model curriculum

Capabilities in practice

Overview of the generic capabilities in practice

Overview of the profession-specific capabilities in practice

Overview of the pathway-specific capabilities in practice

Generic capabilities in practice

Profession-specific capabilities in practice (diagnostic radiographers)

Pathway-specific capabilities in practice

Assessment of capabilities in practice

Quality management specific to diagnostic radiography

© NHS England 2024

Mapping against the College of Radiographers Education and Career Framework (4th Edition, 2022)

Enhanced Level Practice schema – diagnostic radiography

Introduction

Outline of the Enhanced Level Practice model curricula

Understanding the use of the curricula

Current national frameworks and capabilities referenced

Enhanced level practice domains

Glossary

References

© NHS England 2024

Purpose of the Enhanced Level Practice schema

The overall aim of the Enhanced Level Practice curricula framework is to support autonomous allied health professionals (AHPs) who are established and confident in their profession-specific knowledge, skills, and behaviours but at ease in working in complex multi-professional teams across health and social care sectors. At an enhanced level of practice, we are developing confident, creative, high-level critical thinkers, agile in their mindset, solution-focused leaders who are working autonomously and are secure in their professional identity.

Continuous professional development (CPD) may be an individual-led or an employer-led activity that meets the requirements of the workplace, supports employers' aspirations for skilled and productive employees, and facilitates personal growth and career progression of the individual. In developing the curricula framework, the ambition has been to create an open framework approach that is sustainable and scalable for delivery, inclusive of all allied health professions. Adopting an open framework of curricula for Enhanced Level Practice enables the provision to be responsive to the needs of the workforce at a national level while being flexible in delivery at a local system level in collaboration with academic education institutes (AEIs) and their sector partners. Using an innovative open framework approach widens access to high-quality professional development that can be tailored to the individual profession as well as supporting collaborative learning across diverse professions and disciplines to meet the needs of the individual and employer.

The aim of these model curricula is to provide allied health professionals with a diverse curriculum that is relevant to their profession, specialty, and interests, seeking to celebrate the depth of practice within health and social care, retaining this highly valued and skilled workforce. It is important to recognise that in developing the curriculum framework, alignment to existing educational provision and national programmes has been made to maximise the opportunity to embed Enhanced Level Practice within local systems and to bring about change at a national level for our professions and delivery of care for our populations.

The Enhanced Level Practice curricula's purpose is:

- To maximise autonomous practice as AHPs.
- To be values-led at all levels of practice.

© NHS England 2024

- To be inclusive of all.
- To be multi-professional in intent but celebrate clarity and depth of practice that is **profession-specific.**
- To be agile in design across health and care.
- To commit to transformational change at system, place and neighbourhood levels.
- To be aligned to existing educational frameworks and curricula.
- To be cognisant of professionals' career journey from registration to Advanced Levels of Practice and beyond.
- To be employer-led to grow and sustain the local workforce who are representative of the community they serve.

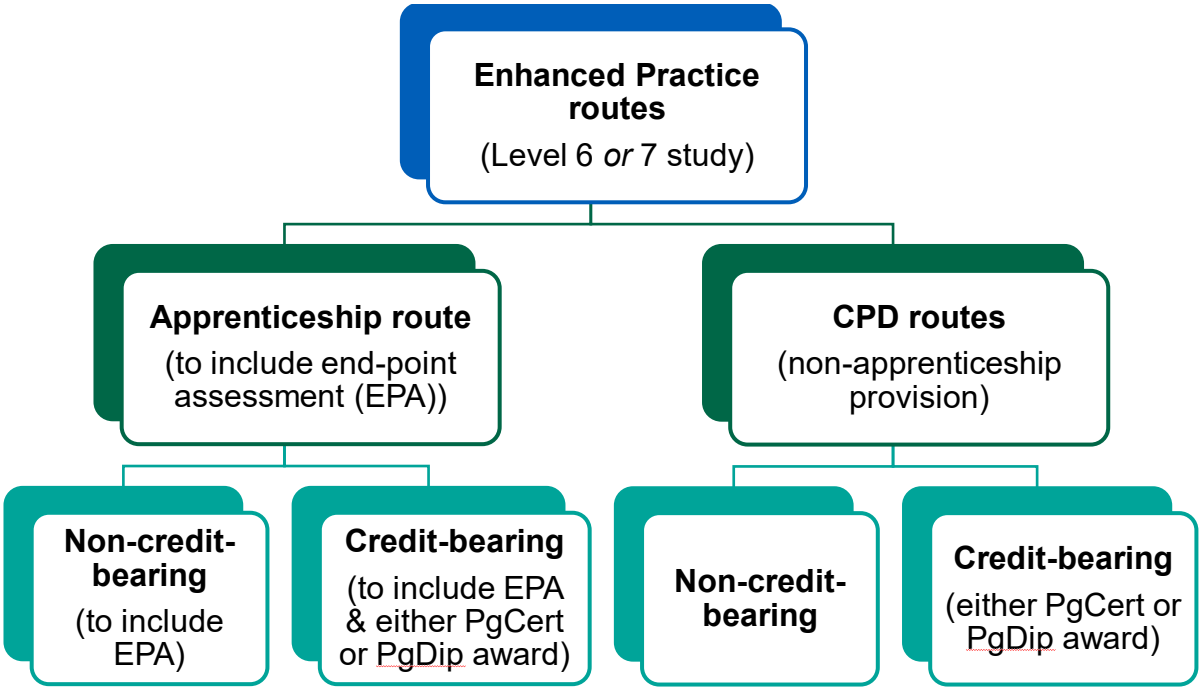


Figure 2: Enhanced Level Practice schema: open framework for Enhanced Level Practice.

The framework gives options to the employer and learner to frame their career journey and workforce priorities. The objective of the framework is that it provides a structured educational pathway whereby employers and individual learners can make informed choices for continued professional development that enables learners to acquire the breadth and depth of knowledge, skills, and experience addressing the

© NHS England 2024

needs of the individual, service, and population they serve. By ensuring flexibility in the design of curricula, it allows for national and local needs to be met for specific professions and/or service priorities.

Options for delivery

Enhanced Practitioner apprenticeship

The Enhanced Clinical Practitioner apprenticeship standard can be deployed at Level 6 or Level 7 and where appropriate can offer academic credits in addition to completion of the end-point assessment (EPA). Where academic credits are included within the apprenticeship, delivery guidance should be sought under the Education and Skills Funding Agency (ESFA) funding regulations. The delivery of any programme would be mapped according to the apprenticeship standard and assessment at the appropriate level of study according to the Framework for Higher Education Qualifications (FHEQ) standards. If the Enhanced Practice schema is delivered as an apprenticeship, then the education provider would need to consider and adhere to the ESFA funding rules. The apprentices would be entitled to a minimum of six hours per week of protected time for off-the-job learning no shorter than a 12-month period.

Continuing professional development (non-apprenticeship provision)

It is essential to recognise that there is a range of existing provision for post-registration education and where this is provided, a recommendation is made that the provider map this to the occupational standard for Enhanced Practice to ensure alignment and consistency for this level of practice and, where relevant, this could then be encompassed in a programme of study. In developing new provision, there also remains flexibility within an open framework for shared learning via standalone credit-bearing provision at an enhanced level of practice for those who are not eligible for or do not wish to pursue an apprenticeship.

While acknowledging the variation in pre-registration education levels across the professions, it is recommended that the **minimum requirement** of an enhanced level programme is a postgraduate certificate (PgCert), ideally at FHEQ Level 7, and where academic credits are included within the apprenticeship, delivery guidance should be sought under the ESFA funding regulations. **The admissions criteria should not preclude professions/professionals who do not hold pre-registration graduate entry from accessing Level 7 programmes where equivalence of professional experience and expertise can be demonstrated.**

© NHS England 2024

In designing the curricula, it is important to recognise that individual AEIs are governed by internal academic principles and regulations alongside Quality Assurance Agency for Higher Education (QAA) benchmarks and statutory requirements. The open framework is therefore suited in this context and guidance provided for the overarching curriculum intent, implementation and impact as required within the Ofsted Inspection Framework, but local application will determine the operationalisation of the curricula within any AEI that chooses to develop an Enhanced Level Practice programme.

The purpose of the schema is to provide the high-level principles that an education provider could then operationalise into a course, with an indicative programme of study outlined below. Providers would therefore have the ability to use the specific model curricula within their institutional requirements and funding bands as profession-specific, multi-professional, and or pathway-specific.

Indicative Enhanced Practice programme of study

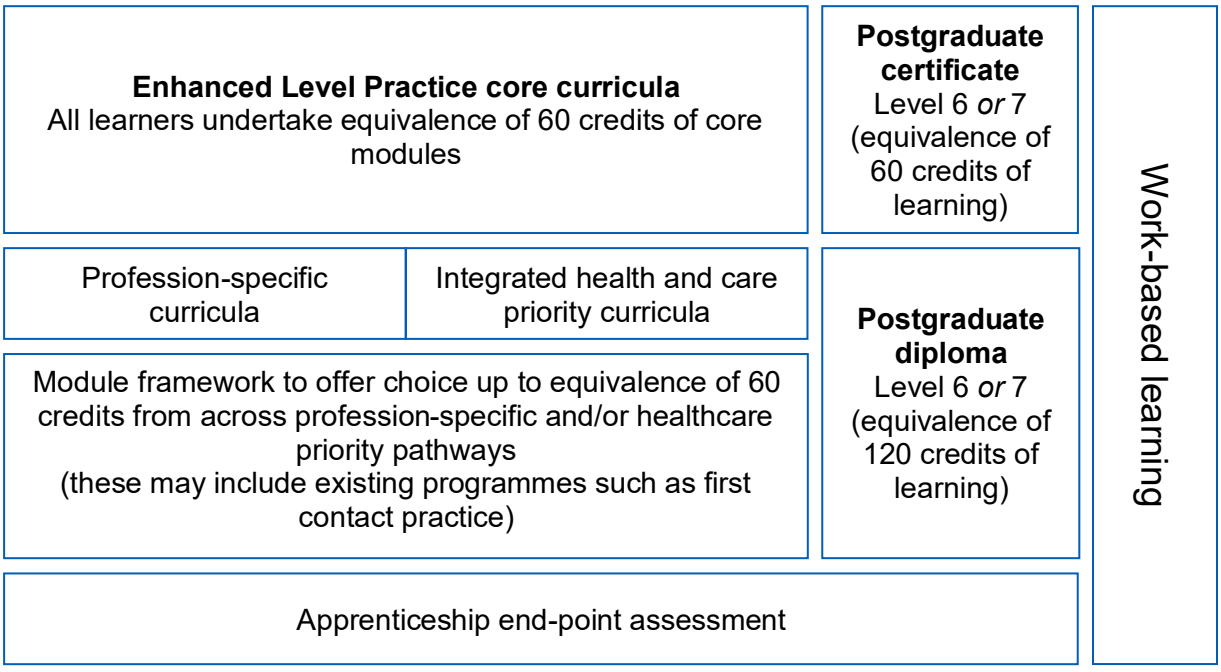


Figure 3: Academic and apprenticeship curricula framework for Enhanced Practice

The framework allows for the curricula to be co-delivered across the apprenticeship (credit-bearing and non-credit-bearing option) and CPD courses.

- The framework does not mandate academic credits; where stated, these are provided as **indicative examples only** of learning requirements.

© NHS England 2024

- Education providers can use the framework to guide development of programmes that are inclusive of all options for credit-bearing and non-credit-bearing professional development.
- All learners complete the Enhanced Level Practice core curricula, with the equivalence of 60 credits, which will address the broad learning outcomes while remaining **profession-specific** in application within the workplace.
- Learners can continue the framework and choose a variety of options from a modular framework that are profession-specific and/or pathway-specific, providing the opportunity to contextualise and prioritise specific workforce development needs; this typically, when combined with the core curricula, will have an equivalence of 120 credits.
- All learners will undertake work-based learning as part of the curricula framework to assimilate, embed and demonstrate practice at an enhanced level.
- All learners undertaking the apprenticeship will complete the non-integrated end-point assessment.
- Learners choosing the CPD route upon successful completion may exit with a relevant academic award at Level 6 or 7, either postgraduate certificate (60 credits) or postgraduate diploma (120 credits).

Development of the schema

The innovation partnership developed across Coventry University, University of Salford, professional bodies, and employers has been responsible for the development of a nationally recognised profession-specific training schema and model curricula across seven allied health professions.

- Diagnostic radiography – this was developed alongside therapeutic radiography to ensure a shared and cohesive approach across both professions (the diagnostic radiography model curriculum is presented in ‘Enhanced Level Practice schema – diagnostic radiography’ further on in this document.)
- Dietetics
- Occupational therapy
- Operating department practitioners

© NHS England 2024

- Physiotherapy
- Podiatry
- Prosthetics and orthotics.

Sprint methodology was adopted to maximise collaboration and flexibility, and was an iterative process. Originating from Google, the approach has been adopted across many AEIs to underpin course and programme design. A curricula development task and finish group was formed, and each of the seven allied health professions was allocated a profession-specific lead to oversee the work.

Stage one: formulation of the graduate descriptors for Enhanced Practice

The process began by defining the end point – what are the profession-specific attributes of Enhanced Level Practice for each of the seven allied health professions? Working in collaboration with our innovation partners, professional bodies, and stakeholders, key workforce priorities were identified and profession-specific graduate statements were formulated. Key groups were included across all professions including, but not exclusive to, novice practitioners, profession-specific leads, AHP workforce leads, apprenticeship leads, employers, and professional body leads to ensure a diverse range of views, voices, and specialisms within each specific profession. Throughout the process, stakeholder data was collected and thematic analysis completed.

Stage two: formulating enhanced level domains

The curricula development task and finish group noted that AHPs working at an enhanced level should include all four pillars of practice: **leadership**, **clinical practice**, **education**, and **research**. Enhanced level domains were therefore produced within each of these four domains and mapped to the occupational duties, knowledge, skills, and behaviours (KSBs) of the Enhanced Clinical Practitioner apprenticeship standard. At an enhanced level of practice, the emphasis of each pillar may change and evolve, to reflect the professional role and the service need. This will be imperative to reflect the needs of the modern workforce and the development of career pathways away from more traditional routes, to develop ‘pluripotent’ roles, and to meet the demands of contemporary health and social care delivery. AHPs working at the level of Enhanced Practice are required to demonstrate achievement of all the enhanced level domains by the end of their training, working at a high level of autonomy.

© NHS England 2024

Through the innovation partnership, stakeholder events were held across professions alongside profession-specific networks to generate discussion, reflect, review the domains, and shape the formulation of the curricula, ensuring alignment and operationalisation of professional development at Enhanced Level Practice.

The topics for discussion were broad and included:

- differentiation of Advanced Practice
- supporting work-based learning and mentorship
- assessment and feedback of occupational competence, attainment and awarding gap
- embedding equality, diversity, inclusion, and belonging.

Stage three: formulating the profession-specific Enhanced Level Practice curricula

Following review and feedback, the curricula were developed using three levels of descriptors across each enhanced level domain, using as a foundation the Enhanced Clinical Practitioner apprenticeship standard occupational duties and KSBs. The three descriptors are:

1. Enhanced Practice
2. profession-specific
3. pathway-specific.

The three levels are described fully in the model curricula.

Profession-specific curricula: where professional bodies had specific guidance for progression across levels of practice, these were integrated and mapped to ensure consistency in defining Enhanced Practice.

Pathway curricula: during the innovation partnership and stakeholder events, workforce priorities were identified and agreed. The curricula therefore provide an indicative focus to be included in an Enhanced Level Practice programme; they were developed by drawing on existing frameworks, credentials and capabilities set out for the areas of practice and adapted to reflect an enhanced level of practice (a list of these can be found at the beginning of each profession-specific curriculum). These offer education providers indicative areas for consideration in developing programmes in collaboration with local partners and/or to meet national agendas.

© NHS England 2024

Throughout this process, internal and external review was completed to ensure that equality, diversity, inclusion and belonging (EDIB) principles and actions were explicit in the curricula development process and curricula.

Stage four: curricula review and feedback

During the final stage, each profession-specific curriculum was peer reviewed; this included employers from a range of perspectives, NHS England (NHSE), professional bodies, EDIB leads and, where relevant, AEIs. The feedback was reviewed, and revisions made to the curricula. The final model curricula are provided further on in this report.

Outline of the Enhanced Practice model curricula

The curricula framework is set out across eight core Enhanced Level Practice domains which are aligned to the four pillars of professional practice. Each profession-specific curriculum uses these as a foundation, with the inclusion of additional profession-specific domains to reflect Enhanced Practice within that profession. Each domain is mapped against the Enhanced Clinical Practitioner apprenticeship standard occupational duties and knowledge, skills and behaviours and describes the **level of practice.**

Enhanced Level Practice domains	
Clinical practice	To be able to demonstrate safe and effective person-centred care with a particular focus on clinical reasoning, decision-making and risk management and care management planning.
Clinical practice	To be able to demonstrate the delivery of enhanced level care, using the application of anatomy, physiology and psychosocial factors within assessment and diagnostic processes, providing interventions and utilising appropriate equipment within your scope of practice.
Leadership	To be able to evaluate the impact of own leadership behaviours to be a confident, inclusive, and supportive leader contributing to a culture of continuous improvement.

© NHS England 2024

Leadership	To be able to use critically informed evidence-based approaches to advocate and lead operational and transformational change in complex situations and systems.
Education	To be able to achieve a critical understanding of the principles and theories of education to an enhanced level; to develop, deliver and evaluate effective learning opportunities for all stakeholders.
Education	To be able to act as an expert resource, promote, lead, and monitor effective education in challenging environments for specialist and non-specialist audiences; encouraging the use of education to inform innovative clinical practice to enhance the well-being of others.
Research	To be able to construct appropriate research design and audit techniques to evaluate practice to identify quality improvement processes to enhance provision.
Research	To demonstrate the ability to systematically search, gather and select, and critically appraise data, to inform professional practice, decision-making and service design.

Enhanced Level Practice descriptors

These are the key requirements that describe the level of practice within each specific domain and can be considered as multi-professional knowledge, skills and behaviours aligned to working within the defined scope of practice as a Health and Care Professions Council (HCPC) registrant. They are tailored to, but not unique to, a particular profession.

Profession-specific descriptors

These are reflective of the unique practice at an enhanced level and describe profession-specific practice principles, skills and practice when working to this level of practice within the scope of HCPC registration, adhering to professional standards of proficiency and standards of conduct, performance, and ethics.

© NHS England 2024

Pathway-specific descriptors

These are indicators for consideration to meet the workforce priorities of the profession that were agreed in collaboration with stakeholders and professional bodies. During development, they were aligned to existing multi-professional frameworks and capabilities. The specific areas provided are indicative examples and reflect the current workforce priorities; these should be tailored as the professional priorities evolve and respond to national and local workforce training need. They are by no means the only areas to consider but are indicators for education providers to include in any development of pathway curricula to ensure that profession-specific educational needs are met within multi-professional provision and can be achieved through a combination of work-based learning and academic modules.

Who is this schema and model curricula for?

Education and training providers

This schema is primarily aimed at AEIs to facilitate the design and delivery of postgraduate education for Enhanced Level Practice across diagnostic radiography, dietetics, occupational therapy, operating department practice, physiotherapy, podiatry, and prosthetics and orthotics. It provides enhanced level and profession-specific descriptors that map to the apprenticeship standard and occupational duties for Enhanced Practice. It cites examples of evidence that may be used to demonstrate learning (either as part of a module/CPD or on-the-job training), pathway examples that illustrate current workforce priorities, and alignment to key profession-specific frameworks.

Employers

This schema can be used by employers to provide a guide to this level of practice, with pathway examples and suggestions of evidence that may be used to demonstrate learning as part of on-the-job training. It can also be used to guide equality, diversity and belonging when recruiting and training practitioners at an enhanced level. Employers should use the schema alongside the employer's guide to the Enhanced Practice apprenticeships.

© NHS England 2024

Practitioners

This schema can be used by those training and working to provide a guide to this level of practice, expectations of education and training required, and suggestions of evidence that may be used to demonstrate learning as part of off- and on-the-job training.

Eligibility criteria for education programmes

To ensure that practitioners are sufficiently prepared to develop their knowledge, skills, and behaviours to successfully work at an enhanced level, applicants need to have a sound depth and breadth of clinical experience. It is anticipated that most AHPs working at an enhanced level will follow one of the educational routes (outlined above) in line with this schema at Level 7 study. While each AEI will have its own specific entry requirements, it is expected the following will be required:

- Registration with the appropriate professional regulatory body, with no restrictions to their practice.
- A minimum of Level 2 qualification in maths and English language is a requirement of the apprenticeship.
- On application, the level of study should not be predetermined by the exit award of the registrant; professional experience and expertise should be considered alongside educational award to ensure parity and equity of access to the programme for all professions.
- To have opportunity within practice to work at an enhanced level within their employment.
- Agreement from employers to support, with respect to time and opportunity, both in the workplace setting and at an academic educational institution.
- International registrants who are employed and have relevant visas can access apprenticeship programmes and therefore there should be no additional entry requirements.
- Additional criteria may be required by the education provider in line with their institutional policy.

Recognition of prior learning (certified or experiential) for Enhanced Level Practice will be at the discretion of the education provider.

© NHS England 2024

If taking this through an apprenticeship route, guidance should be sought from the ESFA funding regulations regarding minimum requirements of working hours per week where relevant.

It must be noted that, if the route chosen is an apprenticeship, all parties involved must be able to meet the Enhanced Clinical Practitioner apprenticeship standard.

Transition and alignment across career pathways

Enhanced Practice is a level of practice that already exists in the workforce – established, highly autonomous practitioners, with applied specific knowledge, skills, and behaviours, being able to manage risk and optimise decision-making. Those working at an enhanced level occupy a space before Advanced Practice and beyond preceptorship. Enhanced Level Practice can be a precursor to Advanced Practice or can be a destination in itself. The transition from Enhanced to Advanced is not automatic and is not determined simply by the number of years of experience or a programme of education. Advanced Practice has been clearly defined across professions and has an established framework.[1]

First contact practitioners (FCPs) in primary care are designed to support general practice as part of an integrated care team, to optimise the patient care pathway by seeing the right person at the right time. First contact practice is at the level of Enhanced Practice and can be used as a pathway (see quote below) to contribute towards an academic award such as a postgraduate certificate or postgraduate diploma.

[1] NHS England (2017). Multi-professional framework for advanced clinical practice in England

© NHS England 2024

"Individuals working in first contact roles demonstrate Enhanced Level of Practice; they make complex decisions relating to the management of the patient's care. They utilise specific knowledge and skills, particularly in relation to their field of expertise or professional background and often in cases where the clinical presentation is complex and information is lacking. They work as part of a multidisciplinary team and as autonomous practitioners. Those working at an enhanced level of practice working in or towards a first contact practitioner role will have opportunities to critically evaluate and analyse complex clinical situations and to make evidence-based decisions on how to manage the delivery of complex clinical care for a defined population, which may include individuals from diverse cultural, social and belief systems. They often manage a caseload, sometimes providing interventions as part of a dedicated clinical pathway specifically in a primary care setting such as general practice. Individuals working at an enhanced level in first contact practice roles that are able to access appropriate further education and training are able to progress on to working to Advanced Level and onward to consultant level practice."

Richard Collier, Recognition Lead, Centre for Advancing Practice, 2023

Equality, diversity, inclusion and belonging

Universities and places of learning should be inclusive communities where opportunities and aspirations are brought together (Universities UK, 2019[1]) to enable all to further develop their knowledge and skills. We know that discrimination exists in our society and within educational institutions and the workplace. There has been some progress to address this; however, the scale of issues has not always been fully recognised. It is therefore essential that the Enhanced Practice curricula development makes a commitment to address discrimination and awarding gaps for minoritised learners. Data demonstrates that even after minoritised ethnic students have overcome hurdles which prevent them getting to university in the first place, they do not have an equal chance at succeeding (Universities UK, 2019[1]). The Enhanced Practice curricula principles need to ensure equity of access for all

[1] Universities UK (2019). Black Asian and Minority Ethnic Student Attainment at UK Universities. #Closing the gap

© NHS England 2024

learners, inclusive curricula design and implementation along with authentic assessment strategies that address structural advantage and are fair for all learners.

> "Our student learners tell us of the multiple challenges they face in accessing AHP careers and thriving as a learner. This is not acceptable, and we must be relentless in our commitment to meaningful improvement, at every level across both academia and service, sharing learning and working in partnership with one another to place our learners' voices at the heart of improvement. This is our shared responsibility."
>
> Beverley Harden, Deputy Chief AHP Officer (England) and Multi-Professional Lead for Advancing Practice, NHS England

Across the commission we committed to making this curricula development inclusive, recognising and celebrating the diversity of our AHP community. The following actions were undertaken in an iterative manner within the sprint process as the curricula evolved:

- Collaboration with our innovation partners; we actively sought to consult with a diverse group of voices, including those from marginalised or underrepresented groups.
- We recognised that in specific allied health professions we see racial inequality, particularly in decision-making and leadership positions, and therefore sought to hear all voices with paramount importance.
- A deep exploration of the array of specialisms included in the Enhanced Level Practice curricula to ensure that the curricula are representative of all communities within the workforce.
- The AHP workforce needs to reflect the communities it serves, and therefore equity of access to the programme was prioritised and critical review of the learning teaching strategy was undertaken.
- Review of the curricula through a variety of stakeholders, including expertise from professional bodies and external consultants to review the curricula through EDIB frameworks.
- Recommendations for higher education and employers are made in the next section.

© NHS England 2024

Learning, teaching and assessment

Learning, teaching and assessment strategy

Learning and teaching is a complex area of higher education, influenced by many factors and individual institutional strategies. The Quality Assurance Agency (QAA) UK Quality Code (2018) sets out the expectations of academic education providers.

> "Effective learning and teaching combines robust pedagogic approaches with relevant discipline knowledge, subject-specific and transferable skills, aligned to providers' descriptors of graduate attributes, appropriate to the academic level of study and reflective of the changing world. Learning and teaching displays breadth, depth, pace and challenge."
>
> UK Quality Code, Advice and Guidance: Learning and Teaching, 2018

A learning, teaching and assessment strategy for Enhanced Level Practice should be contemporary and demonstrate responsiveness to political, economic, social, and technological drivers within health and social care provision, both now and for the future, building on the NHS Long Term Workforce Plan (2023). All learning, teaching and assessment strategy should recognise the starting point of the professional regulation standards of knowledge, skills and behaviours for AHPs as **autonomous** practitioners and build forward from this, harnessing the fullest potential of each profession's contribution across health and care.

The learning, teaching and assessment strategy should therefore seek to assist established AHPs working toward Enhanced Level Practice to further develop expertise in professional knowledge, skills and behaviours, securing their depth of profession-specific practice and identity, but also promoting expertise across multi-professional pathways of health and care provision.

Guiding principles

- Focus on discipline- and subject-specific knowledge, skills, and behaviours.
- Multi-professional pathways should have authentic contribution from all professions in the design, development, and delivery of programmes.

© NHS England 2024

- Acknowledge and address any underrepresentation of academic/teaching staff from minoritised communities, which can lead to learners feeling unseen and unheard.
- Recognise and value authentic interprofessional education.
- Integration of university-based learning, work-based learning, and occupational competence for Enhanced Level Practice.
- Ensure design principles fully embrace blended learning approaches and use of simulation techniques.
- Ensure assessment strategies proactively implement anti-discriminatory policies and practices for off-the-job and on-the-job learning.

Learning and teaching methods

While responsibility for delivering these enhanced level curricula rests with the individual training providers, they should enable a varied and inclusive approach to the blended learning and teaching methods used. This will allow trainees to achieve the domains across all four pillars of practice. Clinical supervisors and work-based mentors should encourage learners to maximise the learning and teaching opportunities in the workplace. The proportion of these learning and teaching methods may change depending on the sphere of practice or the learner's needs. Training providers should be flexible and inclusive, identifying learner-centred experiences for training and education. A range of recommended learning and teaching methods are suggested below, but this is not an exhaustive list.

Blended learning

Blended learning is a method of teaching that integrates technology and digital media with more traditional 'classroom' activities, allowing students to tailor their learning experiences. A 'classroom' can be in the traditional setting of face to face or online, with synchronous or asynchronous activities. Importantly, blended learning increases accessibility to education and has benefits that include better student experience, satisfaction, skills development, and confidence. As such, recommendations are that a blended learning approach is the primary mode of Enhanced Practice education delivery.

Work-based learning

Work-based learning is an educational approach using real-life situations to provide trainees with the opportunity to apply their academic and practice skills. It consists of

© NHS England 2024

authentic experiences for learning which are achieved in a workplace setting and may be designed to meet an identified workplace need. Work-based learning therefore has a dual function of being designed to meet the learning needs of the employees, developing their knowledge, skills, and behaviours, and meeting the workforce development needs of the organisation.

Simulation-based learning

> "Simulation is a technique – not a technology – to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner."
>
> Professor D M Gaba, 2004

In the last 20 years there have been rapid developments in simulation in the health and care sectors. Simulation-based learning provides experiential learning in a safe environment with an opportunity to debrief and reflect. Broadly speaking, immersive technologies fall into three categories: virtual reality, augmented reality, and mixed reality. Alongside procedural simulation training, scenario-based and human factor-based simulation can also be used to further develop critical thinking and decision-making for Enhanced Practice. Recommendations are that simulation be used within both the academic and clinical environments when delivering enhanced level training.

Technology-enhanced learning

To equip the future workforce, education and training need to fully embed technology[1]. The use of embedded technology to enable learning can harness expertise and experience. Implementation of technology-enhanced learning (TEL) needs to go beyond the methodology of teaching and learning delivery. It should be influential not only in the delivery design (simulation, electronic portfolios, virtual learning environments), but in a way that augments the future workforce of Enhanced Level Practice, considering the patient at the centre of any technologies.

[1] NHS Health Education England (2019). The Topol Review: Preparing the Healthcare Workforce to Deliver the Digital Future

© NHS England 2024

> "Educating the current and future NHS workforce is key to enabling the implementation of the revolutionary changes to healthcare practice and delivery that technological advancement will bring for the benefit of patients, carers and citizens."
>
> The Topol Review, 2019

It should always be noted when including TEL in learning and teaching methods that it must be inclusive of all learners. Any necessary training, adaptations, software, and/or hardware required should be provided to ensure equity of access to all.

Independent study and self-directed learning

At this established level of practice, trainees should be autonomous self-directed learners, with experience of continuing professional development. Independent study encourages self-confidence, autonomy and motivation, and embeds lifelong learning. In all training delivery there should be the expectation of independent study and self-directed learning.

Communities of practice

A community of practice is a group of people who share a common set of problems, or interest for something they do and learn how to do it better as they interact regularly. Using communities of practice can help practitioners to extract and share tacit knowledge (personal wisdom, experiences, insight, and intuition), which is otherwise difficult to express, in safe and inclusive environments. Recommendations are that communities of practice are set up within Enhanced Level Practice to foster support. There should also be encouragement within these communities to disseminate good practice formally (conferences, AEI teaching, publications) and informally (in-service training, team meetings).

Equality, diversity, inclusion and belonging principles and actions

This section is underpinned by the work reported in the HEE-commissioned report Anti-racism in AHP Education: Building an Inclusive Environment. In the development of Enhanced Level Practice programmes, reviewing this report alongside EDIB considerations at an institutional level is recommended. There is significant evidence of how structural inequality within universities can have a profound effect on the

© NHS England 2024

learner's ability to achieve; therefore the following guidance should support development and implementation of Enhanced Level Practice programmes.

Equity of access and admissions processes

Recommendations in the recruitment of learners onto the Enhanced Level Practice programme:

- Addressing lack of visibility – students can feel underrepresented when they attend open days and through communications from the university. This may impact negatively on learners from underrepresented groups considering this programme as part of their career journey into leadership and Advanced Practice. Longer-term strategies are required to improve the diversity of academic staff (particularly on AHP programmes), but in the short term there are examples of using leadership from the EDIB staff networks and lessons learned from community outreach to underrepresented communities and faith groups.
- Reviewing learners' journey onto programmes and apprenticeship requirements, ensuring policies and processes relating to recruitment and admissions are equitable.
- Reducing inequalities in equity of access and admissions processes – review the process of assessing applications onto the programme and ensure these are equitable and beneficial to colleagues from underrepresented communities (e.g., those from minority ethnic backgrounds). This might require a wider review of the recruitment and admissions process within AEI in partnership with employers to address these inequalities.

Key recommendations

- Encourage learners to talk about their experiences with the application process and learning needs in a safe environment.
- Tailor support for underrepresented learners through understanding their experiences and centring support around their requirements at application and enrolment.
- Embed comprehensive anti-racism training for those involved in the admissions process within the university and workplace.

© NHS England 2024

- University and employer entry and admission processes should be sensitive to the needs of all groups of learners, cognisant of gender and cultural diversity in styles and approaches to learning.

Curricula development

Recommendations in the design and implementation of the programme with focused action to promote inclusive curricula:

- Exclusive curricula – central to the Equality Act (2010) is the assumption that individuals or small groups cannot easily identify how policy and practice might be affecting/influencing those who are represented by the protected characteristics. Consider learning materials and how to ensure they embrace cultural diversity, encouraging the exchange of knowledge through inclusive examples and language. Effort should also be made to ensure the content of the learning materials acknowledges and celebrates the contribution of people from all backgrounds, religions/beliefs, cultures, and ages.
- As highlighted in the Anti-racism in AHP Education: Building an Inclusive Environment report, there are examples of universities engaging in meaningful interventions to address issues such as the dominance of a westernised curriculum and acknowledgement of cross-cultural inclusion in curricula. It is essential to build on these practices. As an example of good practice, Brunel University established a Race and Cultural Equity (RaCE) working group to drive and influence an inclusive learning environment for minoritised ethnic learners. RaCE were consulted on curriculum reviews and changes, which included the diversification of learning materials and 'normalising' discussions of race. Staff were also proactive in embedding 'anti-racist' elements into their divisional process. Learners and staff reported positively on this approach, and there is clearly learning and evaluation to be shared and adopted across all universities and in the workplace.
- Birmingham City University noted that 'developmental norms' taught on some of their AHP programmes were often biased towards the westernised cultures and seldom reviewed through a critical lens. A novel approach to addressing this has been to teach learners about the cultural bias which influences the education on these topics and to encourage a methodology of critical assessment of these 'norms' within their written work and discussion.
- Ensure that curricula development reflects a wide and diverse range of viewpoints that represents the protected characteristics (Equality Act 2010).

© NHS England 2024

Engagement with a wide range of stakeholders, including those from underrepresented communities, will ensure that a diverse range of voices are used to inform the content of learning materials. This will also ensure that learning materials and resources are culturally diverse, with use of inclusive language. Additionally, contribution from all communities should be acknowledged and celebrated accordingly.

Key recommendations

- Diversify and decolonise learning materials and teaching content.
- Embed anti-racist practices and behaviours into pedagogy and teaching processes.
- Ensure teaching staff have effective training on decolonisation in education[1].
- Learning materials should embrace cultural diversity.
- Flexibility in curriculum delivery with learner choice.
- Methods around the delivery of teaching should recognise and value the variety of preferences and experiences.
- Effort should also be made to ensure that learning outcomes provide flexibility and reflect features relating to any of the protected characteristics.
- Consider alternative routes for learners to achieve the intended learning outcomes where appropriate.
- Consider assessment methods that accommodate and value a variety of learning preferences and experiences. Examples may include:
    - Adjusting learning materials for learners with disabilities and/or additional needs.
    - Ensuring that assessed activities encourage all learners to feed back/respond.
    - Consider the learner's background, level of ability, motivation and personality when analysing questioning techniques and occupational competence.

[1] Council of Deans of Health (2023). Anti-racism in AHP Education: Building an Inclusive Environment

© NHS England 2024

- Assessed activities should consider the personal circumstances of each learner, as well as potential disabilities and/or additional needs, along with geographic location, socio-economic barriers as well as individual communication styles in the university and workplace.
- Organisation of place-based work should be sensitive to the needs of all groups of learners, cognisant of gender and cultural diversity in styles and approaches to learning.

Creating communities of learning

Addressing exclusive cultures is essential to improve opportunities for colleagues to find a sense of community within their academic cohort. Reasons for this exclusive culture are multifactorial and can include support and resource during faith-based holidays and structures within academic education institutes and the workplace.

- Exclusive cultures can impact on interaction with peers during group work and activities, and the ability for some learners to find a sense of community within their cohort.
- In developing Enhanced Level Practice programmes, as highlighted in the Anti-racism in AHP Education: Building an Inclusive Environment report, there are examples of universities that have addressed these areas, such as Leeds Beckett University's (2021) creation of a student-led Equality Diversity Inclusion (EDI) steering group which meets and discusses experiences and addresses issues; a mentor network; and an EDI forum. These actions have been positively received, with improved experiences reported by learners from minority ethnic backgrounds. As previously highlighted, at Brunel University the RaCE group enables minority ethnic learners to have a safe space to discuss any issues they are experiencing. Through the group several changes have been implemented within the university; this includes a review of the complaints process and reporting of incidents relating to EDI while on placement, and additional training materials for practice educators.

Key recommendations

- Create safe spaces for learners to speak up.
- Co-create initiatives alongside learners.
- Engage with communities to understand perceptions and barriers.

© NHS England 2024

- Engage with university and employers support systems to support AHP learners.

Additional resources

- Universities UK (2019). Black Asian and Minority Ethnic Student Attainment at UK Universities. #Closing the gap
- University of Dundee (2021). Inclusive curriculum checklist, guidance and good practice example

Differentiating levels of practice from academic study

It is essential to realise the potential of all who work across health and care, from support worker to consultant-level practice, recognising the transitionary processes of professional learning and development. The formative work on Enhanced Practice begins to define the transition from novice to expert and the characteristics of the level of practice associated with these. Enhanced Level Practice, while not a new skill, requires depth of consideration in establishing a consistent understanding of the knowledge, skills and behaviours required to practise at this level across and within professions. In doing so, it is important to separate level of practice from academic level of study; they are relational but not interdependent in defining Enhanced Practice.

Enhanced Level Practice is associated with critical understanding and detailed knowledge of theory using highly developed skills in practice as an autonomous practitioner within the workplace across all four pillars of practice. The Enhanced Clinical Practitioner apprenticeship standard occupational duties and KSBs provide a starting point and are an indicative guide to this level of practice.

Academic levels are defined by the QAA UK Quality Code for Higher Education and describe the threshold academic standard and are related to levels of knowledge and understanding. Typically, across post-registration education these are associated with FHEQ Level 6 and Level 7.

When developing enhanced level programmes, equal consideration should be given to the level and practice and academic level, reflecting the differing pre-registration entry programmes across the professions. This is essential for professions that have new-graduate entry (such as operating department practitioners) or master's-level entry, to ensure equity of provision.

© NHS England 2024

End-point assessment

The education provider delivering the apprenticeship must ensure that the end-point assessment (EPA) is conducted by an EPA Organisation (EPAO) approved to deliver EPA for this apprenticeship standard. It is the responsibility of the employer to select an approved EPAO.

> "The EPA period should only start once the employer is content that the apprentice is consistently working at or above the level set out in the occupational standard, that is to say they are deemed to have achieved occupational competence. In making this decision, the employer may take advice from the apprentice's training provider(s), but the decision must ultimately be made **solely by the employer**."
>
> End-point assessment plan for Enhanced Clinical Practitioner apprenticeship standard, Institute for Apprenticeships and Technical Education

Before commencing the EPA, the apprentice must meet the gateway requirements:

- the employer must be content that the apprentice is working at or above the occupational standard.
- apprentices must have achieved English and mathematics Level 2; for those with an education, health and care plan or a legacy statement, the apprenticeship's English and mathematics minimum requirement is Entry Level 3. (British Sign Language (BSL) qualifications are an alternative to English qualifications for those who have BSL as their primary language).

The EPAO must confirm that all required gateway evidence has been provided and accepted as meeting the gateway requirements. The EPAO is responsible for confirming gateway eligibility. Once this has been confirmed, the EPA period starts. The EPA must be completed within an EPA period lasting typically three month(s), after the EPA gateway. The EPA consists of two discrete assessment methods. The individual assessment methods are:

- Assessment method one: quality improvement proposal report plus questions and answers session (fail/pass).

© NHS England 2024

- Assessment method two: professional discussion based on portfolio of evidence (fail/pass/distinction).

The portfolio should not be reflective or self-assessment based (except K23 and S23).

Employer contributions should focus on direct observation of performance (e.g., witness statements) rather than opinions.

Evidence provided must be valid and attributable to the apprentice; the portfolio of evidence must contain a statement from the employer and apprentice confirming this.

Performance in the EPA will determine the overall apprenticeship standard grade: fail, pass or distinction.

Work-based learning requirements

The provision and delivery of quality-focused workplace support is an essential component of the model curricula for Enhanced Practice; it is crucial for the employer, professional and for those who access services in safeguarding high-quality care and is set out as an expectation by the HCPC proficiency standards.

> "Understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice."
>
> HCPC standards of proficiency 2023

In addition, there are specific regulatory and compliance considerations when developing and delivering an apprenticeship programme in setting out the roles and responsibilities for the apprentices, employer, and education provider. The Institute for Apprenticeships and Technical Education, ESFA and Ofsted all have a role in the quality assurance of apprenticeship programmes, and therefore it is important to acknowledge the distinct requirement for workplace support in the integration of learning. The Institute for Apprenticeship and Technical Education defines quality apprenticeships through the lens of the employer and apprentices and states "that apprentices have the confidence that the skills they are learning will help them

© NHS England 2024

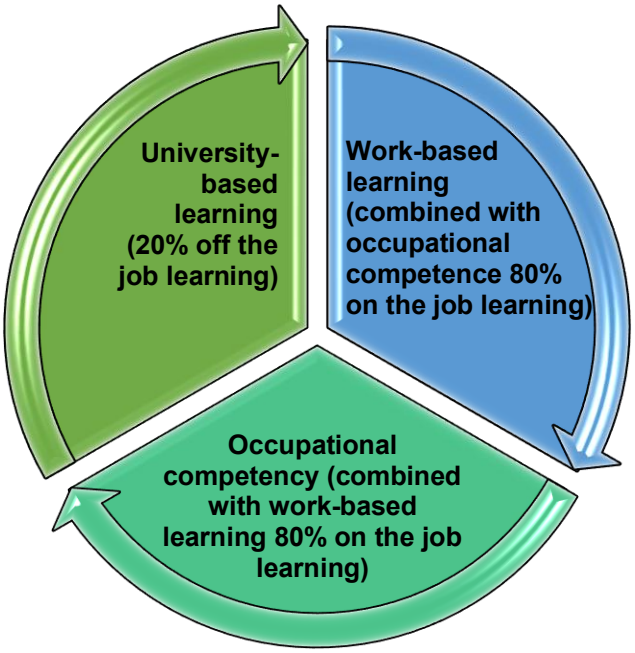
succeed, progress, and thrive. For employers, it means they will see a good return of investment with a workforce with the right knowledge, skills, and behaviours."

The success of the apprenticeship depends on the employers, apprentices and education provider working in partnership to support off-the-job and on-the-job learning, making a shared commitment that clearly defines expectations and responsibilities to work together to achieve full occupational competence for the apprentice; workplace mentorship and clinical supervision are an integral component of this as part of the learning and teaching strategy.

Within the workplace, opportunities need to be provided to enable the apprentices to assimilate the university-based learning in the context of their profession, role, and practice environment through work-based learning. Exposure to a wide range of clinical, professional, and personal development through on-the-job learning will enable apprentices to gain the breadth of experiences across all four pillars of professional practice, including working alongside uni- and multi-professional teams to **develop their understanding** and **application** of Enhanced Level Practice.

In addition, the development and assessment of occupational competence brings together the formal university-based learning and informal work-based learning within the workplace. Employers are responsible for the assessment of occupational competence within the apprenticeship; this involves the **practical learning** and **demonstration of the composite knowledge, skills and behaviours** required to meet the occupational standards of Enhanced Level Practice.

© NHS England 2024



University-based learning

Utilises a range of teaching and learning strategies to facilitate a collaborative space for all apprentices to come together to debate and appraise theory, evidence, and emerging ways of working at an enhanced level. Combines online and campus-based delivery supported by simulation where relevant.

Work-based learning

Work-based learning focuses on the application of theory and practice within the apprentice's employment setting, maximising the opportunity to reflect and apply their university-based learning as a sense-making experience. A work-based mentor (WBM) offers ongoing formative support to enable the apprentice to maximise the integration of university-based and theoretical learning into daily work and provide space to assimilate development of Enhanced Practice.

Occupational competency

Practical learning in the workplace will offer the apprentice a wide range of clinical experience and skills in which to develop and demonstrate autonomous enhanced level profession-specific knowledge, skills, and behaviours. This may be supported by clinical supervisors from a range of professions.

Figure 4: Learning and teaching approach

© NHS England 2024

Apprenticeship requirements

The Enhanced Practice domains described within the schema inform the curriculum and, as outlined, have been mapped to the Enhanced Clinical Practitioner apprenticeship standard occupational duties and KSBs to enable achievement of the standard. As part of an apprenticeship the employing organisation would have key responsibilities in ensuring that the apprentice is allocated a work-based mentor who will work alongside the apprentice and a nominated tutor from the education provider throughout the apprenticeship duration. All apprentices must spend a minimum of 12 months on-programme.

The apprentice will complete an initial learning needs analysis (skills scan) which will help to identify areas for development. A training plan will also be used to highlight opportunities for workplace learning, and the workplace mentor and supervisors will help to guide individual learning plans; these are regularly reviewed through 12-weekly progress review meetings and are a requirement under the ESFA and Ofsted. These are critical in supporting the apprentice as they work toward the EPA.

Differentiating support in the workplace

Work-based mentors

The role of the work-based mentor (WBM) is to support apprentices in developing the skills and behaviours necessary to complete their programme of study. WBMs work with the apprentices in a developmental approach to support the application of learning in the workplace and to ensure all Ofsted and ESFA requirements are met.

This will include:

- Attending and contributing to progress reviews every 12 weeks with the apprentice to monitor apprenticeship progress. At this progress review meeting, evidence from the clinical supervision, alongside other apprenticeship key performance indicators, would be monitored and reviewed according to ESFA requirements.
- Being a positive role model and providing formative feedback to support development of Enhanced Level Practice requirements.
- Signposting to wider organisational opportunities and clinical experience in meeting their KSBs.
- Supporting readiness for the EPA.

© NHS England 2024

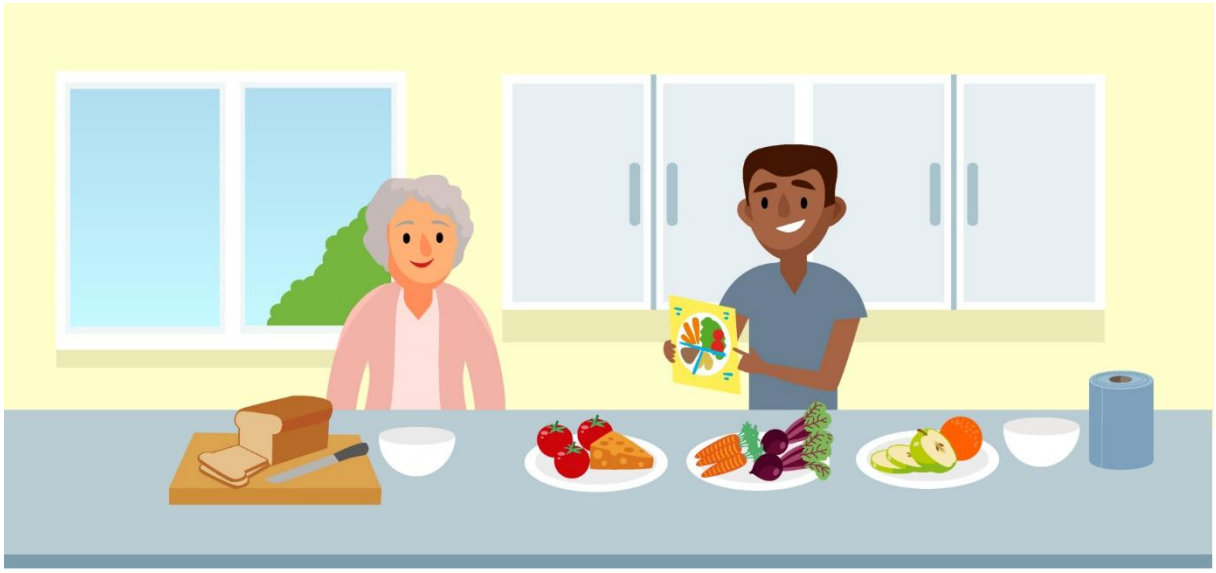
The role of a WBM should be seen as separate from clinical supervision, as the mentor is not directly responsible for observing and/or assessing clinical competence. The WBM will benefit from communicating with the workplace supervisors to be informed of clinical competence, but predominantly the role is to support the apprentice to develop their knowledge, skills, and behaviours in the workplace and enable the apprentice to progress on their individual learning journey. The WBM does not have to work alongside the apprentice or be in the same site/location, but regular contact needs to be maintained to ensure monitoring and facilitating of off-the-job learning and evidencing of this and the achievement of KSBs. The importance of the role is that they can mentor and support the apprentice in their journey so that the apprentice can successfully prepare for the end-point assessment.

Clinical supervisors

The role of clinical supervisors within Enhanced Level Practice is essential in providing profession-specific and multi-professional support and guidance within practice. The Centre for Advancing Practice Workplace Supervision for Advanced Clinical Practice provides clear principles and guidance that can be aligned to Enhanced Practice and support learners to access wide-ranging support and opportunities to gain clinical experiences from and with the multi-professional team as part of the on-the-job learning. Clinical supervisors can support apprentices to develop confidence, capability, and proficiency within their role in the workplace. The role of clinical supervisor is integral in the observation of occupational competency and providing feedback to the apprentice on their knowledge, skills, and behaviours for Enhanced Level Practice.

© NHS England 2024

Enhanced Level Practice schema – dietetics



Introduction

Dietitians work in a variety of health and social care settings including acute, primary care, private sector, public health, industry, media, research, and education. The duties and tasks dietitians carry out across these sectors span across a broad range.

Consultation events with stakeholders – including representation from dietetic managers, clinical dietitians working across a variety of specialist areas, the British Dietetic Association and Health Education England – highlighted the critical need to recognise and standardise the training and development of the existing workforce of experienced dietitians, working autonomously and independently, managing complexity and risk within their scope of practice. The Enhanced Level Practice recognises the expertise and experience that dietitians working within their specialist area have. Defining and standardising Enhanced Level Practice within dietetics provides a pathway from newly registered dietitians through to Advanced Level Practice for those seeking progression.

The workforce priorities for Enhanced Level Practice broadly focused on the following areas:

- Creating a robust, flexible workforce, recognising the need for a more generalist holistic approach that promotes continuity of patient care.
- A clear career development pathway for dietitians, to strengthen and retain the existing workforce.

© NHS England 2024

- To embed mental health and well-being assessment and consideration of impact of intervention as part of every patient interaction.
- Advancing the role of the dietitian in primary care to develop a workforce of first contact practitioners.
- Promoting inclusive healthcare, reducing health inequalities by proactively ensuring that systems and services allow access for all.
- Greater multidisciplinary working for dietitians, to identify opportunities for joint working across services and promote the role of the dietitian in patient care.
- To clearly articulate consistent levels of working across clinical areas and across geographical areas.
- Increase the number of dietitians involved in and leading student training, mentoring of new staff, and multi-professional training and mentoring.

Underpinning the curricula development approach through the innovation partnership

The development of the Enhanced Practice curricula aims to create an open framework to meet the needs of trainees, trainers, and employers. Enhanced Practice is rooted within the development of profession-specific knowledge, skills, and behaviours; therefore, each AHP will develop their own expertise to meet the needs of their populations. There is no ‘generic’ Enhanced Practice role or training, but rather Enhanced Practice refers to a ‘level’ of practice within a specific profession.

AHPs who wish to work at the level of Enhanced Practice are required to demonstrate a wide range of knowledge, skills, and behaviours within their specific profession. The development of the Enhanced Practice curricula will facilitate ‘pluripotent’ roles to shape the future workforce. This level of practice will have the potential to deploy skills across healthcare boundaries – health and social care, acute and community, physical and mental health – and across pathways delivering prevention, support, and treatment. In this way the Enhanced Practice curricula will help to serve the need to provide more person-centred, joined-up care while also offering flexible and adaptable careers.

A curricula development ‘task and finish’ group was formed and each of the seven allied health professions allocated a profession-specific lead to oversee the work. Sprint methodology was adopted to maximise collaboration, flexibility, and the

© NHS England 2024

iterative process. The group's terms of reference specified that working with our innovation partners, stakeholder events would be held to identify key workforce priorities and formulate a graduate statement. Initial stakeholder consultation involved collaboration across all seven professions and has been integral to the initial development of the curricula; during the second iteration, a deeper focus within each profession-specific area was applied.

Across dietetics key groups included, but were not limited to, novice practitioners, experienced practitioners, employers, and professional leads, to ensure a diverse range of views, voices and specialisms within dietetics were heard. All stakeholder data was collected and thematic analysis completed, which was then aligned to the British Dietetics Association Career Development Framework.

Understanding and using the curriculum

The curriculum is set out across ten Enhanced Level Practice domains which are aligned to the four pillars of professional practice. Each domain is mapped against the Enhanced Clinical Practitioner apprenticeship standard occupational duties and knowledge, skills and behaviours, and describes the **level of practice** for dietetics.

Enhanced Level Practice domains for dietetics	
Clinical practice	To be able to demonstrate safe and effective person-centred care with a particular focus on clinical reasoning, decision-making and risk management and care management planning.
Clinical practice	To be able to demonstrate the delivery of enhanced level care, using the application of anatomy, physiology and psychosocial factors within assessment and diagnostic processes, providing interventions and utilising appropriate equipment within your scope of practice.
Clinical practice	To practise in a holistic frame of reference to enable a flexible approach to care that assesses and addresses the complexity of both physical and mental health across multiple settings.

© NHS England 2024

Leadership	To be able to evaluate the impact of own leadership behaviours to be a confident, inclusive, and supportive leader contributing to a culture of continuous improvement.
Leadership	To be able to use critically informed evidence-based approaches to advocate and lead operational and transformational change in complex situations and systems.
Leadership	To take a proactive approach to leadership at every level and within all areas to drive service improvement, mentoring and supervising others, and sharing best practice at a local and national level.
Education	To be able to achieve a critical understanding of the principles and theories of education to an enhanced level; to develop, deliver and evaluate effective learning opportunities for all stakeholders.
Education	To be able to act as an expert resource, promote, lead, and monitor effective education in challenging environments for specialist and non-specialist audiences; encouraging the use of education to inform innovative clinical practice to enhance the well-being of others.
Research	To be able to construct appropriate research design and audit techniques to evaluate practice to identify quality improvement processes to enhance dietetics provision.
Research	To demonstrate the ability to systematically search, gather and select, and critically appraise data, to inform professional practice, decision-making and service design.

Enhanced Level Practice descriptors

These are the key requirements that describe the level of practice within each specific domain and can be considered as multi-professional knowledge, skills and behaviours aligned to working within the defined scope of practice as an HCPC registrant. These are tailored to, but are not unique to, a particular profession.

© NHS England 2024

Profession-specific descriptors

These are reflective of the unique practice at an enhanced level and describe dietetic practice principles and practice when working to this level of practice within the scope of HCPC registration, adhering to professional standards of proficiency and standards of conduct, performance, and ethics.

Pathway-specific descriptors

These are indicators for consideration to meet the workforce priorities of the profession that were agreed in collaboration with stakeholders and the British Dietetic Association. During development, they were aligned to existing multi-professional development frameworks and capabilities. The specific areas provided are indicative examples and reflect the current priorities; these should be tailored as the professional priorities evolve and respond to national and local workforce training needs. They are by no means the only areas to consider but are indicators for education providers to include in any development of pathway curricula to ensure that profession-specific educational needs are met within multi-professional provision and can be achieved through a combination of work-based learning and academic modules.

Current national frameworks and capabilities referenced

- BDA Post Registration Professional Development Framework
- Health Education England (2021). First Contact Practitioners and Advanced Practitioners in Primary Care: (Dietetics) A Roadmap to Practice
- NHS. Multi-professional framework for Advanced Clinical Practice in England
- Royal Pharmaceutical Society. Post-registration Foundation Pharmacist Topic Guide

© NHS England 2024

Enhanced Level Practice in dietetics – curriculum intent

I, as a dietitian working at an enhanced level of practice, will have developed a level of expertise and in-depth knowledge, understanding my scope of practice and the wider risks. I am confident to manage more complex situations, using my professional knowledge, skills and behaviours to ensure evidence-based practice when undertaking nutritional assessment, diagnosis and care planning. I will be service user focused, delivering services for the benefit of service users. I will be a confident communicator, able to communicate complex information to a variety of stakeholders. I will have developed a solid understanding of the key evidence related to my practice and have an awareness of latest research in the field. I will have an in-depth understanding of outcomes, collecting, evaluation and reporting and will be participating in service evaluation and audit.

I will be able to deliver this individually or as part of a multidisciplinary team for a population from diverse cultural, social and belief systems. I will take responsibility for ensuring my practice is evidence-based and person-centred, and I will use leadership skills to contribute to the development of services and the wider team. These enhanced skills will be gained through theoretical and work-based learning.

The graduate statement captures the purpose of a dietitian and the range of services within this context of time for those working at an enhanced level of practice. It outlines the composite knowledge, attributes, values, behaviours, and skills to be amplified as a dietitian.

© NHS England 2024

Enhanced Level Practice domains (organised within each pillar of practice)

Enhanced Level Practice domains (clinical)

To be able to demonstrate safe and effective person-centred care with a particular focus on clinical reasoning, decision-making and risk management and care management planning.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 2, 3, 6

Enhanced Practice descriptors

- Critically evaluate evidence and apply the latest research to inform clinical decision-making.
- Work within the defined scope of practice and know when, how and where to refer patients on, where clinically indicated.
- Provide enhanced care in line with professional registration, code of conduct and defined scope of practice, being responsible and accountable for own decisions, actions, and omissions.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Work flexibly to adapt to the changing needs of the business, putting the person at the centre of the care.
- Use the principles and theories of co-production, health coaching, peer support and self-management used to build knowledge, skills, and confidence to enable patient self-management and shared decision-making.

Profession-specific descriptors

- Apply the principles of the Nutrition and Dietetic Care process, taking a holistic approach to patient care, drawing on appropriate tools, technology, and techniques in complex practice.

© NHS England 2024

- Plan, prioritise and deliver in-depth and thorough nutritional assessment and interventions that are underpinned by the Nutrition and Dietetic Care process, to promote participation and inclusion in demonstrating safe and effective care.
- Exercise clinically focused professional judgement in your practice to manage risk, including positive risk-taking.
- Seek to coordinate services for the benefit of service users to promote inclusion and equity; actively evaluate interventions against service user outcomes.
- May extend your role with appropriate training and support, while understanding the wider risks associated with your scope of practice and ensuring systems are in place to proactively manage these risks.
- Know how to escalate to and engage others when working at the boundaries of your scope of practice within dietetic practice, including negotiation, diffusing strategies and de-escalation skills.
- Use advanced communication skills and appropriate behaviour change theory and models to promote patient-centred care, focusing on patients' important goals.
- Be able to undertake mental capacity assessments where relevant to area of clinical practice.

Pathway-specific descriptors – indicative examples

Primary care pathway:

- Understands body systems and has awareness of the complex inter- and co-dependencies of systems when providing care to people.
- Undertakes a high level of complex decision-making to inform investigation, diagnosis, management, and onward referral within scope of practice.
- Demonstrates person-centred approaches in a variety of complex contexts with people, groups and communities using evidence-informed assessment to underpin clinical reasoning, decision-making and risk management across a continuum of care, age and settings.

© NHS England 2024

- Able to assess and manage undifferentiated and undiagnosed presentations.
- Able to identify red flags and underlying serious pathology and take appropriate action.
- Able to independently carry out functional patient assessment while assessing and managing patient risk.

Suggested evidence

- Work-based learning
- Profession-specific module
- FCP e-learning module
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Portfolio evidence, including clinical examinations
- Case-based learning and discussion
- Reflection and learning logs
- Personal development plans
- Observation of practice

Pillars of professional practice

- Clinical practice
- Leadership

BDA post-registration professional development framework

- P1b, P2b, P3b, E1b, E3b

Apprenticeship KSB mapping

- Knowledge: K2, K3, K4, K5, K7, K11, K18, K27
- Skills: S1, S2, S3, S4, S5, S6, S7, S8, S9, S10, S11, S17, S18, S19, S27
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (clinical)

To be able to demonstrate the delivery of enhanced level care, using the application of anatomy, physiology and psychosocial factors within assessment and diagnostic processes, providing interventions and utilising appropriate equipment within your scope of practice.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 2, 3

Enhanced Practice descriptors

- Understand anatomy and physiology, pathophysiology, and toxicities to support complex holistic patient assessment, diagnosis, and treatment, including the underlying psychological, social, and long-term impact of illness.
- Critically evaluate evidence and apply the latest research to inform clinical decision-making.
- Work within the defined scope of practice and know when, how and where to refer patients on where clinically indicated.
- Provide enhanced care in line with professional registration, code of conduct and defined scope of practice, being responsible and accountable for own decisions, actions, and omissions.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Work flexibly to adapt to the changing needs of the business, putting the person at the centre of the care.
- Use the principles and theories of co-production, health coaching, peer support and self-management used to build knowledge, skills, and confidence to enable patient self-management and shared decision-making.

© NHS England 2024

Profession-specific descriptors

- Apply the principles of the Nutrition and Dietetic Care process, taking a holistic approach to patient care, drawing on appropriate tools, technology, and techniques in complex practice.
- Plan, prioritise and deliver in-depth and thorough nutritional assessment and interventions that are underpinned by the Nutrition and Dietetic Care process, to promote participation and inclusion in demonstrating safe and effective care.
- Exercise clinically focused professional judgement in your practice to manage risk, including positive risk-taking.
- Seek to coordinate services for the benefit of service users to promote inclusion and equity
- Actively evaluate interventions against service user outcomes.
- May extend your role with appropriate training and support, while understanding the wider risks associated with your scope of practice and ensuring systems are in place to proactively manage these risks.
- Know how to escalate to and engage others when working at the boundaries of your scope of practice within dietetic practice, including negotiation, diffusing strategies and de-escalation skills.
- Be able to undertake mental capacity assessments where relevant to area of clinical practice.
- Carry out full physical and mental health clinical assessment of patient as part of the Nutrition and Dietetic Care process.

Pathway-specific descriptors – indicative examples

Primary care pathway:

- Conduct full clinical examination (including examples from the list below, taken from the pharmacist post-registration topic guide):
  - Blood pressure (manual and automated)
  - Heart rate and rhythm (manual and automated)

© NHS England 2024

- Temperature
- Respiratory rate
- Peak expiratory flow rate
- Chest (respiratory) examination†
- Ear, nose and throat examination
- Peripheral oxygen saturation
- Urinalysis
- Height, weight, body mass index
- Blood glucose (capillary)
- Calculate National Early Warning Score 2 to identify deteriorating patients
- Mental and cognitive state examination‡
- Depression and anxiety screening††

(† includes inspection, palpation, percussion and listening to breath sounds; ‡ mini-mental state examination or similar; †† using a validated questionnaire).

- Understands body systems and has awareness of the complex inter- and co-dependencies of systems when providing care to people.
- Undertakes a high level of complex decision-making to inform investigation, diagnosis, management, and onward referral within scope of practice.
- Demonstrates person-centred approaches in a variety of complex contexts with people, groups and communities, using evidence-informed assessment to underpin clinical reasoning, decision-making and risk management across a continuum of care, age and settings.
- Able to assess and manage undifferentiated and undiagnosed presentations.
- Able to identify red flags and underlying serious pathology and take appropriate action.
- Able to independently carry out functional patient assessment while assessing and managing patient risk.

© NHS England 2024

Other clinical pathways:

- Managing sensitive conversations such as end-of-life conversations and palliative management.
- Complex feeding tube management, which may include tasks such as replacing balloon-retained gastrostomies, inserting nasogastric tubes.
- Knowledge of medicines management and pharmacology, including legal frameworks associated with licensing and prescribing.
- ECP principles can be applied to dietitians working with patients across the life course, including adult and paediatric settings. More specialist pathways will be developed as new roles emerge.

Suggested evidence

- Work-based learning
- Profession-specific module
- FCP e-learning module
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Personal development plans
- Observation of practice
- Portfolio evidence, including clinical examinations
- Case-based learning and discussion
- Reflection and learning logs

Pillars of professional practice	**BDA post-registration professional development framework**
• Clinical practice • Research	• P1b, P2b, P3b, E1b, E3b

© NHS England 2024

Apprenticeship KSB mapping

- Knowledge: K1, K2, K3, K4, K5, K6, K7, K8, K10, K11
- Skills: S1, S2, S3, S4, S5, S6, S7, S8, S9, S10, S11
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (clinical)

To practice in a holistic frame of reference to enable a flexible approach to care that assesses and addresses the complexity of both physical and mental health across multiple settings.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 2, 3, 4, 7

Enhanced Practice descriptors

- Critically appraise and utilise legislation, clinical frameworks, contemporaneous evidence-based practice guidelines, outcomes from clinical audit and algorithms to provide enhanced service delivery and patient-centred care.
- Use a comprehensive knowledge of anatomy, physiology, and pathophysiology to support complex holistic patient assessment, including the underlying psychological, social, and long-term impact of illness.
- Use an underpinning knowledge of anatomy and complex applied physiology, disease, toxicities, treatments, and interventions which guide the selection of specialist diagnostics and indications for recommending ongoing referral or investigations.
- Use the principles and theories of co-production, health coaching and peer support to empower patients to self-manage their own health condition.
- Be able to interpret and assimilate a diverse range of information and evidence to underpin decision-making.

© NHS England 2024

- Provide enhanced dietetic care in line with professional registration, code of conduct and defined scope of practice, being responsible and accountable for own decisions, actions, and omissions.
- Undertake holistic patient-centred assessments using relevant frameworks, tools, technologies, and techniques.
- Identify, request, and interpret specialist diagnostics within own scope of practice to inform the delivery and management of specialist dietetic care.
- Provide leadership within scope of own role and be a positive role model for others in the multidisciplinary team.

Profession-specific descriptors

- Ensure that mental health and psychological well-being features in every patient assessment to identify underlying causes or impact of clinical presentation and consider the impact on mental health for all dietetic interventions.
- Apply the principles of the Nutrition and Dietetic Care process, taking a holistic approach to patient care, drawing on appropriate tools, technology, and techniques in complex practice.
- Plan, prioritise and deliver in-depth and thorough nutritional assessment and interventions that are underpinned by the Nutrition and Dietetic Care process, to promote participation and inclusion in demonstrating safe and effective care.
- Exercise clinically focused professional judgement in your practice to manage risk, including positive risk-taking.
- May extend your role with appropriate training and support, while understanding the wider risks associated with your scope of practice and ensuring systems are in place to proactively manage these risks.
- Know how to escalate to and engage others when working at the boundaries of your scope of practice within dietetic practice, including negotiation, diffusing strategies and de-escalation skills.
- Be able to undertake mental capacity assessments where relevant to area of clinical practice.

© NHS England 2024

- Carry out full physical and mental health clinical assessment of patients as part of the Nutrition and Dietetic Care process.
- Be aware of and use co-production to create services with people who use the service to ensure dietetic services are relevant, appropriate, and fit for purpose.

Pathway-specific descriptors – indicative examples

Primary care pathway:

- Conduct full clinical examination (including examples from the list below, taken from the pharmacist post-registration topic guide):
  - Blood pressure (manual and automated)
  - Heart rate and rhythm (manual and automated)
  - Temperature
  - Respiratory rate
  - Peak expiratory flow rate
  - Chest (respiratory) examination†
  - Ear, nose and throat examination
  - Peripheral oxygen saturation
  - Urinalysis
  - Height, weight, body mass index
  - Blood glucose (capillary)
  - Calculate National Early Warning Score 2 to identify deteriorating patients
  - Mental and cognitive state examination‡
  - Depression and anxiety screening††

(† includes inspection, palpation, percussion and listening to breath sounds; ‡ mini-mental state examination or similar; †† using a validated questionnaire).

© NHS England 2024

- Understands body systems and has awareness of the complex inter- and co-dependencies of systems when providing care to people.
- Undertakes a high level of complex decision-making to inform investigation, diagnosis, management, and onward referral within scope of practice.
- Demonstrates person-centred approaches in a variety of complex contexts with people, groups and communities, using evidence-informed assessment to underpin clinical reasoning, decision-making and risk management across a continuum of care, age and settings.
- Able to assess and manage undifferentiated and undiagnosed presentations.
- Able to identify red flags and underlying serious pathology and take appropriate action.
- Able to independently carry out functional patient assessment while assessing and managing patient risk.

Other clinical pathways:

- Managing sensitive conversations such as end-of-life conversations and palliative management.
- Complex feeding tube management, which may include tasks such as replacing PEG tubes and inserting nasogastric tubes.
- Knowledge of medicines management and pharmacology, including legal frameworks associated with licensing and prescribing.

Suggested evidence

- Work-based learning
- Profession-specific module
- FCP e-learning module
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Personal development plans
- Observation of practice

© NHS England 2024

- Portfolio evidence, including clinical examinations
- Case-based learning and discussion
- Reflection and learning logs

Pillars of professional practice	**BDA post-registration professional development framework**
• Clinical practice • Leadership	• P1b, P2b

Apprenticeship KSB mapping

- Knowledge: K1, K2, K3, K4, K5, K6, K7, K8, K9, K10, K11, K12, K13, K20, K21, K22
- Skills: S1, S2, S3, S4, S5, S6, S7, S8, S9, S10, S11, S12, S13, S20, S21, S22
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (leadership)

To be able to evaluate the impact of own leadership behaviours to be a confident, inclusive, and supportive leader contributing to a culture of continuous improvement.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 4, 8, 10

Enhanced Practice descriptors

- Use appropriate tools and theories to evaluate impact of own leadership.
- Provide enhanced care in line with professional registration, code of conduct and defined scope of practice, being responsible and accountable for own decisions, actions, and omissions.

© NHS England 2024

- Treat people with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be flexible and adaptable to meet the changing needs of the business.
- Continually monitor own mental well-being as well as that of others, and take appropriate action to promote positive mental health.
- Use principles and theories of coaching to support and develop others in complex clinical decision-making and care delivery.
- Aligned with leadership theory, provide leadership within scope of own role and be a positive role model for others in the multidisciplinary team.
- Evaluate systems and processes to maximise efficiency and effectiveness of resources to deliver enhanced level quality care.
- Use evidence-based strategies to manage clinical risk in Enhanced Practice, in an unpredictable and complex environment.
- Engage in continual reflection and evaluation to identify improvements in clinical practice.
- Apply best-practice methods for clinical supervision, mentoring and preceptorship.

Pathway-specific descriptors – indicative examples

- Recognise the impact of service design and operationalisation on social factors to promote inclusion and reduce health inequalities.
- Confidently communicate complex information to a variety of stakeholders with the aim of influencing decisions and actions.
- Provide leadership and support within scope of own role as a dietitian, acting as a positive role model for others in the multidisciplinary team to promote the profession.
- Ensure equity of access to services through inclusive design of services and processes.
- Advocate for diversity within the profession through inclusive recruitment and selection.
- Use person-centred and compassionate leadership principles underpinning dietetic practice to empower others to safely prioritise and deliver care.

© NHS England 2024

- Recognise your leadership qualities and level of influence as a dietitian, through critical reflection and ongoing professional development for yourself and others.
- Use a variety of communication methods and interpersonal skills to engage others. Use social media and other communication systems independently to deliver evidence-based information to stakeholders.
- Actively participate in projects which will improve the quality of the service, and lead on aspects of the project as appropriate. Be able to articulate the impact of your practice in your area of work clearly to stakeholders.
- Take a lead role in student training, preceptorship, and mentoring of new staff.
- Identify own development needs using reflection and supervision and be proactive in pursuing continued professional development opportunities.

Suggested evidence

- Work-based learning
- Multi-professional module
- Portfolio evidence
- 360 leadership review
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities
- Involvement in recruitment and selection of workforce

Pillars of professional practice	**BDA post-registration professional development framework**
• Leadership • Research	• L3b, L4b, F4b

© NHS England 2024

Apprenticeship KSB mapping

- Knowledge: K3, K12, K13, K23, K25, K26, K31, K32
- Skills: S3, S12, S13, S23, S25, S26, S31, S32
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (leadership)

To be able to use critically informed evidence-based approaches to advocate and lead operational and transformational change in complex situations and systems.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 4, 5, 7, 8, 9.

Enhanced Practice descriptors

- Identify, appraise, select, and apply principles and theories of leadership, coaching and mentorship to support others in managing change in complex situations and systems.
- Know how to escalate to and engage others when working at the boundaries of your scope of practice in leading change within complex situations and integrated care.
- Contribute to the judicious use of policy, protocols, and systems to strategically plan and prioritise resources managing short- and long-term service level requirements in dietetics.
- Contribute to the effective and efficient management of resources at an individual and service level to deliver enhanced level care.
- Apply evidence-based strategies within alignment to national and international guidelines to support the leadership of transformational change within dietetic practice.
- Challenge complacency, actions, and ways of thinking that may not be in the best interests of others, including those who access services, drawing on

© NHS England 2024

evidence-based strategies to manage risk and safety of others in complex environments.

- Role-model actively challenging ineffective systems and processes, taking a proactive approach to seek and respond appropriately to feedback in leading change at an enhanced level.
- Work collaboratively to develop innovation and enterprise approaches in dietetics, including contributing to business cases for change.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Provide leadership and support within scope of own role as a dietitian, acting as a positive role model for others in the multidisciplinary team to enact transformational change.
- Facilitate co-production within your operational and organisational transformational change of dietetic provision through effective use of service improvement methodologies.
- Use knowledge of national, regional, and local strategies and policies and their application in the development and planning of services in your area of practice.
- Contribute to the development and implementation of local strategy and policy and influence local and regional policy to ensure dietetics is embedded (BDA).
- Actively and effectively lead quality improvement change and developments within your area of practice.
- Take a lead role in student training, preceptorship and mentoring of new staff.
- Recognise the impact of service design and operationalisation on social factors to promote inclusion and reduce health inequalities.

© NHS England 2024

- Actively evaluate interventions against service user outcomes, including conducting audits, to identify areas for service development and improvement using quality improvement frameworks and models.
- Confidently communicate complex information to a variety of stakeholders with the aim of influencing decisions and actions.

Suggested evidence

- Work-based learning
- Multi-professional module
- Contribution to writing business cases
- Portfolio evidence
- 360 leadership review
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities
- Involvement in student training

Pillars of professional practice	**BDA post-registration professional development framework**
• Leadership • Education	• L1b, L2b, P3b, P2b

Apprenticeship KSB mapping

- Knowledge: K9, K13, K16, K20, K21, K22, K25, K26, K29, K30
- Skills: S13, S16, S20, S21, S22, S26, S28, S29, S30
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (leadership)

To take a proactive approach to leadership at every level and within all areas to drive service improvement, mentoring and supervising others, and sharing best practice at a local and national level.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 4, 5, 8, 9, 10

Enhanced Practice descriptors

- Support and develop pre-registration and newly qualified dietitians and multidisciplinary colleagues using principles and theories of reflection, constructive feedback, coaching, mentoring, leadership, and role-modelling.
- Influence or input into protocols and systems used to plan, prioritise, and direct resources within area of Enhanced Practice.
- Promote collaborative and cross-disciplinary working, with awareness of how to escalate to and engage others when working at the boundaries of scope of practice.
- Take a strategic approach to managing resources, service planning and quality improvement within existing areas of dietetic services.
- Influence local, regional, and national strategic priorities for patient populations within area of dietetic practice.
- Local appraisal policy and systems and own responsibility in relation to appraisal of others.
- Provide leadership within scope of own role and be a positive role model, promoting the role of the dietitian within the multidisciplinary team.
- Manage self and others in unpredictable and complex environments, instigating clinical interventions and managing risk where protocols may not be available.
- Contribute to the drafting of business cases or project proposals where enhanced dietetic practice can improve patient care.

© NHS England 2024

- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Provide leadership and support within scope of own role as a dietitian, acting as a positive role model for others in the multidisciplinary team to enact transformational change.
- Facilitate co-production within your operational and organisational transformational change of dietetic provision through effective use of service improvement methodologies.
- Use knowledge of national, regional, and local strategies and policies, and their application, in the development and planning of services in your area of practice.
- Contribute to the development and implementation of local strategy and policy and influence local and regional policy to ensure dietetics is embedded (BDA).
- Actively and effectively lead quality improvement change and developments within your area of practice.
- Take a lead role in student training, preceptorship and mentoring of new staff within the dietetics profession and wider multidisciplinary team.
- Recognise the impact of service design and operationalisation on social factors to promote inclusion and reduce health inequalities.
- Actively evaluate interventions against services user outcomes, including conducting audits, to identify areas for service development and improvement using quality improvement frameworks and models.
- Disseminate and present findings from research, audit, or service evaluations at local, regional, or national level.
- Promote service integration and ensure dietetic services are aligned within the larger sphere of health and social care.
- Scope new and emerging roles within dietetic practice to enhance patient care.

© NHS England 2024

Suggested evidence

- Work-based learning
- Multi-professional module
- Contribution to writing business cases
- Portfolio evidence
- 360 leadership review
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities
- Involvement in student training

Pillars of professional practice	**BDA post-registration professional development framework**
• Leadership • Education	L1b, L2b, P3b, P2b

Apprenticeship KSB mapping

- Knowledge: K9, K12, K13, K14, K15, K16, K23, K24, K25, K26, K28, K29, K30, K31, K32
- Skills: S12, S13, S14, S15, S16, S23, S24, S25, S26, S28, S29, S30. S31, S32
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (education)

To be able to achieve a critical understanding of the principles and theories of education to an enhanced level; to develop, deliver and evaluate effective learning opportunities for all stakeholders.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 5, 6, 7, 10

Enhanced Practice descriptors

- Facilitate positive learning cultures where all are encouraged to reflect and grow with support to receive and give constructive feedback.
- Identify, appraise, select, and apply principles, theories, and models of education to support your and others' professional practice.
- Contribute to the ongoing review of education and training within your role as a dietitian and context of practice.
- Identify, appraise, select, and apply principles and theories of communication and behaviour change in managing in complex care situations and systems.
- Be able to apply a range of communication strategies, theories, and tools of communication within dietetic practice to meet differing groups' needs.
- Contribute to the overall management of self and others through effective mechanisms of supervision, mentorship, and appraisal to support multi-professional learning and practice.
- Distinguish differing principles of education to develop your skills of mentoring, counselling, coaching, and teaching, applying this to specific contexts such as preceptorship and practice-based learning.
- Plan and facilitate the delivery of practice-based education, training, and assessment.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

© NHS England 2024

Profession-specific descriptors

- Develop and facilitate group education for dietetic management of specific clinical conditions or targeted health promotion using educational theory.
- Use a broad range of teaching and learning techniques to develop and deliver a range of learning opportunities to a range of service users and multi-professional team members.
- Use digital technology to enhance education and dissemination of knowledge to a range of stakeholders through a variety of digital platforms and social media.
- Support the production of educational resources that reflect the evidence base and best practice within the area of dietetics.
- Ensure all information produced is accessible to all users, considering differing levels of health literacy, disability, age, and language.
- Contribute to local and national dissemination of information and education for best practice within your field, for both the public and other professionals.
- Use coaching techniques to actively participate in the development of supervision and mentoring programmes, including for pre-registration learners and entry-level dietitians.
- Identify own development needs using reflection and supervision and be proactive in pursuing continued professional development opportunities.

Suggested evidence

- Work-based learning
- Multi-professional module
- Portfolio evidence
- Formal and informal teaching practices
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection

© NHS England 2024

- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice	**BDA post-registration professional development framework**
• Education • Clinical practice	• F1b, F2b, F3b, F4b

Apprenticeship KSB mapping

- Knowledge: K14, K15, K16, K17, K18, K19, K20, K23, K27, K31, K32
- Skills: S14, S15, S16, S18, S19, S23, S31, S32
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (education)

To be able to act as an expert resource, promote, lead, and monitor effective education in challenging environments for specialist and non-specialist audiences; encouraging the use of education to inform innovative clinical practice to enhance the well-being of others.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 4, 6, 7, 10

Enhanced Practice descriptors

- Evaluate principles and theories of communication in managing in complex care situations.
- Use knowledge of health psychology and behaviour change theory to motivate people to make positive lifestyle changes including self-management of their health.

© NHS England 2024

- Be able to apply a range of communication strategies, theories, and models within dietetic practice that are appropriate to the context of care and multi-professional working.
- Support and inspire others to understand and apply principles of person-centred care and adapt approaches to communication in managing in complex care situations.
- Apply evidence-based strategies within alignment to national and international guidelines to support complex communication in practice working with others.
- Utilise evidence-informed approaches to support your own and others' psychological well-being.
- Role-model strategies for psychological and physical self-care to promote self-awareness in maintaining professional standards and safe working practices for yourself and others.
- Contribute to effective communication and collaboration through supervision, mentorship, and appraisal to support yourself and others to maintain their health and well-being.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Use enhanced counselling skills to empower the person to set their own lifestyle-related goals and identify areas for change.
- Apply knowledge of motivational interviewing to patient consultations to increase motivational and self-efficacy for preparation and readiness to change.
- Use tools and technologies to aid communication for patients with additional communication needs, to advocate for patient-led approaches to healthcare management.
- Recognise the characteristics and consequences of barriers to inclusion, including those for socially isolated groups that can impact on communication and care management.

© NHS England 2024

- Use social media and other communication systems effectively, positively and professionally to communicate evidence-based information to stakeholders and positively influence lifestyle behaviour.

Suggested evidence

- Work-based learning
- Profession-specific module
- Portfolio evidence
- Formal and informal teaching practices
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice	**BDA post-registration professional development framework**
• Education • Leadership	• P3b, P2b, L3b

Apprenticeship KSB mapping

- Knowledge: K9, K12, K13, K17, K22, K23, K27, K31
- Skills: S12, S13, S19, S23, S27, S31
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (research)

To be able to construct appropriate research design and audit techniques to evaluate practice to identify quality improvement processes to enhance dietetic provision.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 4, 7, 9

Enhanced Practice descriptors

- Critically appraise, translate, apply, and present evidence to inform your and others' dietetic practice and complex decision-making.
- Provide enhanced clinical care in line with professional registration, code of conduct and defined scope of practice, being responsible and accountable for own decisions, actions, and omissions, to enhance the effectiveness of your role as a dietitian.
- Provide leadership within scope of own role and be a positive role model to influence and motivate others within the multidisciplinary team.
- Apply local and national approaches to service evaluation, research, and audit techniques to support quality improvement processes within dietetic services.
- Challenge ineffective systems and processes and support others to identify the need for change within your area of Enhanced Practice.
- Actively seek to create a culture of continuous quality improvement and take a strategic approach to plan and prioritise resources and manage immediate and longer-term service requirements.
- Engage with stakeholders to understand local, regional, and national strategic priorities for patient populations within area of dietetic practice.
- Contribute to efficient resource management within the workplace and, where indicated, help formulate business cases or project proposals.

© NHS England 2024

- Collaborate and disseminate research, audit, and service improvements locally and nationally to contribute to the development of practice-based evidence.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Design and carry out local service evaluation and audit projects within your area.
- Collect, analyse, and interpret data to evaluate the effectiveness of interventions, service delivery and report outcomes.
- Analyse and benchmark performance data locally or regionally and use results of quality measures to determine need for change or improvement.
- Disseminate the learning from service evaluation, audit, or research at a local or national level.
- Take responsibility for your own actions, outcomes, and any user challenges to your practice, and work to improve.
- Actively challenge poor practice that undermines the quality of the services or the delivery of expected outcomes.

Suggested evidence

- Work-based learning
- Profession-specific module
- Portfolio evidence
- Formal and informal research activities
- Formal and informal dissemination opportunities in practice
- Participation in conferences and networking
- E-learning resources from NHSE
- Peer review and feedback
- Mentor feedback

© NHS England 2024

- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice	**BDA post-registration professional development framework**
• Research • Leadership	• E2b, E3b

Apprenticeship KSB mapping

- Knowledge: K1, K2, K3, K9, K20, K21, K22, K29, K30
- Skills: S1, S2, S3, S12, S13, S20, S21, S22, S30
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (research)

To demonstrate the ability to systematically search, gather and select, and critically appraise data, to inform professional practice, decision-making and service design.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 4, 7, 9, 10

Enhanced Practice descriptors

- Be cognisant of the ongoing professional registration and code of conduct requirements in relation to your scope of practice as a dietitian.
- Be able to systematically search, gather, and interpret information from a range of data and evidence to support decision-making and evaluation of practice.

© NHS England 2024

- Critically appraise, translate, apply, and present evidence to inform your professional judgement and decision-making as part of the Nutrition and Dietetic Care process.
- Apply evidence-based strategies within alignment to national and international guidelines to professional practice, decision-making and service design within dietetic practice.
- Work collaboratively with multi-professional teams and cross agencies to develop evidence-informed nutritional interventions in the practice of dietetics.
- Challenge complacency, actions, and ways of thinking through evidence-based strategies to inform your practice as an autonomous dietitian.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Challenge professional thinking and action to create opportunities to generate new insights, perspectives, and knowledge to further your practice and profession.
- Advocate and promote a culture of evidence-based practice.
- Demonstrate solid understanding of key evidence relevant to your practice, and basic awareness and understanding of the latest research in the field.
- Use evidence to inform practice, ensuring reflection and evaluation of effectiveness and outcomes.
- Support others to access, understand, appraise, and translate evidence into practice.
- Collaborate with the wider multidisciplinary team to develop or inform local evidence-based guidance.

Suggested evidence

- Work-based learning
- Profession-specific module

© NHS England 2024

- Portfolio evidence
- Formal and informal research activities
- Formal and informal dissemination opportunities in practice
- Participation in conferences and networking
- E-learning resources from NHSE
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

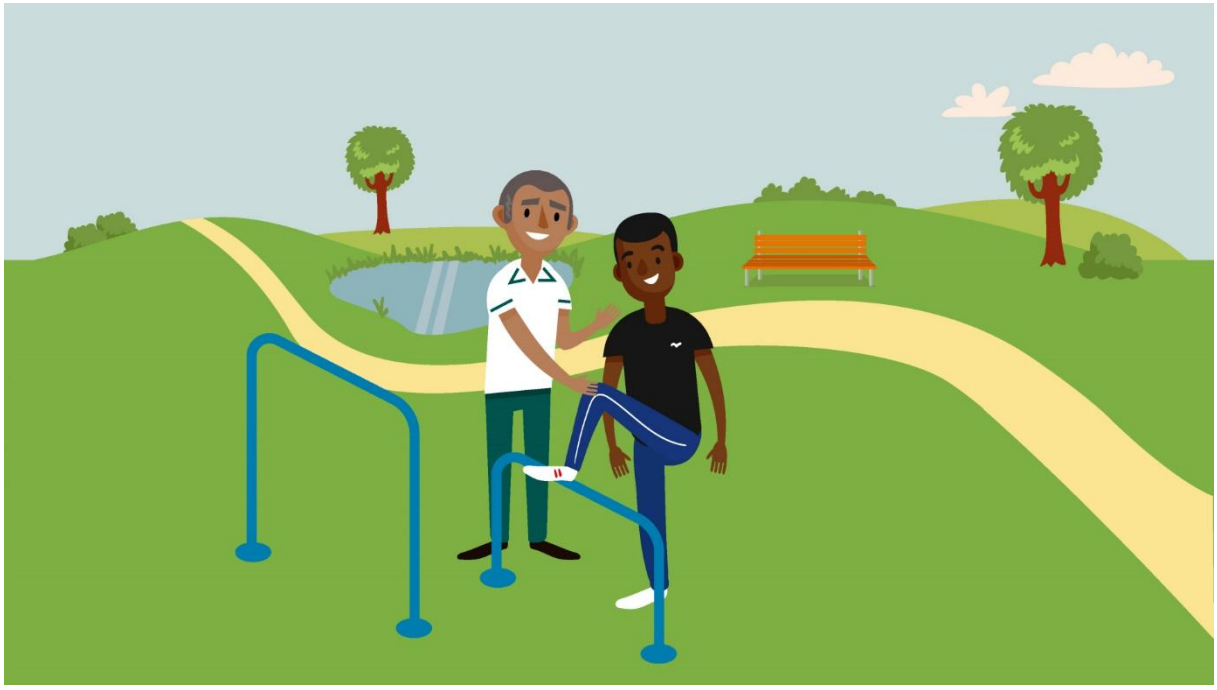
Pillars of professional practice	**BDA post-registration professional development framework**
• Research • Clinical practice	• E1b

Apprenticeship KSB mapping

- Knowledge: K1, K2, K3, K9, K12, K23, K29, K30
- Skills: S1, S2, S3, S12, S13, S20, S21, S23, S31
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice schema – occupational therapy



Introduction

Occupational therapy practice spans across health and care and encompasses the whole person. The focus enables the person to contribute to everyday life in a manner that is consistent with their beliefs, values and personal attributes and is the cornerstone of practice using occupation-focused approaches to underpin professional thinking and action. The consultation events highlighted the critical need to articulate the value and scope that occupational therapy brings to the integrative transformation of health and care delivery.

The workforce priorities for the Enhanced Level of Practice broadly focused on the following areas:

- The role of occupational therapy within health promotion across multiple sectors and groups of people across their life course, proactively supporting people to maximise their personal and community resources to contribute to their own health and well-being and that of others.
- Harnessing the value and contribution of occupational therapy within social care using a strengths-based approach and technology to enable people to live at home and be connected to their communities.

© NHS England 2024

- Urgent and proactive care to facilitate early and effective support to enable people to remain at and/or return home.
- Advancing the role of occupational therapy in primary care and prevention to contribute to reducing health inequalities, including advancing the role of occupational therapy in supporting people within ongoing health conditions to return or remain in work.
- Advancing the role of occupational therapy in mental health.
- Advancing the role of occupational therapy to support children and young people to reach their potential in education and to transition into adulthood.
- Increasing the evidence base and articulation of outcomes for occupational therapy, including harnessing social value and impact.

Underpinning the curricula development approach through the innovation partnership

The development of the Enhanced Practice curricula aims to create an open framework to meet the needs of trainees, trainers, and employers. Enhanced Practice is rooted within the development of profession-specific knowledge, skills, and behaviours; therefore, each AHP will develop their own expertise to meet the needs of their populations. There is no 'generic' Enhanced Practice role or training, but rather Enhanced Practice refers to a 'level' of practice within a specific profession.

AHPs who wish to work at the level of Enhanced Practice are required to demonstrate a wide range of knowledge, skills, and behaviours within their specific profession. The development of the Enhanced Practice curricula will facilitate 'pluripotent' roles to shape the future workforce. This level of practice will have the potential to deploy skills across healthcare boundaries – health and social care, acute and community, physical and mental health – and across pathways delivering prevention, support, and treatment. In this way the Enhanced Practice curricula will help to serve the need to provide more person-centred, joined-up care while also offering flexible and adaptable careers.

A curricula development 'task and finish' group was formed and each of the seven allied health professions allocated a profession-specific lead to oversee the work. Sprint methodology was adopted to maximise collaboration, flexibility, and the iterative process. The group's terms of reference specified that working with our

© NHS England 2024

innovation partners, stakeholder events would be held to identify key workforce priorities and formulate a graduate statement. Initial stakeholder consultation involved collaboration across all seven professions and has been integral to the initial development of the curricula; during the second iteration, a deeper focus within each profession-specific area was applied.

Across occupational therapy, key groups included, but were not exclusive to, novice practitioners, occupational therapy leads across settings and sectors, occupational therapy higher education representatives, and the Principal Occupational Therapy network. Specific stakeholder events were held in collaboration with The Royal College of Occupational Therapy Advancing Practice subgroup and Educational Directors groups to ensure a diverse range of views, voices, and specialisms within occupational therapy were heard. All stakeholder data was collected, and thematic analysis completed which was then aligned to the Royal College of Occupational Therapy Workforce strategy and Career Development Framework.

Understanding and using the curriculum

The curriculum is set out across ten Enhanced Level Practice domains which are aligned to the four pillars of professional practice. Each domain is mapped against the Enhanced Clinical Practitioner apprenticeship standard occupational duties and knowledge, skills and behaviours, and describes the **level of practice** for occupational therapy.

Enhanced Level Practice domains for occupational therapy	
Clinical practice	To be able to demonstrate occupationally focused approaches to assessment, intervention, and evaluation at an enhanced level of practice, drawing on evidence to underpin your professional reasoning.
Clinical practice	To be able to articulate the significance of occupational justice in addressing health inequalities, evidencing the occupational outcomes for the communities we serve.
Clinical practice	To be able to demonstrate safe and effective person-centred care with a particular focus on clinical reasoning, decision-making and risk management and care management planning.

© NHS England 2024

Clinical practice	To be able to demonstrate the delivery of enhanced level care, using the application of anatomy, physiology and psychosocial factors within assessment and diagnostic processes, providing interventions and utilising appropriate equipment within your scope of practice.
Leadership	To be able to evaluate the impact of your own leadership behaviours to be a confident, inclusive, and supportive leader contributing to a culture of continuous improvement.
Leadership	To be able to use critically informed evidence-based approaches to advocate and lead operational and transformational change in complex situations and systems.
Education	To be able to achieve a critical understanding of the principles and theories of education to an enhanced level; to develop, deliver, and evaluate effective learning opportunities for all stakeholders.
Education	To be able to act as an expert resource, promote, lead, and monitor effective education in challenging environments for specialist and non-specialist audiences, encouraging the use of education to inform innovative clinical practice to enhance the well-being of others.
Research	To be able to construct appropriate research design and audit techniques to evaluate practice to identify quality improvement processes to enhance occupational therapy provision.
Research	To demonstrate the ability to systematically search, gather and select, and critically appraise data, to inform professional practice, decision-making, and service design.

© NHS England 2024

Enhanced Level Practice descriptors

These are the key requirements that describe the level of practice within each specific domain and can be considered as multi-professional knowledge, skills and behaviours aligned to working within the defined scope of practice as an HCPC registrant. These are tailored to, but are not unique to, a particular profession.

Profession-specific descriptors

These are reflective of the unique practice at an enhanced level and describe occupational therapy practice principles and practice when working to this level of practice within the scope of HCPC registration, adhering to professional standards of proficiency and standards of conduct, performance, and ethics.

Pathway-specific descriptors

These are indicators for consideration to meet the workforce priorities of the profession that we agreed in collaboration with stakeholders and the Royal College of Occupational Therapy. During development, they were aligned to existing multi-professional frameworks and capabilities. The specific areas provided are indicative examples and reflect the current priorities; these should be tailored as the professional priorities evolve and respond to national and local workforce training need. They are by no means the only areas to consider but are indicators for education providers to include in any development of pathway curricula to ensure that profession-specific educational needs are met within multi-professional provision and can be achieved through a combination of work-based learning and academic modules.

© NHS England 2024

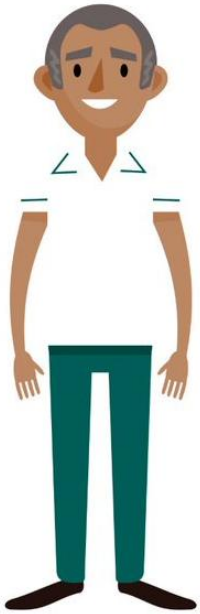
Current national frameworks and capabilities referenced

- Skills for Health (2022). Virtual Ward and Urgent Community Response Capabilities Framework
- Frailty: A framework of core capabilities
- Health Education England. First Contact Practitioners and Advanced Practitioners in Primary Care: (Occupational Therapy) A Roadmap to Practice
- NHS England. Centre-endorsed credential specifications – community-based rehabilitation: Healthy ageing
- NHS England. Centre-endorsed credential specifications – community-based rehabilitation: Physical activity for people with long-term conditions
- GOV.UK (2023). SEND and alternative provision road map
- GOV.UK (2020). SEND code of practice: 0 to 25 years

© NHS England 2024

Enhanced Level Practice in occupational therapy – curriculum intent

I, as an occupational therapist practising at the level of Enhanced Practice, will develop expertise in my clinical and critical reasoning to promote an inclusive occupation-focused approach across all sectors of health and care. I will have developed a level of expertise, knowledge and cultural awareness to support those I work alongside to formulate person-centred and strengths-based occupational goals to bring about change at an individual, group and community level. I will take responsibility for ensuring my practice is evidence-informed and non-discriminatory, continuing to develop and apply my research skills, knowledge, and theoretical application to support the transformation of care. As a leader in occupational therapy, I will use my knowledge, skills and values to develop a culture which contributes to the ongoing development of myself, others, services, and the wider team to realise the potential of occupation in sustaining and promoting the health and well-being of all our communities. These enhanced skills will be gained through theoretical and work-based learning.



The graduate statement captures the purpose of an occupational therapist and the range of services within this context of time for those working at an enhanced level of practice. It outlines the composite knowledge, attributes, values, behaviours, and skills to be amplified as an occupational therapist.

© NHS England 2024

Enhanced Level Practice domains

Enhanced Level Practice domains (clinical)

To be able to demonstrate occupationally focused approaches to assessment, intervention, and evaluation at an enhanced level of practice, drawing on evidence to underpin your professional reasoning.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 2, 3, 6

Enhanced Practice descriptors

- To be cognisant of the ongoing professional registration and professional standards requirements in relation to your scope of practice as an occupational therapist.
- To take active professional accountability, developing your defined scope of practice to create and embed new ways of working, including understanding your professional boundaries.
- To understand the complexity of human beings through applied anatomy and physiology, pathophysiology and psychosocial theories and their influences on health and well-being.
- To be able to select appropriate tools and techniques to critically evaluate clinical information to inform professional reasoning and approaches to occupational therapy interventions.
- To be able to draw on and interpret diverse sources of information and evidence as part of the occupational therapy process to underpin decision-making and techniques to interpret and assimilate a diverse range of information and evidence in managing complexity.
- To be able to apply a range of communication strategies, theories, and modes within occupational therapy practice to meet differing groups' needs.
- To treat all individuals with dignity, embracing and respecting their diverse backgrounds, beliefs, cultures, needs, values, privacy, and preferences.

© NHS England 2024

- To show respect and empathy for those you work with, valuing their unique identities and experiences.
- To be adaptable, reliable, and consistent.

Profession-specific descriptors

- Critical application of the occupational therapy process to manage complexity of care, including positive risk-taking to facilitate occupational purpose, performance, and participation to support those who access services.
- Exercise occupationally focused professional judgement in your practice.
- Embed principles and theories of co-production within your occupationally focused practice, utilising strength-based approaches to support those who access services.
- Facilitate the active engagement of people who access services to contribute to the evaluation of the impact of their occupational therapy provision.

Pathway-specific descriptors – indicative examples

Community-based rehabilitation pathways across all sectors:

- Develop and promote shared decision-making to meet rehabilitation needs and occupational goals in partnership with the individual, family and where appropriate the multi-professional team, working alongside other agencies and care providers.
- Understand the dynamic inter-relationship between the person, their environment, and their chosen occupation in setting personalised goals within rehabilitation to promote occupational participation.
- Encourage and facilitate positive changes in behaviour and action using occupation as a therapeutic tool to prevent illness and promote supported self-care, health, and recovery.
- Be able to capture and report the outcome of occupational therapy approaches and interventions, and impact of occupation-focused delivery.

© NHS England 2024

Urgent and emergency care pathways to support people to remain at home (across all sectors):

- Develop a personalised occupational therapy management plan (including, where appropriate, documented and agreed criteria for discharge) in collaboration with the person, family, and carers, enabling them to make informed choices about their care, including virtual and remote monitoring.
- Demonstrate professional judgement and reasoning within the occupational therapy process, reacting appropriately to restore or maintain health and well-being in unpredictable and complex care, including recognising deterioration and escalating concerns.

Mental health:

- Develop and promote recovery-focused occupational therapy intervention plans in collaboration with the individual and, where appropriate, family and carers to make informed choices that reduce stigma and support mental well-being.
- Recognise, support, and proactively meet the occupational needs of people experiencing mental ill health across the lifespan in a variety of settings.
- Be able to capture and report the outcome of occupational therapy approaches and interventions, and impact of occupation-focused delivery.

Primary care inclusive of community-based proactive care and enhanced support in care homes:

- Demonstrate occupation-focused practice inclusive of occupational history, presenting situation and clinical indicators, utilising both clinical assessment and occupational formulation to determine working diagnoses and intervention plans.
- Recognise, support, and proactively meet the occupational needs of people and their families across the lifespan, inclusive of those who require palliative care and those in their last year of life.
- Articulate and demonstrate the added value and impact of occupation-based interventions to support individuals to value themselves and their contribution to their community and wider society through supporting people to retain and/or return to work.

© NHS England 2024

- Be able to capture and report the outcome of occupational therapy approaches and interventions, and impact of occupation-focused delivery.

Social care:

- Develop and promote reablement-focused occupational therapy intervention plans in collaboration with the individual and, where appropriate, family, informal and formal carers to enable engagement in occupation and reduce the need for ongoing care.
- Be able to capture and report the outcome of occupational therapy approaches and interventions, and impact of occupation-focused delivery, ensuring that diverse perspectives and experiences are considered.

Children and young people:

- Develop and promote occupation-focused practice in collaboration with the children, young people, parents, family, and carers, utilising occupational formulation to determine collaborative assessment and intervention plans.
- Be able to capture and report the outcome of occupational therapy approaches and interventions, and impact of occupation-focused delivery.

Suggested evidence

- Work-based learning
- Profession-specific module
- Personalised care e-learning resources
- FCP module
- E-learning resources from NHSE and RCOT
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Portfolio evidence
- Case-based learning and discussion
- Reflection and learning logs

© NHS England 2024

Pillars of professional practice	**RCOT career development framework**
• Clinical practice • Research	Professional practice pillar: • Ways of thinking: P6.1, 6.3, 6.4 • Skills: P6.5, 6.7, 6.11, 6.12 Evidence, research and development pillar: • Ways of thinking: E6.1, 6.3 • Skills: E6.9, 6.10

Apprenticeship KSB mapping:

- Knowledge: K3, K6, K7, K8, K10, K11, K17, K19, K27
- Skills: S3, S5, S6, S7, S9, S10, S11, S17, S19, S27
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (clinical)

To be able to articulate the significance of occupational justice in addressing health inequalities, evidencing the occupational outcomes for the communities we serve.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 7, 9

Enhanced Practice descriptors

- Be able to draw on and interpret diverse sources of information and evidence to underpin occupational therapy practice in addressing health inequalities.
- Embed principles and theories of change management and co-production within your occupationally focused practice to co-create and evaluate service

© NHS England 2024

innovation to meet the needs of the communities you serve.

- Challenge systems and processes to identify the need for change, including recognising evidence gaps within your area of practice in occupational therapy.
- Coordinate, synthesise and disseminate evidence on the impact of occupational therapy through a range of methods.
- Contribute to the development of innovation, service improvement and quality improvement projects that articulate the occupational outcomes of occupational therapy practice.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Be able to utilise tools and techniques to appraise, interpret, and assimilate a diverse range of information, evidence, and quality standards in demonstrating occupational outcomes to challenge health inequalities.
- Plan, prioritise, and implement practices that are underpinned by theories of occupational justice to promote participation, inclusion, and the rights of people in preventing and addressing health inequalities within a defined resource.

Pathway-specific descriptors – indicative examples

Community-based rehabilitation pathways across all sectors, inclusive of mental health:

- Utilise the theories of occupational justice to appraise the occupational outcomes of rehabilitation on the wider determinants of health and health equality for people and populations.
- Consider and apply an understanding of the relationship between health literacy, social determinants of health, and health inequalities, to enhance occupational performance and participation through rehabilitation, supporting purposeful engagement in everyday life and reducing demands for long-term care.

© NHS England 2024

Urgent and emergency care pathways to support people to remain at home:

- Enable and support others to articulate their views and preferences to make informed choices and decisions about the services and care they receive, actively challenging personal and professional assumptions to tailor services to meet the needs of underserved populations.
- Contribute to developing approaches and practice in response to urgent and emergency care population health needs, drawing on the principles of occupational justice to evaluate the impact and value of occupational therapy.

Primary care, inclusive of community-based preventative proactive care and enhanced support in care homes:

- Critically appraise the impact of health inequalities and social determinants of health on occupational outcomes for people and, where relevant, their family and carers.
- Respond proactively to prevent and address health inequalities that are associated with multiple long-term conditions, optimising the use of health and care, including a holistic focus on areas such as (but not limited to) housing issues, employment, family and support mechanisms, social isolation, and loneliness, to foster belonging within the fabric of the person's community.

Mental health:

- Promote a shared understanding of the stigma associated with mental ill health, and facilitate occupation-focused strategies and interventions that address the promotion of good mental health and well-being strategies across communities.

Social care:

- Make every contact count through use of knowledge of local social networks and communities to connect individuals and carers with available resources to develop healthy routines to facilitate occupational participation within their communities.

© NHS England 2024

Children and young people:

- Critically appraise the impact of health inequalities and social determinants of health on the educational and occupational outcomes for children and young people and, where relevant, their family and carers, taking into account diverse perspectives and experiences.
- Identify barriers and enablers in policy, legislation, and resource allocation (e.g., SEND code of conduct) and their impact on delivering occupationally focused services within the context of your practice, service and system, challenging complacency, actions, and ways of thinking that are not in the best interests of children, young people, and their families.

Suggested evidence

- Work-based learning
- Profession-specific module
- Personalised care e-learning resource
- FCP module
- Population health e-learning resources
- E-learning resources from NHSE and RCOT
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Portfolio evidence
- Case-based learning and discussion
- Reflection and learning logs

Pillars of professional practice

- Clinical practice
- Research

RCOT career development framework

Professional practice pillar:

- Ways of thinking: P6.1, 6.3, 6.4
- Skills: P6.5, 6.7, 6.11, 6.12

© NHS England 2024

	Evidence, research and development pillar: • Ways of thinking: E6.1, 6.3, 6.5 • Skills: E6.6, 6.7, 6.8, 6.10, 6.13

Apprenticeship KSB mapping

- Knowledge: K1, K2, K20, K21, K22, K29, K30
- Skills: S2, S3, S20, S21, S22, S29, S30
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (clinical)

To be able to demonstrate safe and effective person-centred care with a particular focus on clinical reasoning, decision-making and risk management and care management planning.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 2, 3, 6

Enhanced Practice descriptors

- Be cognisant of the ongoing professional registration and professional standards requirements in relation to your scope of practice as an occupational therapist.
- Understand and respect the cultural, religious, and ethnic backgrounds of all people.
- Actively work to eliminate any biases or discriminatory practices, ensuring equal access to care for those who access services, regardless of their background or identity.

© NHS England 2024

- Recognise unique perspectives, experiences, and values of those who access services, and ensure their autonomy and privacy are upheld throughout their care journey.
- Be able to draw on and interpret diverse sources of information and evidence to underpin decision-making.
- Be able to select and apply techniques to interpret and assimilate a diverse range of information and evidence within complex practice to support positive risk management and care planning in occupational therapy.
- Apply evidence-based strategies to manage complexity and risk within occupational therapy practice, to deliver personalised, safe, compassionate care.
- Implement and support others to fulfil safeguarding duties and procedures in a timely and proactive manner in occupational therapy practice and your workplace.
- Be able to apply a range of communication theories, strategies, and modes within occupational therapy practice to meet differing groups' needs.
- Work within legislative, national, and local policy, frameworks, standards, and procedures relevant to occupational therapy and your defined practice to support professional decision-making.
- Develop, implement, and evaluate an enhanced care management plan which may include interventions and referral to other members of the multidisciplinary team or other agencies.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Apply the principles and values of occupational therapy and personalised care throughout the occupational therapy process, drawing on appropriate tools, technology, and techniques in complex practice.
- Plan, prioritise and deliver occupational therapy assessment and interventions that are underpinned by occupational therapy models of

© NHS England 2024

practice to promote participation and inclusion in demonstrating safe and effective care.

- Exercise occupationally focused professional judgement in your practice to manage risk, including positive risk-taking.
- Know how to escalate to and engage others when working at the boundaries of your scope of practice within occupational therapy, including negotiation, diffusing strategies and de-escalation skills.

Pathway-specific descriptors – indicative examples

Community-based rehabilitation pathways across all sectors:

- Demonstrate person-centred, occupationally focused approaches in a variety of complex contexts with people, groups and communities, using evidence-informed assessment to underpin clinical reasoning, decision-making, and risk management across a continuum of care, age, and settings.
- Undertake collaborative comprehensive assessments, including the use of occupation-based outcome measures, to personalise, grade and adapt the rehabilitation approaches to optimise people's health and well-being using personalised goal-setting.

Urgent and emergency care pathways to support people to remain at home (across all sectors):

- Demonstrate safe and effective practice through recognising and differentiating risk and acuity in complex care across the occupational therapy process, utilising evidence-informed strategies to support professional judgement.
- Simultaneously manage acute and long-term conditions, utilising appropriate clinical assessments (e.g., early warning scores, clinical frailty scale, comprehensive geriatric assessment) and occupation formulation, responding flexibly to current and ongoing needs in collaboration with multi-professional team and interagency working.
- Identify and proactively manage risks to the delivery of the care plan, recognising and responding to any tensions or conflicts with service users or within teams, organisations, and care providers in a collaborative manner.

© NHS England 2024

Primary care, inclusive of community-based proactive care and enhanced support in care homes:

- Respond appropriately and proportionally to deliver safe and effective occupational therapy care with consideration of the circumstances, priorities, needs, preferences, risks, and benefits for those involved, drawing on an understanding of local service provision and relevant guidelines and resources to support your decision-making.
- Develop care management plans that are safe and timely to monitor changes in the person's condition in response to treatment and advice, proactively managing risk and identifying the need for escalation or alternative treatment as appropriate.

Mental health:

- Demonstrate and support others to recognise the impact of poor physical health on an individual's mental health to identify and remove barriers to occupational engagement.
- Identify and proactively balance personalised care approaches within the scope of appropriate legislation (Mental Health Act, Mental Capacity Act) to support positive risk-taking approaches that fully encompass physical and mental health needs alongside mitigating strategies in managing risk to self and others.

Social care:

- Plan, prioritise and deliver occupational therapy assessment and interventions that are underpinned by occupational therapy models (e.g., PEOP) to promote inclusion in occupational participation across multiple settings (e.g., own home, day services, supported living).
- Identify, select, and implement moving and handling practices, assistive devices, and technology, with consideration of related legal responsibilities, across multiple settings (including but not limited to: schools, day centres, care homes, own home) to promote occupational participation and inclusion and contribute to the reduction of long-term care needs.
- Respond appropriately and proportionally in making best-interest decisions with identification, application, and judicious use of relevant legislation (e.g.,

© NHS England 2024

Mental Capacity Act, Care Act and Housing Act) and guidance (e.g., relevant Housing and Housing Renewal Grants Regulations) when recommending equipment and/or adaptations.

- Evaluate the practical and ethical implications for individuals' and carers' occupational participation, health and well-being when making best-interests recommendations in managing complexity of care.

Children and young people:

- Ensure that children and young people are active partners throughout the occupational therapy process, working collaboratively to enable them to articulate and formulate their own goals using a strength-based approach.
- Plan, prioritise, and deliver occupational therapy assessments and interventions that are underpinned by occupational therapy specific outcome measures and approaches (e.g., PEOP) to promote participation and inclusion through occupational performance and participation to support transition to adulthood.
- Identify and proactively manage complex needs through the co-production of occupationally focused plans, recognising and responding to any tension or conflict between children, young people, parents and, where relevant, external care and education providers.
- Respond appropriately and proportionally in establishing and advocating for the best interest of children and young people with identification, application, and judicious use of relevant legislation and guidance (e.g., Fraser Guidelines).

Suggested evidence

- Work-based learning
- Profession-specific module
- FCP module
- Shared decision-making e-resources
- E-learning resources from NHSE and RCOT
- Peer review and feedback
- Mentor feedback

© NHS England 2024

- Supervision and reflection
- Portfolio evidence, including clinical examinations
- Case-based learning and discussion
- Reflection and learning logs
- Personal development plans
- Observation of practice

Pillars of professional practice

- Clinical practice
- Leadership

RCOT career development framework

Professional practice pillar:

- Ways of thinking: P6.1, 6.2, 6.4
- Skills: P6.5, 6.6, 6.7, 6.11, 6.12

Leadership pillar:

- Ways of thinking: L6.2, 6.4
- Skills: L6.8, 6.9, 6.13, 6.17

Apprenticeship KSB mapping

- Knowledge: K2, K3, K4, K5, K7, K11, K18, K27
- Skills: S1, S2, S3, S4, S5, S6, S7, S8, S9, S10, S11, S17, S18, S19, S27
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (clinical)

To be able to demonstrate the delivery of enhanced level care, using the application of anatomy, physiology and psychosocial factors within assessment and diagnostic processes, providing interventions and utilising appropriate equipment within your scope of practice.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 2, 3

Enhanced Practice descriptors

- Be cognisant of the ongoing professional registration and professional standards requirements in relation to your scope of practice as an occupational therapist.
- Be able to draw on and interpret diverse sources of information and evidence to underpin assessment and intervention approaches in occupational therapy.
- Understand the complexity of human beings through applied anatomy and physiology, pathophysiology, and psychosocial factors to support assessment and diagnostic processes in occupational therapy practice.
- Work within legislative, national, and local policy, frameworks, standards, and procedures relevant to occupational therapy and your defined practice.
- Develop, implement, and evaluate occupational therapy practice at an enhanced level, including recognition of multi-professional and interagency working for the benefit of those accessing services.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

© NHS England 2024

Profession-specific descriptors

- Exercise occupationally focused professional judgement in your practice.
- Be able to identify, select and apply appropriate tools, technology, and techniques in complex practice to deliver occupationally focused personalised care.
- Plan, prioritise, and deliver occupational therapy assessment and interventions that are underpinned by occupational therapy models of practice to promote participation and inclusion in demonstrating safe and effective care.
- Utilise diverse approaches to occupational therapy practice that facilitate and foster therapeutic relationships to build the composite knowledge, skills, and confidence of people to contribute to their own health and well-being through occupational participation and inclusion.
- Embed principles and theories of co-production within your occupationally focused practice through the process of assessment, intervention, and evaluation of occupational therapy service provision.

Pathway-specific descriptors – indicative examples

Community-based rehabilitation pathways across all sectors:

- Demonstrate understanding of human complexity through applied clinical and occupational assessment to screen, differentiate, and stratify rehabilitation strategies and approaches to promote self-management and occupational engagement.
- Contribute to leading and modifying occupational therapy approaches to rehabilitation interventions based on professional judgements that combine a range of opportunities for promoting physical activity, behaviour change, education, environmental and graded adaptation.

Urgent and emergency care pathways to support people to remain at home (across all sectors):

- Undertake systematic assessment and clinical examination, with an appreciation of complexity when presented with incomplete, ambiguous, and conflicting information by synthesising key factors to determine the

© NHS England 2024

occupational diagnosis and formulation, identifying those elements that may need to be pursued further.

- Identify, select, and utilise appropriate technology that is aligned to the specific needs of the person and their context of care, ensuring personalised needs and occupational goals are embedded within interventions to support people to remain at their home.

Primary care, inclusive of community-based proactive care and enhanced support in care homes:

- Demonstrate the ability to identify, select, and apply a range of assessment techniques to consider the holistic needs of people, utilising appropriate tools and techniques to integrate clinical and occupational priorities.

Mental health:

- Undertake systematic assessment and clinical examination, with an appreciation of complexity when presented with physical and mental health needs across a continuum of care, age, and settings.
- Build authentic therapeutic relationships when working with people, groups, and communities presenting with incomplete, ambiguous, and conflicting information by synthesising key factors to determine the occupational diagnosis and formulation, identifying those elements that may need to be pursued further.

Social care:

- Apply a systems-wide, optimised approach to moving and handling to reduce injury and achieve effective, person-centred outcomes, including right-sizing packages of care through robust risk assessment.
- Apply enhanced clinical reasoning in complex casework, leading to recommendations and specifications for specialist and non-specialist adaptations and assistive technology.

© NHS England 2024

Children and young people:

- Demonstrate the ability to identify, select, and apply a range of assessment techniques to consider the holistic needs of children and young people, utilising appropriate tools and techniques to integrate clinical and occupational priorities.
- Be able to undertake specialist assessments and interventions, drawing on expert understanding of the bodily structure and function that impacts occupational participation (e.g., sensory processing).

Suggested evidence

- Work-based learning
- Profession-specific module
- FCP module
- Shared decision-making e-resources
- E-learning resources from NHSE and RCOT
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Portfolio evidence
- Case-based learning and discussion
- Reflection and learning logs

© NHS England 2024

Pillars of professional practice	**RCOT career development framework**
• Clinical practice • Research	Professional practice pillar: • Ways of thinking: P6.1, 6.2, 6.4 • Skills: P6.5, 6.6, 6.7, 6.9, 6.11, 6.12 Evidence, research and development pillar: • Ways of thinking: E6.1, 6.3 • Skills: E6.6, 6.9, 6.10, 6.13

Apprenticeship KSB mapping

- Knowledge: K1, K2, K3, K4, K5, K6, K7, K8, K10, K11
- Skills: S1, S2, S3, S4, S5, S6, S7, S8, S9, S10, S11
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (leadership)

To be able to evaluate the impact of own leadership behaviours to be a confident, inclusive, and supportive leader contributing to a culture of continuous improvement.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 4, 8, 10

Enhanced Practice descriptors

- Be cognisant of the ongoing professional registration and professional standards requirements in relation to your scope of practice as an occupational therapist.

© NHS England 2024

- Use and select principles and theories of leadership, coaching and mentorship to support others.
- Make judicious use of protocols and systems to plan, prioritise, and direct resources within areas of Enhanced Practice in occupational therapy.
- Know how to escalate to and engage others when working at the boundaries of your scope of practice within occupational therapy.
- Apply evidence-based strategies to manage complexity and risk within occupational therapy practice, fostering inclusivity and supporting others in unpredictable and complex working environments.
- Implement and support others to fulfil safeguarding duties and procedures in a timely and proactive manner in occupational therapy practice and your workplace.
- Review and enhance occupational therapy services as part of a team, drawing on occupational outcomes and evidence to influence change.
- Actively and effectively lead quality improvement change and developments within your area of practice.
- Apply best-practice methods for clinical supervision, mentoring, and preceptorship.
- Take a lead role in student training, preceptorship, and mentoring of new staff.
- Recognise and influence changes in culture where needed, taking an active role in anti-discriminatory practice for continuous improvement.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Provide leadership and support within scope of own role as an occupational therapist, acting as a positive role model for others in the multidisciplinary team to promote the profession.
- Conduct anti-discriminatory practice in occupational therapy, promoting social justice for inclusion, equity, and equality of access to occupational

© NHS England 2024

therapy, to reduce health inequalities and improve outcomes of intervention for the benefit of those who access services.

- Use person-centred and compassionate leadership principles underpinning occupational therapy practice to empower others to safely prioritise and deliver care, fostering a culture of inclusivity and respect.
- Recognise your leadership qualities and level of influence as an occupational therapist through critical reflection and ongoing professional development for yourself and others.

Pathway-specific descriptors – indicative examples

Community-based rehabilitation pathways across all sectors:

- Identify barriers and enablers in delivering occupationally focused rehabilitation within the context of your practice, service and system, challenging complacency, actions, and ways of thinking that are not in the best interests of the people, communities, and wider care provision.
- Proactively work with others to innovate and transform approaches to community-based rehabilitation, utilising population-based data to prevent ill health and maintain and improve people's health and well-being.

Urgent and emergency care pathways to support people to remain at home (across all sectors):

- Respond positively when under pressure at an individual and service level, role-modelling positive leadership and acting in a responsible and considered way to ensure safe practice.

Primary care, inclusive of community-based proactive care and enhanced support in care homes:

- Actively role-model occupational therapy leadership in negotiating your scope of practice within legal, ethical, professional, and organisational policies, governance, and procedures to proactively contribute to service review, including participation in significant event review to share your and others' learning for improvement.

© NHS England 2024

Mental health:

- Proactively demonstrate the transformative impact of occupational therapy interventions when delivering recovery-focused services, challenging traditional approaches, and evaluating the impact using occupation-focused outcome measures.

Social care:

- Identify barriers and enablers in policy, legislation, and resource allocation and their impact on delivering occupationally focused services within the context of your practice, service, and system.

Children and young people:

- Proactively demonstrate the transformative impact of occupational therapy interventions, challenging traditional approaches, and evaluating the impact using occupation-focused outcome measures.
- Actively role-model occupational therapy leadership, working in collaboration with external partners and agencies, challenging complacency, actions, and ways of thinking that are not in the best interests of children and young people.

Suggested evidence

- Work-based learning
- Multi-professional or profession-specific module
- Portfolio evidence
- 360 leadership review
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

© NHS England 2024

Pillars of professional practice	**RCOT career development framework**
• Leadership • Research	Leadership: • Ways of thinking: L6.1, 6.7 • Skills: L6.8, 6.11, 6.13, 6.14, 6.17 Evidence, research and development pillar: • Ways of Thinking: E6.1, 6.3, 6.5 • Skills: E6.6, 6.7, 6.10
Apprenticeship KSB mapping • Knowledge: K3, K12, K13, K23, K25, K26, K31, K32 • Skills: S3, S12, S13, S23, S25, S26, S31, S32 • Behaviours: B1, B2, B3	

Enhanced Level Practice domains (leadership)

To be able to use critically informed evidence-based approaches to advocate and lead operational and transformational change in complex situations and systems.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 4, 5, 7, 8, 9

Enhanced Practice descriptors

- Identify, appraise, select, and apply principles and theories of leadership, coaching and mentorship to support others in managing change in complex situations and systems.
- Embrace inclusive practices that recognise and accommodate the diverse needs and preferences of individuals, families, and carers of those who access services.

© NHS England 2024

- Know how to escalate to and engage others when working at the boundaries of your scope of practice in leading change within complex situations and integrated care.
- Contribute to the judicious use of policy, protocols, and systems to strategically plan and prioritise resources, managing short- and long-term service level requirements in occupational therapy.
- Contribute to the effective and efficient management of resources at an individual and service level to deliver enhanced level care.
- Apply evidence-based strategies within alignment to national and international guidelines to support the leadership of transformational change within occupational therapy practice.
- Challenge complacency, actions, and ways of thinking that may not be in the best interests of others, including those who access services, drawing on evidence-based strategies to manage risk and safety of others in complex environments.
- Role-model actively challenging ineffective systems and processes, taking a proactive approach to seek and respond appropriately to feedback in leading change at an enhanced level.
- Work collaboratively to develop innovation and enterprise approaches in occupational therapy, including contributing to business cases for change.
- Actively and effectively delegate to others, including support workers and the wider team, to ensure effective operational delivery within your area of practice.
- Treat all individuals with dignity, embracing and respecting their diverse backgrounds, beliefs, cultures, needs, values, privacy, and preferences.
- Show respect and empathy for those you work with, valuing their unique identities and experiences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Support and inspire others to understand the value of occupations for health and well-being when designing and leading operational and transformational change.

© NHS England 2024

- Provide leadership and support within scope of own role as an occupational therapist, acting as a positive role model for others in the multidisciplinary team by fostering inclusive and collaborative environment to enact transformational change.
- Facilitate co-production within your operational and organisational transformational change of occupational therapy provision through effective use of service improvement methodologies.

Pathway-specific descriptors – indicative examples

Community-based rehabilitation pathways across all sectors:

- Work collaboratively across professions, agencies, and boundaries to articulate the impact of occupation-based practice within rehabilitation to improve health outcomes and reduce health inequalities at a population/system level.

Urgent and emergency care pathways to support people to remain at home (across all sectors):

- Apply enhanced clinical expertise, contributing to operational and transformational change to enhance the quality of occupational therapy, with a focus on high-value and impactful care to reduce unwarranted variation, promoting the sharing and adoption of best practice.

Primary care, inclusive of community-based proactive care and enhanced support in care homes:

- Promote and develop areas of expertise, advocating occupation as a specialism within primary care across care pathways, contexts of care organisations, and systems.

Mental health:

- Work across agencies to articulate and demonstrate the added value and impact of occupation-based, mental health assessments and interventions to support individuals to value themselves and their contribution to their community and wider society (e.g., returning to employment).

© NHS England 2024

Social care:

- Demonstrate understanding of relevant legislation such as the Care Act, applying it across multiple settings, and be able to challenge decisions through emphasising the impact of policy and practice guidance in addition to statute and regulations.
- Advocate for the value of occupational therapy to prevent, reduce, and delay people's needs as part of an interagency team.

Children and young people:

- Work across agencies, including educational providers and commissioners, to articulate and demonstrate the added value and impact of occupation-based assessments and interventions to support children and young people to realise their potential and transition to adulthood (e.g., supporting children and young people to achieve positive long-term outcomes such as autonomy and economic independence).

Suggested evidence

- Work-based learning
- Multi-professional or profession-specific module
- Portfolio evidence
- 360 leadership review
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

© NHS England 2024

Pillars of professional practice	**RCOT career development framework**
• Leadership • Education	Leadership: • Ways of thinking: L6.1, 6.7 • Skills: L6.8, 6.11, 6.13, 6.14, 6.17 Facilitation of learning: • Ways of thinking: F6.1, 6.3, 6.5 • Skills: F6.6, 6.7, 6.10
Apprenticeship KSB mapping • Knowledge: K9, K13, K16, K20, K21, K22, K25, K26, K29, K30 • Skills: S13, S16, S20, S21, S22, S26, S28, S29, S30 • Behaviours: B1, B2, B3	

Enhanced Level Practice domains (education)

To be able to achieve a critical understanding of the principles and theories of education to an enhanced level; to develop, deliver and evaluate effective learning opportunities for all stakeholders.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 5, 6, 7, 10

Enhanced Practice descriptors

- Facilitate positive, inclusive learning cultures where all are encouraged to reflect and grow with support to receive and give constructive feedback.
- Identify, appraise, select, and apply principles, theories, and models of education to support your and others' professional practice.

© NHS England 2024

- Contribute to the ongoing review of education and training within your role as an occupational therapist and context of practice.
- Identify, appraise, select, and apply principles and theories of communication, supporting others in managing in complex care situations and systems.
- Be able to apply a range of communication strategies, theories, and tools of communication within occupational therapy practice to meet differing groups' needs.
- Contribute to the overall management of self and others through effective mechanisms of supervision, mentorship, and appraisal to support multi-professional learning and practice.
- Distinguish differing principles of education to develop your skills of mentoring, counselling, coaching, and teaching, applying this to specific contexts such as preceptorship and practice-based learning.
- Plan and facilitate the delivery of practice-based education, training, and assessment.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Support and inspire others through educational approaches about the value of occupations for health and well-being.
- Demonstrate anti-discriminatory practice in occupational therapy, promoting social justice for inclusion, equity, and equality in creating an inclusive culture of learning and development for yourself and others.
- Know how to escalate to and engage others when using educational approaches in occupational therapy, including negotiation, diffusing strategies, and de-escalation skills.
- Facilitate co-production within occupational therapy to develop effective learning strategies for all stakeholders within your scope of practice.

© NHS England 2024

Pathway-specific descriptors – indicative examples

Community-based rehabilitation pathways across all sectors:

- Demonstrate expertise in the application of educational frames of reference adopted in occupational therapy practice within rehabilitation to encourage improvement and, where appropriate, recovery across a continuum of care, life stages and settings through collaboration with others and multi-professional teams.

Urgent and emergency care pathways to support people to remain at home (across all sectors):

- Recognise the value of occupational therapy perspectives alongside the multi-professional team, working collectively in high-pressure and intense working environments to recognise people as a source of learning through shared stories, experiences, and perspectives, to co-design and co-deliver educational opportunities.

Primary care, inclusive of community-based proactive care and enhanced support in care homes:

- Initiate, create, and implement practice-based education opportunities in occupational therapy practice within primary care (e.g., placement expansion, work-based learning, and mentorship).

Mental health:

- Demonstrate expertise in educational frames of reference in authentic co-production of occupational therapy delivery in recovery-focused mental health practice through collaboration with others and multi-professional teams.

Social care:

- Be able to identify, select, appraise, and apply principles and theories of learning when working with families and carers; for example, when demonstrating safe use of equipment or moving and handling techniques.

© NHS England 2024

- Initiate, create, and implement practice-based education opportunities in occupational therapy practice within social care (e.g., placement expansion, work-based learning, and mentorship).

Children and young people:

- Demonstrate expertise in educational frames of reference in authentic co-production of occupational therapy delivery partnerships with children, young people, parents, and family.
- Recognise the value of occupational therapy perspectives alongside the multi-professional team, working collectively with external educational and care providers to recognise children, young people, and their parents as a source of learning through shared stories, experiences, and perspectives, to co-design and co-deliver educational opportunities.

Suggested evidence

- Work-based learning
- Multi-professional or profession-specific module
- Portfolio evidence
- Formal and informal teaching practices
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

© NHS England 2024

Pillars of professional practice	**RCOT career development framework**
• Education • Clinical practice	Facilitation of learning: • Ways of thinking: F6.1, 6.2, 6.3 • Skills: F6.4, 6.5, 6.6, 6.7, 6.8, 6.9, 6.10, 6.11, 6.12, 6.12, 6.14 Professional practice: • Ways of thinking: P6.1, 6.2, 6.3 • Skills: P6.6, 6.7, 6.8, 6.10, 6.11, 6.12
Apprenticeship KSB mapping • Knowledge: K14, K15, K16, K17, K18, K19, K20, K23, K27, K31, K32 • Skills: S14, S15, S16, S18, S19, S23, S31, S32 • Behaviours: B1, B2, B3	

© NHS England 2024

Enhanced Level Practice domains (education)

To be able to act as an expert resource, promote, lead, and monitor effective education in challenging environments for specialist and non-specialist audiences, encouraging the use of education to inform innovative clinical practice to enhance the well-being of others.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 4, 6, 7, 10

Enhanced Practice descriptors

- Evaluate principles and theories of communication in managing in complex care situations.
- Be able to apply a range of communication strategies, theories, and modes within occupational therapy practice that are appropriate to the context of care and multi-professional working.
- Support and inspire others to understand and apply principles of personalised care and adapt approaches to communication in managing in complex care situations.
- Apply evidence-based strategies within alignment to national and international guidelines to support complex communication in practice working with others.
- Utilise evidence-informed approaches to support your own and others' psychological well-being, considering diverse perspectives, experiences, and backgrounds.
- Role-model strategies for psychological and physical self-care to promote self-awareness in maintaining professional standards and safe working practices for yourself and others.
- Contribute to effective communication and collaboration through supervision, mentorship, and appraisal to support yourself and others to maintain their health and well-being.

© NHS England 2024

- Contribute to the evaluation of education, mentoring, counselling, coaching, and teaching, to lead forward improvement in the delivery of preceptorship and practice-based learning.
- Evaluate and implement changes in the delivery of practice-based education, training, and assessment to enhance learning.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Demonstrate anti-discriminatory practice in occupational therapy, promoting social justice for inclusion, equity, and equality in creating an inclusive culture of learning and development for yourself and others.
- Utilise occupational-based, theoretical concepts and evidence-informed approaches to support your own and others' psychological well-being.
- Recognise the diversity of human behaviour through critical exploration of the relationship between person, occupation and environment and its impact on health and well-being in communicating within complex situations.
- Recognise your personal qualities, behaviours, and values and how they shape your communication, taking personal action to ensure that all people are treated with respect and dignity.
- Recognise the characteristics and consequences of barriers to inclusion, including those for socially isolated groups, that can impact on communication and care management.

© NHS England 2024

Suggested evidence

- Work-based learning
- Multi-professional or profession-specific module
- Portfolio evidence
- Formal and informal teaching practices
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice

- Education
- Leadership

RCOT career development framework

Facilitation of learning:

- Ways of thinking: F6.1, 6.3, 6.5
- Skills: F6.6, 6.7, 6.10

Leadership:

- Ways of thinking: L6.1, 6.7
- Skills: L6.8, 6.11, 6.13, 6.14, 6.17

Apprenticeship KSB mapping

- Knowledge: K9, K12, K13, K17, K22, K23, K27, K31
- Skills: S12, S13, S19, S23, S27, S31
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (research)

To be able to construct appropriate research design and audit techniques to evaluate practice to identify quality improvement processes to enhance occupational therapy provision.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 4, 7, 9

Enhanced Practice descriptors

- Be cognisant of the ongoing professional registration and code of conduct requirements in relation to your scope of practice as an occupational therapist.
- Critically appraise, translate, apply, and present evidence to inform your and others' occupational therapy practice.
- Be able to draw on and interpret diverse sources of information and evidence as part of quality improvement processes.
- Apply a range of techniques to interpret and assimilate a diverse range of information and evidence in managing complexity in occupational therapy provision.
- Distinguish the role and purpose of service evaluation, research, and audit techniques to support quality improvement processes to enhance your practice as an occupational therapist.
- Adopt an intersectional lens in research, audit, and quality improvement and challenge factors that perpetuate inequalities in the creation, utilisation, and dissemination of evidence.
- Use culturally appropriate tools and approaches in evaluating practice, being mindful of cultural nuances, health literacy levels, and language barriers.
- Design, participate in, and coordinate appropriate research and audit activities to evaluate occupational therapy practice.
- Synthesise findings from small-scale research, audit, or quality improvement projects to demonstrate the impact of occupational therapy.

© NHS England 2024

- Embed principles and theories of co-production within service improvement methodologies to evaluate the impact of occupational therapy provision.
- Work collaboratively to evaluate occupational therapy practice, contributing to business cases for change.
- Collaborate and disseminate research, audit, and service improvements locally and nationally to contribute to the development of practice-based evidence.
- Contribute to research and service improvement outputs that have a positive impact on policy, practice, and social change, addressing health inequalities and promoting inclusive and equitable outcomes.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Provide leadership and support within scope of own role as an occupational therapist, acting as a positive role model for others in promoting evidence-based principles and practices.
- Exercise occupationally focused professional judgement in your practice based on critically appraised evidence.
- Be able to identify, select, and apply appropriate tools, technology, and techniques in complex practice to deliver occupationally focused personalised care, considering a wide range of perspectives or individual needs.
- Plan, prioritise, and deliver occupational therapy assessment and interventions, promoting occupation as a specialism underpinned by critical use of evidence.
- Support and direct others to actively engage in the critical use of evidence to promote participation and inclusion in demonstrating personalised, safe, and effective care.

© NHS England 2024

Suggested evidence

- Work-based learning
- Multi-professional or profession- specific module
- Portfolio evidence
- Formal and informal research activities
- Formal and informal dissemination opportunities in practice
- Participation in conferences and networking
- E-learning resources from NHSE and RCOT
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice	**RCOT career development framework**
• Research • Leadership	Evidence, research, and development: • Ways of thinking: E6.1, 6.3, 6.4, 6.5 • Skills: E6.6, 6.7, 6.9, 6.10, 6.11, 6.12, 6.13, 6.14, 6.15 Leadership: • Ways of thinking: L6.3, 6.4, 6.5, 6.6, 6.7 • Skills: L6.8, 6.9, 6.10, 6.11, 6.14, 6.15, 6.16, 6.17

© NHS England 2024

Apprenticeship KSB mapping

- Knowledge: K1, K2, K3, K9, K20, K21, K22, K29, K30
- Skills: S1, S2, S3, S12, S13, S20, S21, S22, S30
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (research)

To demonstrate the ability to systematically search, gather and select, and critically appraise data, to inform professional practice, decision-making and service design.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 4, 7, 9, 10

Enhanced Practice descriptors

- Be cognisant of the ongoing professional registration and code of conduct requirements in relation to your scope of practice as an occupational therapist.
- Be able to systematically search, gather, and interpret diverse sources of information and evidence as part of the occupational therapy process to support decision-making and evaluation of practice.
- Ensure inclusivity by considering lived experiences as part of the critical appraisal process.
- Critically appraise, translate, apply, and present evidence to inform your professional judgement and decision-making in occupational therapy.
- Apply a range of techniques to interpret and assimilate a diverse range of information and evidence in evaluating complexity in occupational therapy provision.
- Apply evidence-based strategies within alignment to national and international guidelines to professional practice, decision-making, and service design within occupational therapy practice.

© NHS England 2024

- Work collaboratively with multi-professional teams and cross agencies to develop evidence-informed approaches in occupational therapy through critical appraisal and creation of evidence from diverse sources.
- Challenge complacency, actions, and ways of thinking through evidence-based strategies to inform your practice as an occupational therapist.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Challenge professional thinking and action to create opportunities to generate new insights, perspectives, and knowledge to further your practice and profession.
- Exercise occupationally focused professional judgement in your practice based on critically appraised evidence.
- Demonstrate anti-discriminatory practice in occupational therapy, promoting social justice for inclusion, equity, and equality in critically questioning colonialised evidence in professional decision-making and service design.
- Plan, prioritise, and implement service design that are underpinned by theories of occupational justice to promote participation, inclusion, and the rights of people in addressing health inequalities, recognising and influencing a change in culture where needed.

Pathway-specific descriptors – indicative examples

Community-based rehabilitation pathways across all sectors:

- Be able to select, apply, and analyse data from specific outcome measures aligned to appropriate models of practice within rehabilitation to demonstrate the impact of interventions within your practice and the wider team to contribute to evaluation of service design.

© NHS England 2024

Urgent and emergency care pathways to support people to remain at home (across all sectors):

- Contribute to research/quality improvement activities to establish occupational therapy-specific outcomes in evidencing quality, safety, productivity, and value for money.

Primary care, inclusive of community-based proactive care and enhanced support in care homes:

- Be able to select, apply, and analyse data from specific outcome measures aligned to appropriate models of practice within primary care to demonstrate the value of occupational therapy intervention across a continuum of care, life stage, and settings.

Mental health:

- Be able to select, apply, and analyse data from specific outcome measures aligned to appropriate models of practice within mental health (e.g., Model of Human Occupation and Vona du Toit Model of Creative Ability) to demonstrate the value of occupational therapy intervention across a continuum of care, life stage, and settings.

Social care:

- Be able to select, apply, and analyse data from occupational therapy outcomes or specific outcome measures aligned to appropriate models of practice to demonstrate the value of occupational therapy to help prevent, reduce, and delay onset of care and support needs.

Children and young people:

- Be able to select, apply, and analyse data from specific outcome measures aligned to appropriate models of practice within Children and Young People to demonstrate the value of occupational therapy intervention across a continuum of care, educational needs, and transitions.

Suggested evidence

- Work-based learning
- Multi-professional or profession-specific module

© NHS England 2024

- Portfolio evidence
- Formal and informal research activities
- Formal and informal dissemination opportunities in practice
- Participation in conferences and networking
- E-learning resources from NHSE and RCOT
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice	**RCOT career development framework**
• Research • Clinical practice	Evidence, research, and development: • Ways of thinking: E6.1, 6.2, 6.3, 6.5 • Skills: E6.6, 6.8, 6.9, 6.10, 6.11, 6.13, 6.15, 6.16, 6.17 Professional practice: • Ways of thinking: P6.1, 6.2, 6.3, 6.4 • Skills: P6.6, 6.7, 6.9, 6.11, 6.12

Apprenticeship KSB mapping

- Knowledge: K1, K2, K3, K9, K12, K23, K29, K30
- Skills: S1, S2, S3, S12, S13, S20, S21, S23, S31
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice Schema – operating department practitioners

Introduction

Operating department practitioners are highly skilled essential members of the operating theatre team who provide individualised care and skilled support alongside the multidisciplinary team during the interconnected phases of perioperative care: the anaesthetic phase, the surgical phase, and the post-anaesthetic care phase.

Operating department practitioners' roles continue to evolve, and they are using their transferable skills to work in areas outside of the operating theatre environment, to include the totality of the patient pathway. These can include critical care units, emergency departments, preoperative assessment clinics, imaging units, transplant and retrieval teams, intra- and inter-hospital patient transfers for ventilated or critically ill patients, and hospital resuscitation teams. In pre-hospital care, operating department practitioners may undertake a range of roles; for example, solo responder or offshore health professional.

The workforce priorities for Enhanced Level Practice broadly focused on the following areas:

- Grow the operating department practitioner workforce by recruiting and retaining staff.

© NHS England 2024

- Afford opportunities for staff to develop an enhanced level of practice within a service to improve patient care.
- Develop an enhanced level of practice within a service need, by optimising the skills of the operating department practitioner workforce within the four pillars of practice, to improve patient care.
- Create formal structures for career progression and development.
- Raise awareness and the profile of the profession, by empowering the workforce to speak up and develop within the Enhanced Practice space.
- Increase flexibility of practice and forward thinking in practice areas and career pathways, within Enhanced Practice service delivery.
- Develop leadership opportunities within Enhanced Practice to develop self and others.
- Enable parity of opportunities across all work settings.
- Develop operating department practitioners who are prescribing-ready.
- Create a community of practice at the Enhanced Level of Practice.

Underpinning the curricula development approach through the innovation partnership

The development of the Enhanced Practice curricula aims to create an open framework to meet the needs of trainees, trainers, and employers. Enhanced Practice is rooted within the development of profession-specific knowledge, skills, and behaviours; therefore, each AHP will develop their own expertise to meet the needs of their populations. There is no ‘generic’ Enhanced Practice role or training, but rather Enhanced Practice refers to a ‘level’ of practice within a specific profession.

AHPs who wish to work at the level of Enhanced Practice are required to demonstrate a wide range of knowledge, skills, and behaviours within their specific profession. The development of the Enhanced Practice curricula will facilitate ‘pluripotent’ roles to shape the future workforce. This level of practice will have the potential to deploy skills across healthcare boundaries – health and social care, acute and community, physical and mental health – and across pathways delivering prevention, support, and treatment. In this way the Enhanced Practice curricula will help to serve the need to provide more person-centred, joined-up care while also offering flexible and adaptable careers.

© NHS England 2024

A curricula development ‘task and finish’ group was formed and each of the seven allied health professions allocated a profession-specific lead to oversee the work. Sprint methodology was adopted to maximise collaboration, flexibility, and the iterative process. The group’s terms of reference specified that working with our innovation partners, stakeholder events would be held to identify key workforce priorities and formulate a graduate statement. Initial stakeholder consultation involved collaboration across all seven professions and has been integral to the initial development of the curricula; during the second iteration, a deeper focus within each profession-specific area was applied.

To ensure a diverse range of views was obtained, the operating department practitioners consultation events included stakeholder representation from the College of Operating Department Practitioners, the National AHP Education and Training Lead for Operating Department Practice, Clinical Fellow for Operating Department Practice Workforce Transformation for NHS England, academic operating department practitioners from academic education institutions, theatre managers, and operating department practitioners.

Understanding and using the curriculum

The curriculum is set out across ten Enhanced Level Practice domains which are aligned to the four pillars of professional practice. Each domain is mapped against the Enhanced Clinical Practitioner apprenticeship standard occupational duties and knowledge, skills and behaviours, and describes the **level of practice** for operating department practitioners.

© NHS England 2024

Enhanced Level Practice domains for operating department practitioners	
Clinical practice	To be able to demonstrate and lead safe and effective patient- and family-centred care with a particular focus on clinical reasoning, decision-making, risk management, and care management planning within scope of practice and working environment.
Clinical practice	To be able to demonstrate the delivery of enhanced level care, using the application of anatomy and physiology in clinical assessment and diagnostics, providing interventions and utilising appropriate equipment within scope of practice.
Clinical practice	To evaluate the scope of operating department practitioner practice and champion new ways of working by widening professional practice in diverse settings within the continuum of person-centred care.
Clinical practice	To use knowledge and expertise to lead pathways of care within scope of practice which will represent and promote the operating department practitioner profession.
Leadership	To be able to evaluate the impact of own leadership behaviours in order to be a confident, inclusive, and supportive leader, contributing to a culture of continuous improvement.
Leadership	To be able to use critically informed evidence-based approaches to advocate and lead operational and transformational change in complex situations and systems.
Education	To be able to achieve a critical understanding of the principles and theories of education to an enhanced level; to develop, deliver and evaluate effective learning opportunities for all stakeholders.

© NHS England 2024

Education	To be able to act as an expert resource, promote, lead, and monitor effective education in challenging environments for specialist and non-specialist audiences, encouraging the use of education to inform innovative clinical practice to enhance the well-being of others.
Research	To be able to appraise appropriate research design and audit techniques to evaluate practice, and to identify quality improvement processes.
Research	To evidence the ability to systematically search, gather and select, and critically appraise data, to inform practice and decision-making.

Enhanced Level Practice descriptors

These are the key requirements that describe the level of practice within each specific domain and can be considered as multi-professional knowledge, skills and behaviours aligned to working within the defined scope of practice as an HCPC registrant. These are tailored to, but are not unique to, a particular profession.

Profession-specific descriptors

These are reflective of the unique practice at an enhanced level and describe operating department practice principles and practice when working to this level of practice within the scope of HCPC registration, adhering to professional standards of proficiency and standards of conduct, performance, and ethics.

Pathway-specific descriptors

These are indicators for consideration to meet the workforce priorities of the profession that we agreed in collaboration with stakeholders and the College of Operating Department Practitioners. During development, they were aligned to existing multi-professional frameworks and capabilities. The specific areas provided are indicative examples and reflect the current priorities; these should be tailored as the professional priorities evolve and respond to national and local workforce training need. They are by no means the only areas to consider but are indicators for education providers to include in any development of pathway curricula to ensure that profession-specific educational needs are met within multi-professional provision

© NHS England 2024

and can be achieved through a combination of work-based learning and academic modules.

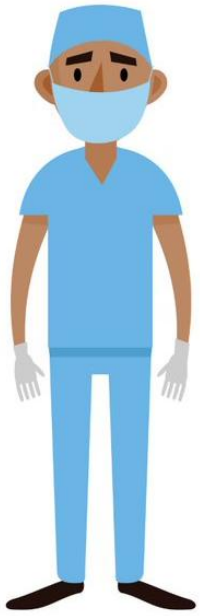
Current national frameworks and capabilities referenced

- The Faculty of Intensive Care Medicine. Advanced Critical Care Practitioners
- Intercollegiate Surgical Curriculum Programme. Curriculum for Surgical Advanced Clinical Practitioners (SACPs)
- The Royal College of Surgeons (2022). The Curriculum Framework for the Surgical Care Practitioner
- Royal College of Anaesthetists. Anaesthesia associates
- Allied Health Solutions. Review of the Education, Training and Deployment of Operating Department Practitioners
- Centre for Perioperative Care. CPOC commissioned by HEE to develop Perioperative Care Curricula
- Centre for Perioperative Care. The National Safety Standards for Invasive Procedures (NatSSIPs)
- The Interprofessional CPD and Lifelong Learning UK Working Group (2019). Principles for continuing professional development and lifelong learning in health and social care
- NHS. Multi-professional framework for Advanced Clinical Practice in England
- The Association for Perioperative Practice. Perioperative Toolkit
- The Association for Perioperative Practice Surgical First Assistant Competency Toolkit

© NHS England 2024

Enhanced Level Practice for operating department practitioners – curriculum intent

I, as an operating department practitioner, will have gained enhanced skills, a level of expertise and depth of knowledge within my scope of practice and work setting to benefit patients, families, and carers. I will be confident to adapt my practice to meet the needs of complex patients and contribute to complex care pathways, through my professional knowledge, skills, and behaviours. I will be able to deliver this individually or as part of a multidisciplinary team for a patient population from diverse cultural, social, and belief systems. I will have developed service improvement and research skills which will enable me to take responsibility for ensuring my practice and others' is evidence-based, inclusive and patient-centred. I will have an understanding of the impact of my own actions on others. I will use leadership skills to contribute to the development of services and the wider team, while being fiscally sound and responsible. I will have the confidence to question and critically evaluate myself and others. These enhanced skills will be developed through theoretical and work-based learning.



The graduate statement captures the purpose of an operating department practitioner and the range of services within this context of time for those working at an enhanced level of practice. It outlines the composite knowledge, attributes, values, behaviours, and skills to be amplified as an operating department practitioner.

© NHS England 2024

Enhanced Level Practice domains

Enhanced Level Practice domains (clinical)

To be able to demonstrate and lead safe and effective patient- and family-centred care with a particular focus on clinical reasoning, decision-making, risk management, and care management planning within scope of practice and working environment.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 2, 3, 6

Enhanced Practice descriptors

- Provide enhanced clinical care in line with professional registration, code of conduct and defined scope of practice, which is evidence-based, person-centred, safe, and compassionate, while taking responsibility and being accountable for own decisions, actions and omissions and escalating or referring on as needed.
- Use tools and techniques to select and critically appraise evidence from diverse sources including clinical information, legislation, clinical frameworks, guidelines, audits, and algorithms to plan and inform decision-making and care management planning within enhanced patient-centred clinical care.
- Assimilate, synthesise, and apply complex information to promote and advocate best interests of others, upholding the principles of safeguarding and evidence-based practice by using outcomes from audit and other data to make decisions about patient-centred care.
- Select suitable guidelines, tools, technologies, and techniques to undertake, analyse, and evaluate holistic patient-centred assessments to inform complex clinical decision-making and care management planning within a defined resource.
- Identify, request, and interpret specialist diagnostics within own scope of practice to inform the delivery and management of specialist care for patients, families, and carers.

© NHS England 2024

- Identify and act on signs and pathophysiology of unexpected change or patient deterioration or distress within own scope of practice.
- Use communication strategies and tools to share and discuss complex information which may include sensitive and distressing topics with patients, their families and carers, the multidisciplinary team, and other agencies.
- Manage conflict and challenge by using theories of negotiating and mediating, such as de-escalation and diffusing strategies.
- Prepare and support patients, families, and carers to manage their own health and care as independently as possible within scope of practice.
- Develop, implement, and evaluate an enhanced care management plan which may include interventions and referral to other members of the multidisciplinary team or other agencies.
- Show awareness of the importance of maintaining own psychological well-being and that of others, by using counselling techniques used within own scope of practice.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be reliable, consistent, and adaptable, to respond to the changing needs of patient-centred care.

Profession-specific descriptors

- Within the perioperative environment and beyond, provide complex clinical care that is evidence-based, person-centred, safe, and compassionate.
- Analyse and evaluate data from assessments within scope of practice, such as preoperative, anaesthetic, surgical and post-anaesthesia assessments, to inform complex clinical decision-making and care management planning.
- Uphold principles of safeguarding by actively looking for signs of abuse.
- Identify and act on signs of clinical emergency and act within scope of practice as operating department practitioner to work as part of a team to manage clinical emergencies.
- Use communication strategies to discuss complex information to be an effective member of the perioperative and other relevant teams.

© NHS England 2024

- Prepare and support patients, families, and carers within the perioperative environment.
- Identify common causes of mental distress and act to signpost or support within scope of practice.
- Ensure the practice and actions of operating department practitioners respect diversity, beliefs, culture, needs, values, privacy, dignity, and preferences.
- Ensure the practice and actions of operating department practitioners are respectful and empathic to those they encounter.
- Develop operating department practitioners who can respond to the changing needs of patients and practice by being reliable, consistent, and adaptable.

Pathway-specific descriptors – indicative examples

- Afford opportunities for staff to develop an enhanced level of practice within a service to improve patient care.
- Develop an enhanced level of practice within a service need, by optimising the skills of the operating department practitioner workforce within the four pillars of practice, to improve patient care.
- Raise awareness and the profile of the profession by empowering the workforce to speak up and develop within the Enhanced Practice space.
- Increase flexibility of practice and forward thinking in practice areas and career pathways, within Enhanced Practice service delivery.
- Enable parity of opportunities across all work settings.
- Develop operating department practitioners who are prescribing-ready.

Suggested evidence

- Work-based learning
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Portfolio evidence, including clinical examinations

© NHS England 2024

- Case-based learning and discussion
- Reflection and learning logs
- Personal development plans
- Observation of practice
- Service user feedback

Pillars of professional practice

- Clinical practice
- Leadership

Apprenticeship KSB mapping

- Knowledge: K2, K3, K4, K5, K7, K9, K11, K18, K19, K24, K27
- Skills S2, S3, S4, S5, S6, S7, S8, S9, S10, S11, S17, S18, S19, S24, S27, S29
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (clinical)

To be able to demonstrate the delivery of enhanced level care, using the application of anatomy and physiology in clinical assessment and diagnostics, providing interventions and utilising appropriate equipment within your scope of practice.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 2, 3

Enhanced Practice descriptors

- Use tools and techniques to select and critically appraise evidence from diverse sources including clinical information, legislation, clinical frameworks, guidelines, audits, and algorithms to plan and inform decision-making and care management planning within enhanced patient-centred clinical care.
- Provide enhanced clinical care in line with professional registration, code of conduct and defined scope of practice, which is evidence-based, person-centred, safe, and compassionate, while taking responsibility and being accountable for own decisions, actions and omissions and escalating or referring on as needed.
- Using knowledge of anatomy, applied physiology, pathophysiology, and disease states (including the underlying psychological, social, and long-term impact of illness, toxicities, treatments, and interventions), select suitable tools, technologies, and techniques to undertake holistic patient-centred assessments.
- Identify, request, and interpret specialist diagnostics within own scope of practice to inform the delivery and management of specialist care for patients, families, and carers.
- Analyse and evaluate data from assessments and guidelines to inform complex clinical decision-making and care management planning within a defined resource.
- Assimilate, synthesise, and apply complex information to promote and advocate best interests of others, upholding the principles of safeguarding

© NHS England 2024

and evidence-based practice by using outcomes from audit and other data to make decisions about patient-centred care.

- Use the principles and theories of co-production, health coaching, peer support, and self-management to build knowledge, skills, and confidence to enable patient self-management.
- Develop, implement, and evaluate an enhanced care management plan which may include interventions and referral to other members of the multidisciplinary team or other agencies.
- Prepare and support patients, families, and carers to manage their own health and care as independently as possible within scope of practice.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be reliable, consistent, and adaptable, to respond to the changing needs of patient-centred care.

Profession-specific descriptors

- Analyse and evaluate data from assessments within scope of practice, such as preoperative, anaesthetic, surgical, and post-anaesthesia assessments to inform complex clinical decision-making and care management planning.
- Within the perioperative environment and beyond, provide complex clinical care that is evidence-based, person-centred, safe, and compassionate.
- Uphold principles of safeguarding by actively looking for signs of abuse and by sharing information and escalating as required.
- Select suitable tools, technologies, and techniques within the scope of operating department practitioners practice to undertake holistic patient-centred assessments.
- Demonstrate an awareness of how underlying psychological, social, and long-term illness may impact the perioperative journey.
- Use knowledge of changes in anatomy and physiology related to injury, disease, and surgery to undertake complex patient-centred care.
- Within scope of practice, use operating department practitioner skills to prepare and support patients, families, and carers during their preoperative journey to manage their own health and care.

© NHS England 2024

- Ensure the practice and actions of operating department practitioners respect diversity, beliefs, culture, needs, values, privacy, dignity, and preferences.
- Ensure the practice and actions of operating department practitioners are respectful and empathic to those they encounter.
- Develop operating department practitioners who can respond to the changing needs of patients and practice by being reliable, consistent, and adaptable.

Pathway-specific descriptors – indicative examples

- Afford opportunities for staff to develop an enhanced level of practice within a service to improve patient care.
- Develop an enhanced level of practice within a service need by optimising the skills of the operating department practitioner workforce within the four pillars of practice, to improve patient care.
- Raise awareness and the profile of the profession by empowering the workforce to speak up and develop within the Enhanced Practice space.
- Increase flexibility of practice and forward thinking in practice areas and career pathways, within Enhanced Practice service delivery.
- Develop operating department practitioners who are prescribing-ready.

Suggested evidence

- Work-based learning
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Personal development plans
- Observation of practice
- Portfolio evidence, including clinical examinations
- Case-based learning and discussion
- Reflection and learning logs

© NHS England 2024

Pillars of professional practice

- Clinical practice
- Research
- Leadership

Apprenticeship KSB mapping

- Knowledge: K1, K2, K3, K4, K5, K6, K7, K8, K9, K10, K11
- Skills: S1, S2, S3, S4, S5, S6, S7, S8, S9, S10, S11
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (clinical)

To evaluate the scope of operating department practitioner practice and champion new ways of working by widening professional practice in diverse settings within the continuum of person-centred care.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 4, 7, 9

Enhanced Practice descriptors

- Develop, implement, and evaluate an enhanced care management plan which may include interventions and referral to other members of the multidisciplinary team or other agencies.
- Act as a positive role model for others in the multidisciplinary team and demonstrate leadership within scope of the role.
- Demonstrate an awareness of the principles of change management and need to work together to challenge ineffective systems and processes and support others to identify the need for change and support innovation within their area of Enhanced Practice.

© NHS England 2024

- Contribute to the drafting of business cases or project proposals, taking into account local, regional, and national strategic priorities.
- Plan, prioritise, and deliver enhanced clinical care within a defined resource with efficient use of resources in the immediate and longer term.
- Contribute to quality improvement plans and strategies, research, and audit to support a culture of continuous quality improvement within area of Enhanced Practice.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be reliable, consistent, and adaptable, to respond to the changing needs of patient-centred care.

Profession-specific descriptors

- Develop, implement, and evaluate enhanced care management plans within the operating department practitioners' scope of practice.
- Within the perioperative environment and beyond, act as a positive role model for others in the multidisciplinary team and demonstrate leadership within scope of role.
- Demonstrate an awareness of the need for operating department practitioners to innovate, challenge and facilitate change within their area of Enhanced Practice.
- Contribute to developments within the operating department practitioners' scope of practice by having an understanding of strategic priorities for your workplace.
- Support others to identify the need for change and support innovation within the operating department practitioners' scope of practice.
- Contribute to quality improvement plans, research, and audit within the perioperative environment and beyond, within scope of practice.
- Ensure the practice and actions of operating department practitioners respect diversity, beliefs, culture, needs, values, privacy, dignity, and preferences.
- Ensure the practice and actions of operating department practitioners are respectful and empathic to those they encounter.

© NHS England 2024

- Develop operating department practitioners who can respond to the changing needs of patients and practice by being reliable, consistent, and adaptable.

Pathway-specific descriptors – indicative examples

- Grow the operating department practitioner workforce by recruiting and retaining staff.
- Afford opportunities for staff to develop an enhanced level of practice within a service to improve patient care.
- Develop an enhanced level of practice within a service need by optimising the skills of the operating department practitioners' workforce within the four pillars of practice, to improve patient care.
- Create formal structures for career progression and development.
- Raise awareness and the profile of the profession by empowering the workforce to speak up and develop within the Enhanced Practice space.
- Increase flexibility of practice and forward thinking in practice areas and career pathways, within Enhanced Practice service delivery.
- Develop leadership opportunities within Enhanced Practice to develop self and others.
- Develop operating department practitioners who are prescribing-ready.

Suggested evidence

- Work-based learning
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Portfolio evidence, including clinical examinations
- Case-based learning and discussion
- Reflection and learning logs
- Personal development plans
- Observation of practice

© NHS England 2024

Pillars of professional practice

- Clinical practice
- Leadership

Apprenticeship KSB mapping

- Knowledge: K13, K20, K21, K22, K29, K30
- Skills: S9, S13, S20, S21, S22, S28, S29, S30
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (clinical)

To use knowledge and expertise to lead pathways of care within scope of practice which will represent and promote the operating department practitioner profession.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 2, 3, 4, 6, 7, 8

Enhanced Practice descriptors

- Use tools and techniques to select and critically appraise evidence from diverse sources including clinical information, legislation, clinical frameworks, guidelines, audits, and algorithms to plan and inform decision-making and care management planning within enhanced patient-centred clinical care.
- Provide complex clinical care that is evidence-based, person-centred, safe, and compassionate.
- Assimilate, synthesise, and apply complex information to promote and advocate best interests of others, upholding the principles of safeguarding and evidence-based practice by using outcomes from audit and other data to make decisions about patient-centred care.
- Use protocols and systems to plan, prioritise and direct resources within scope of practice and escalate and engage others as required.

© NHS England 2024

- Demonstrate an awareness of the principles of change management and need to work together to challenge ineffective systems and processes and support others to identify the need for change and support innovation within their area of Enhanced Practice.
- Using knowledge of anatomy, applied physiology, pathophysiology, and disease states (including the underlying psychological, social, and long-term impact of illness, toxicities, treatments, and interventions), select suitable tools, technologies, and techniques to undertake holistic patient-centred assessments.
- Contribute to quality improvement plans and strategies, research, and audit to support a culture of continuous quality improvement within area of Enhanced Practice.
- Analyse and evaluate data from assessments and guidelines to inform complex clinical decision-making and care management planning within a defined resource.
- Act as a positive role model for others in the multidisciplinary team and demonstrate leadership within scope of the role.
- Develop, implement, and evaluate an enhanced care management plan which may include interventions and referral to other members of the multidisciplinary team or other agencies.
- Use communication strategies and tools to share complex information with patients, their families, carers, the multidisciplinary team, and other agencies.
- Use evidence-based strategies to identify and manage risk to patient safety, and to identify and act on signs and pathophysiology of unexpected change or patient deterioration or distress within an unpredictable and complex environment.
- Using knowledge of anatomy, applied physiology, pathophysiology, disease states, toxicities, treatments, and interventions, identify, request, and interpret specialist diagnostics within own scope of practice to inform the delivery and management of specialist care for patients, families, and carers.
- Within scope of practice, and while managing risk to patient safety, instigate clinical interventions where protocols may not be available.

© NHS England 2024

- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be reliable, consistent, and adaptable, to respond to the changing needs of patient-centred care.

Profession-specific descriptors

- Within the perioperative environment and beyond, provide complex clinical care that is evidence-based, person-centred, safe, and compassionate.
- Uphold principles of safeguarding by actively looking for signs of abuse and by sharing information and escalating as required.
- Within scope of practice as an operating department practitioner, evaluate management plans and escalate and engage others within the multidisciplinary team or other agencies as required.
- Demonstrate an awareness of the need for operating department practitioners to innovate, challenge and facilitate change within their area of Enhanced Practice.
- Contribute to quality improvement plans, research, and audit within the perioperative environment and beyond, within scope of practice.
- Select suitable tools, technologies, and techniques within the scope of operating department practitioners' practice to undertake holistic patient-centred assessments.
- Analyse and evaluate data from assessments within scope of practice, such as preoperative, anaesthetic, surgical, and post-anaesthesia assessments, to inform complex clinical decision-making and care management planning.
- Within the perioperative environment and beyond, act as a positive role model for others in the multidisciplinary team and demonstrate leadership within scope of role.
- Identify common causes of mental distress and act to signpost or support within scope of practice.
- Communicate and share complex information with patients, their families, carers, the multidisciplinary team, and other agencies within the scope of the role of an operating department practitioner.

© NHS England 2024

- Identify and act on signs and pathophysiology of unexpected change or patient deterioration or distress within the perioperative period.
- Within the scope of practice of an operating department practitioner working as an Enhanced Practitioner, identify and manage risk.
- Ensure the practice and actions of operating department practitioners respect diversity, beliefs, culture, needs, values, privacy, dignity, and preferences.
- Ensure the practice and actions of operating department practitioners are respectful and empathic to those they encounter.
- Develop operating department practitioners who can respond to the changing needs of patients and practice by being reliable, consistent, and adaptable.

Pathway-specific descriptors – indicative examples

- Grow the operating department practitioner workforce by recruiting and retaining staff.
- Afford opportunities for staff to develop an enhanced level of practice within a service to improve patient care.
- Develop an enhanced level of practice within a service need by optimising the skills of the operating department practitioner workforce within the four pillars of practice, to improve patient care.
- Create formal structures for career progression and development.
- Raise awareness and the profile of the profession by empowering the workforce to speak up and develop within the Enhanced Practice space.
- Increase flexibility of practice and forward thinking in practice areas and career pathways, within Enhanced Practice service delivery.
- Develop leadership opportunities within Enhanced Practice to develop self and others.
- Enable parity of opportunities across all work settings.
- Develop operating department practitioners who are prescribing-ready.
- Create a community of practice at the Enhanced Level of Practice.

© NHS England 2024

Suggested evidence

- Work-based learning
- Contribution to writing business cases
- Portfolio evidence
- 360 leadership review
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities
- Involvement in student training

Pillars of professional practice

- Leadership
- Education

Apprenticeship KSB mapping

- Knowledge: K2, K5, K6, K7, K8, K9, K11, K13, K19, K20, K21, K22, K24, K25, K26
- Skills: S2, S5, S6, S7, S8, S9, S11, S13, S19, S20, S21, S22, S24, S25, S26
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (leadership)

To be able to evaluate the impact of own leadership behaviours to be a confident, inclusive, and supportive leader contributing to a culture of continuous improvement.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 4, 6, 7, 8 and 10

Enhanced Practice descriptors

- Act as a positive role model for others in the multidisciplinary team and demonstrate leadership within scope of role.
- Demonstrate an awareness of the principles of change management and need to work together to challenge ineffective systems and processes and support others to identify the need for change and support innovation within their area of Enhanced Practice.
- Manage conflict and challenge by using theories of negotiating and mediating, such as de-escalation and diffusing strategies.
- Appraise and develop staff by undertaking training needs analysis.
- Show awareness of the importance of maintaining own psychological well-being and that of others by using counselling techniques used within own scope of practice.
- Using the principles and theories of coaching, mentoring, and preceptorship, support others to develop and to use evidence to inform complex decision-making and patient care.
- Use protocols and systems to plan, prioritise, and direct resources within scope of practice and escalate and engage others as required.
- Appraise and support staff by using models, tools, and frameworks to provide constructive feedback to motivate and develop others.
- Within scope of practice, and while managing risk to patient safety, instigate clinical interventions where protocols may not be available.

© NHS England 2024

- Undertake reflection to improve own and others' clinical practice during clinical supervision of self and others.
- Use evidence-based strategies to identify and manage risk to patient safety and others in an unpredictable and complex environment.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be reliable, consistent, and adaptable, to respond to the changing needs of patient-centred care.

Profession-specific descriptors

- Within the perioperative environment and beyond, act as a positive role model for others in the multidisciplinary team and demonstrate leadership within scope of role.
- Demonstrate an awareness of the need for operating department practitioners to innovate, challenge, and facilitate change within their area of Enhanced Practice.
- Within the perioperative environment and beyond, manage conflict and challenge, and escalate and engage others as required.
- Within scope of role, appraise and support staff by using training needs analysis, coaching, counselling, mentoring, and preceptorship to provide constructive feedback to motivate and develop others.
- Undertake reflection to improve own and others' clinical practice during clinical supervision of self and others.
- Analyse and evaluate data from assessments within scope of practice, such as preoperative, anaesthetic, surgical, and post-anaesthesia assessments, to manage risk.
- Ensure the practice and actions of operating department practitioners respect diversity, beliefs, culture, needs, values, privacy, dignity, and preferences.
- Ensure the practice and actions of operating department practitioners are respectful and empathic to those they encounter.

© NHS England 2024

- Develop operating department practitioners who can respond to the changing needs of patients and practice by being reliable, consistent, and adaptable.

Pathway-specific descriptors – indicative examples

- Grow the operating department practitioner workforce by recruiting and retaining staff.
- Afford opportunities for staff to develop an enhanced level of practice within a service to improve patient care.
- Develop an enhanced level of practice within a service need by optimising the skills of the operating department practitioner workforce within the four pillars of practice, to improve patient care.
- Create formal structures for career progression and development.
- Raise awareness and the profile of the profession by empowering the workforce to speak up and develop within the Enhanced Practice space.
- Increase flexibility of practice and forward thinking in practice areas and career pathways, within Enhanced Practice service delivery.
- Develop leadership opportunities within Enhanced Practice to develop self and others.
- Enable parity of opportunities across all work settings.
- Create a community of practice at the enhanced level of practice.

Suggested evidence

- Work-based learning
- Portfolio evidence
- 360 leadership review
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring

© NHS England 2024

- Practice education experiences
- Line management responsibilities
- Involvement in recruitment and selection of workforce

Pillars of professional practice

- Leadership
- Research

Apprenticeship KSB mapping:

Knowledge: K12, K13, K14, K16, K18, K20, K23, K25, K27, K31, K32

Skills:-S12, S13, S23, S25, S26, S27, S31, S32

Behaviours: B1, B2, B3

Enhanced Level Practice domains (leadership)

To be able to use critically informed evidence-based approaches to advocate and lead operational and transformational change in complex situations and systems.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 4, 6, 7, 8, 9

Enhanced Practice descriptors

- Act as a positive role model for others in the multidisciplinary team and demonstrate leadership within scope of role.
- Use protocols and systems to plan, prioritise, and direct resources, for the efficient use of resources in the immediate and longer term.
- Within scope of practice, and while managing risk to patient safety, instigate clinical interventions where protocols may not be available and escalate and engage others as required.

© NHS England 2024

- Demonstrate an awareness of the principles of change management and need to work together to challenge ineffective systems and processes and support others to identify the need for change and support innovation within their area of Enhanced Practice.
- Show an understanding and awareness of the local, regional, and national strategic priorities for patient populations and contribute to the drafting of business cases or project proposals related to this and within own scope of practice.
- Show awareness of the importance of maintaining own psychological well-being and that of others by using counselling techniques used within own scope of practice.
- Use evidence-based strategies, including guidelines, to inform complex clinical decision-making and care management, and identify and manage risk to patient safety and others in an unpredictable and complex environment.
- Use communication strategies and tools to share complex information which may include sensitive and distressing topics with patients, their families, carers, the multidisciplinary team, and other agencies, and to manage conflict and challenge.
- Contribute to quality improvement plans and strategies, research, and audit to support a culture of continuous quality improvement within area of Enhanced Practice.
- Evaluate the effectiveness of training and education activities.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be reliable, consistent, and adaptable, to respond to the changing needs of patient-centred care.

Profession-specific descriptors

- Within the perioperative environment and beyond, recognise the importance of allyship, act as a positive role model for others in the multidisciplinary team, and demonstrate leadership within scope of role.

© NHS England 2024

- Demonstrate an awareness of the need for operating department practitioners to innovate, challenge, and facilitate change within their area of Enhanced Practice.
- Within the perioperative environment and beyond, manage conflict and challenge, and escalate and engage others as required.
- Analyse and evaluate data from assessments within scope of practice, such as preoperative, anaesthetic, surgical, and post-anaesthesia assessments, to manage risk.
- Contribute to the developments within the operating department practitioners' scope of practice by understanding strategic priorities for your workplace.
- Contribute to quality improvement plans, research, and audit within the perioperative environment and beyond, within scope of practice.
- Communicate and share complex information with patients, their families, carers, the multidisciplinary team, and other agencies within the scope of the role of an operating department practitioner.
- Ensure the practice and actions of operating department practitioners respect diversity, beliefs, culture, needs, values, privacy, dignity, and preferences.
- Ensure the practice and actions of operating department practitioners are respectful and empathic to those they encounter.
- Develop operating department practitioners who can respond to the changing needs of patients and practice by being reliable, consistent, and adaptable.

Pathway-specific descriptors – indicative examples

- Grow the operating department practitioner workforce by recruiting and retaining staff.
- Afford opportunities for staff to develop an enhanced level of practice within a service to improve patient care.
- Develop an enhanced level of practice within a service need by optimising the skills of the operating department practitioner workforce within the four pillars of practice, to improve patient care.

© NHS England 2024

- Create formal structures for career progression and development.
- Raise awareness and the profile of the profession by empowering the workforce to speak up and develop within the Enhanced Practice space.
- Increase flexibility of practice and forward thinking in practice areas and career pathways, within Enhanced Practice service delivery.
- Develop leadership opportunities within Enhanced Practice to develop self and others.
- Enable parity of opportunities across all work settings.
- Develop operating department practitioners who are prescribing-ready.
- Create a community of practice at the enhanced level of practice.

Suggested evidence

- Work-based learning
- Contribution to writing business cases
- Portfolio evidence
- 360 leadership review
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities
- Involvement in student training

Pillars of professional practice

- Leadership
- Education

© NHS England 2024

Apprenticeship KSB mapping

- Knowledge: K9, K13, K17, K19, K20, K21, K22, K25, K26, K27, K29, K30
- Skills: S13, S16, S17, S18, S19, S20, S21, S22, S25, S26, S28, S29, S30
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (education)

To be able to achieve a critical understanding of the principles and theories of education to an enhanced level; to develop, deliver and evaluate effective learning opportunities for all stakeholders.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 5, 6, 7, 10

Enhanced Practice descriptors

- Use the principles and theories of co-production, health coaching, peer support, and self-management to build knowledge, skills, and confidence to enable patient self-management.
- Using the principles and theories of coaching, mentoring, and preceptorship, support others to develop and to use evidence to inform complex decision-making and patient care.
- Appraise and support staff by using training needs analysis, models, tools, and frameworks to provide constructive feedback to motivate and develop others.
- Manage conflict and challenge by using theories of negotiating and mediating, such as de-escalation and diffusing strategies.
- Undertake reflection to improve own and others' clinical practice during clinical supervision of self and others.

© NHS England 2024

- Show awareness of the importance of maintaining own psychological well-being and that of others, by using counselling techniques used within own scope of practice.
- Use communication strategies and tools to share complex information which may include sensitive and distressing topics with patients, their families, carers, the multidisciplinary team, and other agencies, and to manage conflict and challenge.
- Evaluate the effectiveness of training and education activities.
- Use educational teaching, learning and assessment theories, techniques, innovations, and models to plan and facilitate the delivery of practice-based education, training, and assessment activities to promote a positive learning environment.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be reliable, consistent, and adaptable, to respond to the changing needs of patient-centred care.

Profession-specific descriptors

- Within scope of role, appraise and support staff by using training needs analysis, coaching, counselling, mentoring, and preceptorship to provide constructive feedback to motivate and develop others.
- Use educational teaching, learning, and assessment theories to plan, lead, and facilitate the delivery of practice-based education within scope of practice.
- Develop others to contribute to the delivery of practice-based education, training, and assessment activities.
- Within the perioperative environment and beyond, manage conflict and challenge, and escalate and engage others as required.
- Communicate and share complex information with patients, their families, carers, the multidisciplinary team, and other agencies within the scope of the role of an operating department practitioner.
- Undertake reflection to improve own and others' clinical practice during clinical supervision of self and others.

© NHS England 2024

- Ensure the practice and actions of operating department practitioners respect diversity, beliefs, culture, needs, values, privacy, dignity, and preferences.
- Ensure the practice and actions of operating department practitioners are respectful and empathic to those they encounter.
- Develop operating department practitioners who can respond to the changing needs of patients and practice by being reliable, consistent, and adaptable.

Pathway-specific descriptors – indicative examples

- Grow the operating department practitioner workforce by recruiting and retaining staff.
- Afford opportunities for staff to develop an enhanced level of practice within a service to improve patient care.
- Develop an enhanced level of practice within a service need by optimising the skills of the operating department practitioner workforce within the four pillars of practice, to improve patient care.
- Create formal structures for career progression and development.
- Raise awareness and the profile of the profession by empowering the workforce to speak up and develop within the Enhanced Practice space.
- Increase flexibility of practice and forward thinking in practice areas and career pathways, within Enhanced Practice service delivery.
- Enable parity of opportunities across all work settings.
- Create a community of practice at the enhanced level of practice.

Suggested evidence

- Work-based learning
- Portfolio evidence
- Formal and informal teaching practices
- E-learning resources
- Peer review and feedback

© NHS England 2024

- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice

- Education
- Clinical practice

Apprenticeship KSB mapping

- Knowledge: K10, K12, K14, K15, K16, K17, K18, K19, K23, K27, K31, K32
- Skills: S12, S14, S15, S16, S17, S18, S19, S23, S27, S31, S32
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (education)

To be able to act as an expert resource, promote, lead, and monitor effective education in challenging environments for specialist and non-specialist audiences, encouraging the use of education to inform innovative clinical practice to enhance the well-being of others.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 4, 6, 7, 10

Enhanced Practice descriptors

- Show awareness of the importance of maintaining own psychological well-being and that of others, by using counselling techniques used within own scope of practice.

© NHS England 2024

- Using the principles and theories of coaching, mentoring, and preceptorship, support others to develop and to use evidence to inform complex decision-making and patient care.
- Support staff by using models, tools, and frameworks to provide constructive feedback to motivate and develop others.
- Act as a positive role model for others in the multidisciplinary team and demonstrate leadership within scope of role.
- Manage conflict and challenge by using theories of negotiating and mediating, such as de-escalation and diffusing strategies.
- Use communication strategies and tools to share and discuss complex information which may include sensitive and distressing topics with patients, their families, carers, the multidisciplinary team, and other agencies.
- Appraise and support staff by using models, tools, and frameworks to provide constructive feedback to motivate and develop others.
- Undertake reflection to improve own and others' clinical practice during clinical supervision of self and others.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be reliable, consistent, and adaptable, to respond to the changing needs of patient-centred care.

Profession-specific descriptors

- Within scope of role, appraise and support staff by using training needs analysis, coaching, counselling, mentoring, and preceptorship to provide constructive feedback to motivate and develop others.
- Within the perioperative environment and beyond, recognise the importance of allyship, act as a positive role model for others in the multidisciplinary team, and demonstrate leadership within scope of role.
- Within the perioperative environment and beyond, manage conflict and challenge, and escalate and engage others as required.
- Communicate and share complex information with patients, their families, carers, the multidisciplinary team, and other agencies within the scope of the role of an operating department practitioner.

© NHS England 2024

- Ensure the practice and actions of operating department practitioners respect diversity, beliefs, culture, needs, values, privacy, dignity, and preferences.
- Ensure the practice and actions of operating department practitioners are respectful and empathic to those they encounter.
- Develop operating department practitioners who can respond to the changing needs of patients and practice by being reliable, consistent, and adaptable.

Pathway-specific descriptors – indicative examples

- Grow the operating department practitioner workforce by recruiting and retaining staff.
- Afford opportunities for staff to develop an enhanced level of practice within a service to improve patient care.
- Develop an enhanced level of practice within a service need by optimising the skills of the operating department practitioner workforce within the four pillars of practice, to improve patient care.
- Raise awareness and the profile of the profession by empowering the workforce to speak up and develop within the Enhanced Practice space.

Suggested evidence

- Work-based learning
- Portfolio evidence
- Formal and informal teaching practices
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

© NHS England 2024

Pillars of professional practice

- Education
- Leadership

Apprenticeship KSB mapping

- Knowledge: K11, K12, K13, K16, K17, K18, K19, K23, K27, K31
- Skills: S12, S13, S17, S18, S19, S23, S27, S31
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (research)

To be able to appraise appropriate research design and audit techniques to evaluate practice, and to identify quality improvement processes.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 4, 7, 9

Enhanced Practice descriptors

- Demonstrate awareness of the need to challenge ineffective systems and processes and support others to identify the need for change within their area of Enhanced Practice.
- Use evidence-based strategies to provide complex clinical care that is safe, person-centred, manages risk, and is compassionate.
- Assimilate, synthesise, and apply complex information to promote and advocate best interests of others, upholding the principles of safeguarding and evidence-based practice by using outcomes from audit and other data to make decisions about patient-centred care.

© NHS England 2024

- Select suitable guidelines, tools, technologies, and techniques to undertake, analyse, and evaluate holistic patient-centred assessments to inform complex clinical decision-making and care management planning within a defined resource.
- Use protocols and systems to plan, prioritise, and direct resources within scope of practice and escalate and engage others as required.
- Contribute to quality improvement plans and strategies, research, and audit to support a culture of continuous quality improvement within area of Enhanced Practice.
- Plan, prioritise, and deliver enhanced clinical care within a defined resource with efficient use of resources in the immediate and longer term.
- Contribute to the drafting of business cases or project proposals, taking into account local, regional, and national strategic priorities.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be reliable, consistent, and adaptable, to respond to the changing needs of patient-centred care.

Profession-specific descriptors

- Demonstrate an awareness of the need for operating department practitioners to innovate, challenge, and facilitate change within their area of Enhanced Practice.
- Uphold principles of safeguarding by actively looking for signs of abuse and by sharing information and escalating as required.
- Within scope of practice as an operating department practitioner, evaluate management plans and escalate and engage others within the multidisciplinary team or other agencies as required.
- Within scope of practice as an operating department practitioner working as an Enhanced Practitioner, identify and manage risk.
- Contribute to developments within the operating department practitioners' scope of practice by understanding strategic priorities for your workplace.
- Within the perioperative environment and beyond, provide complex clinical care that is evidence-based, person-centred, safe, and compassionate.

© NHS England 2024

- Contribute to quality improvement plans, research, and audit within the perioperative environment and beyond, within scope of practice.
- Employ quality improvement plans, research, audit, and evidence-based practice to embed a culture of continuous quality improvement within operating department practice.
- Ensure the practice and actions of operating department practitioners respect diversity, beliefs, culture, needs, values, privacy, dignity, and preferences.
- Ensure the practice and actions of operating department practitioners are respectful and empathic to those they encounter.
- Develop operating department practitioners who can respond to the changing needs of patients and practice by being reliable, consistent, and adaptable.

Pathway-specific descriptors – indicative examples

- Develop an enhanced level of practice within a service need by optimising the skills of the operating department practitioner workforce within the four pillars of practice, to improve patient care.
- Raise awareness and the profile of the profession by empowering the workforce to speak up and develop within the Enhanced Practice space.
- Increase flexibility of practice and forward thinking in practice areas and career pathways, within Enhanced Practice service delivery.
- Develop operating department practitioners who are prescribing-ready.

Suggested evidence

- Work-based learning
- Portfolio evidence
- Formal and informal research activities
- Audit and service improvement activities
- Formal and informal dissemination opportunities in practice
- Participation in conferences and networking
- E-learning resources from NHSE

© NHS England 2024

- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice

- Research
- Leadership

Apprenticeship KSB mapping

- Knowledge: K2, K5, K7, K11, K21, K22, K25, K26, K29
- Skills: S2, S5, S11, S20, S21, S22, S28, S30
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (research)

To evidence the ability to systematically search, gather and select, and critically appraise data, to inform practice and decision-making.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 4, 7, 9

Enhanced Practice descriptors

- Use tools and techniques to select and critically appraise evidence from diverse sources including clinical information, legislation, clinical frameworks, guidelines, audits, and algorithms, to plan and inform decision-making and care management planning within enhanced patient-centred clinical care.

© NHS England 2024

- Assimilate, synthesise, and apply complex information to promote and advocate best interests of others, upholding the principles of safeguarding and evidence-based practice by using outcomes from audit and other data to make decisions about patient-centred care.
- Conduct systematic literature searches and use suitable tools and techniques to appraise and apply evidence to own scope of practice.
- Contribute to quality improvement plans and strategies, research, and audit to support a culture of continuous quality improvement within area of Enhanced Practice.
- Use evidence-based strategies to identify and manage risk within scope of practice.
- Plan, prioritise, and deliver enhanced clinical care within a defined resource with efficient use of resources in the immediate and longer term.
- Show an understanding and awareness of the local, regional, and national strategic priorities for patient populations within scope of practice.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be reliable, consistent, and adaptable, to respond to the changing needs of patient-centred care.

Profession-specific descriptors

- Within the perioperative environment and beyond, provide complex clinical care that is evidence-based, person-centred, safe, and compassionate.
- Uphold principles of safeguarding by actively looking for signs of abuse and by sharing information and escalating as required.
- Contribute to quality improvement plans, research, and audit within the perioperative environment and beyond, within scope of practice.
- Examine and deconstruct local, regional, and national strategic priorities for patient populations to apply to scope of practice.
- Analyse and evaluate data from assessments within scope of practice, such as preoperative, anaesthetic, surgical, and post-anaesthesia assessments, to inform complex clinical decision-making and care management planning.

© NHS England 2024

- Contribute to developments within the operating department practitioners' scope of practice by understanding strategic priorities for your workplace.
- Conduct systematic literature searches, appraise evidence, and apply evidence to inform decision-making and care management planning within the role of an enhanced operating department practitioner.
- Ensure the practice and actions of operating department practitioners respect diversity, beliefs, culture, needs, values, privacy, dignity, and preferences.
- Ensure the practice and actions of operating department practitioners are respectful and empathic to those they encounter.
- Develop operating department practitioners who can respond to the changing needs of patients and practice by being reliable, consistent, and adaptable.

Pathway-specific descriptors – indicative examples

- Develop an enhanced level of practice within a service need by optimising the skills of the operating department practitioner workforce within the four pillars of practice, to improve patient care.
- Raise awareness and the profile of the profession by empowering the workforce to speak up and develop within the Enhanced Practice space.
- Increase flexibility of practice and forward thinking in practice areas and career pathways, within Enhanced Practice service delivery.
- Develop operating department practitioners who are prescribing-ready.

Suggested evidence

- Work-based learning
- Portfolio evidence
- Formal and informal research activities
- Formal and informal dissemination opportunities in practice
- Participation in conferences and networking
- E-learning resources from NHSE
- Peer review and feedback

© NHS England 2024

- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice

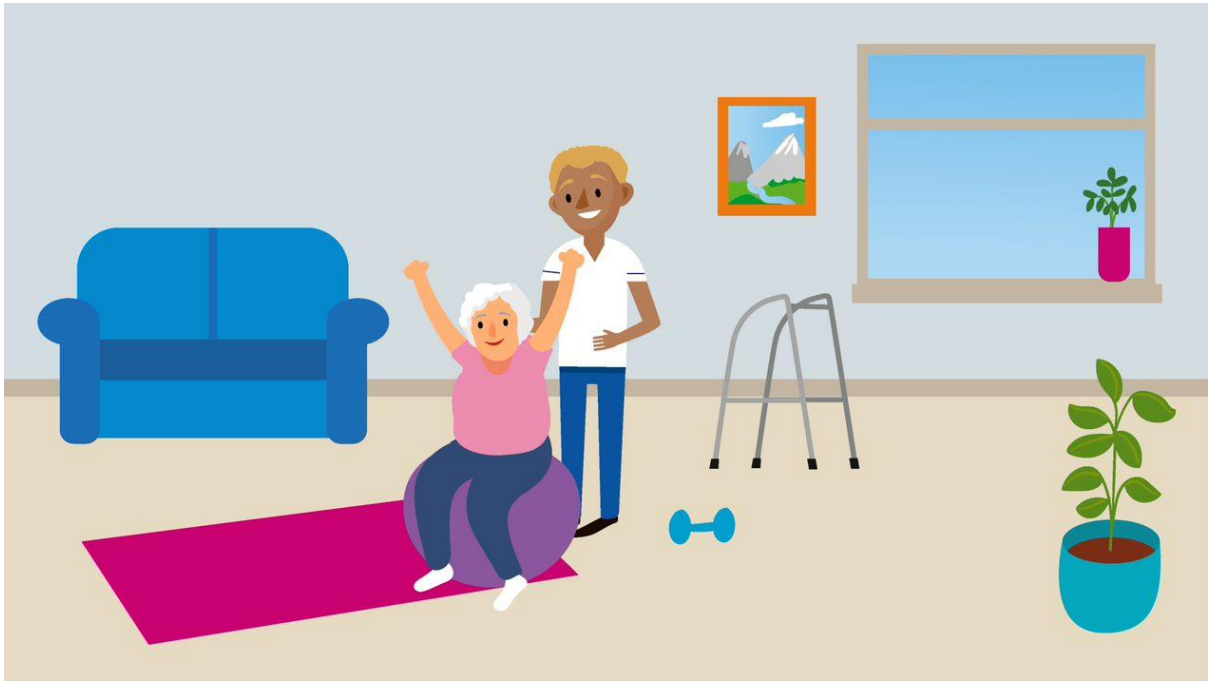
- Research
- Clinical practice

Apprenticeship KSB mapping

- Knowledge: K1, K2, K4, K5, K7, K9, K11, K26, K29, K30
- Skills: S1, S2, S5, S11, S21
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice Schema – physiotherapy



Introduction

Physiotherapy is an autonomous profession that uses critical thinking and decision-making to diagnose, identify, and maximise people's ability to move and function. Physiotherapists can accept direct referrals from patients and can assess, diagnose, treat, and discharge patients without recourse to another professional. Physiotherapists combine their knowledge and practical skills, together with their critical thinking skills, to enable people and populations to improve their health and well-being. Physiotherapists recognise that health and well-being are influenced by physical, psychological, and social factors, and can empower individuals to improve their quality of life. The profession is values-based, meaning that care is person-centred, ethical, and effective. Awareness of culture, equality, diversity, inclusion, and belonging are central to a physiotherapist's standard of practice.

Physiotherapists have a broad scope of practice, underpinned by an evolving evidence base. They work across all four pillars of practice: clinical, leadership, education, and research. As autonomous clinical professionals, they can accept self-referrals from individuals or the wider multidisciplinary team. Physiotherapists serve people and populations across the healthcare ecosystem, and beyond traditional boundaries. Physiotherapists offer services in primary care, as a first point of contact; in secondary care, when someone may be acutely unwell; or in tertiary care, working in highly specialised environments. Physiotherapists are crucial in the community and

© NHS England 2024

wider society, by offering care closer to home and challenging environmental or social barriers that limit participation.

Physiotherapists have strong leadership skills and the ability to deliver high-quality, innovative services. The profession has the ability to create and utilise research and use education to meet the needs of the populations and communities we serve. This knowledge, skills, and behaviours across all four pillars of practice mean that physiotherapists can continue to build on their autonomy post registration.

Extensive national consultation events involving key stakeholders and the professional body, The Chartered Society of Physiotherapy (CSP), highlighted the current workforce priorities for Enhanced Level Practice. It is important to note, however, that these workforce priorities may change to meet the population need and therefore this will be an iterative process. Broadly speaking, the following areas were identified:

- Acute care (care delivered in a hospital setting, including but not exclusive to critical illness, respiratory, neurology, surgical, trauma)
- Community rehabilitation (care delivered in any setting outside a hospital)
- Frailty and healthy ageing – proactively supporting older people to maximise their physical and psychological health and well-being
- Pelvic health provision, across populations and services
- Children and young people – supporting them to reach their potential and transition into adulthood
- Mental health, learning disabilities and autism
- Musculoskeletal

Underpinning the curricula development approach through the innovation partnership

The development of the Enhanced Practice curricula aims to create an open framework to meet the needs of trainees, trainers, and employers. Enhanced Practice is rooted within the development of profession-specific knowledge, skills, and behaviours; therefore, each AHP will develop their own expertise to meet the needs of their populations. There is no ‘generic’ Enhanced Practice role or training, but rather Enhanced Practice refers to a ‘level’ of practice within a specific profession.

© NHS England 2024

AHPs who wish to work at the level of Enhanced Practice are required to demonstrate a wide range of knowledge, skills, and behaviours within their specific profession. The development of the Enhanced Practice curricula will facilitate 'pluripotent' roles to shape the future workforce. This level of practice will have the potential to deploy skills across healthcare boundaries – health and social care, acute and community, physical and mental health – and across pathways delivering prevention, support, and treatment. In this way the Enhanced Practice curricula will help to serve the need to provide more person-centred, joined-up care while also offering flexible and adaptable careers.

A curricula development 'task and finish' group was formed and each of the seven allied health professions allocated a profession-specific lead to oversee the work. Sprint methodology was adopted to maximise collaboration, flexibility, and the iterative process. The group's terms of reference specified that working with our innovation partners, stakeholder events would be held to identify key workforce priorities and formulate a graduate statement. Initial stakeholder consultation involved collaboration across all seven professions and has been integral to the initial development of the curricula; during the second iteration, a deeper focus within each profession-specific area was applied.

Across physiotherapy, key groups included, but were not exclusive to: Coventry and Warwickshire training hub, Manchester Foundation Trust, Spire Manchester, Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE), Liverpool University NHS Foundation Trust, Northern Care Alliance, Coventry and Warwickshire Integrated Care Board, South Warwickshire Foundation Trust, CSP, NHSE – Workforce and Training Directorate (formerly Health Education England), University Hospital Coventry and Warwickshire, Wigan and Leigh Teaching Hospitals NHS Trust, National Star College, National Spine Network, and wider conversations via 'Physiotalk' on Twitter. Specific stakeholder events were held in collaboration with the CSP to align this curriculum to the workforce priorities and the direction of the profession. The stakeholder engagement included physiotherapists and AHPs from all grades and sectors (NHS, private, and education) to ensure a diverse range of views, voices, and specialisms within physiotherapy were heard. All stakeholder data was collected, and thematic analysis completed which was then aligned to the National Frameworks and Priorities and the apprenticeship standard.

© NHS England 2024

Understanding and using the curriculum

The curriculum is set out across ten Enhanced Level Practice domains which are aligned to the four pillars of professional practice. Each domain is mapped against the Enhanced Clinical Practitioner apprenticeship standard occupational duties and knowledge, skills and behaviours, and describes the **level of practice** for physiotherapy.

Enhanced Level Practice domains for physiotherapists	
Clinical practice	To have a critical understanding of theory and practice in a specialist area(s) of physiotherapy and be able to apply this to assessment, diagnosis, and management across populations, often with complex conditions, and in unpredictable environments.
Clinical practice	To be able to use professional judgement and decision-making within a specialist area(s) of physiotherapy to enable a higher level of autonomy and responsibility for own and others' caseload.
Clinical practice	To be able to demonstrate safe and effective person-centred care with a particular focus on clinical reasoning, decision-making, and risk management.
Clinical practice	To be able to demonstrate the delivery of enhanced level care, using the application of anatomy, biomechanics, pathophysiology, and psychosocial factors within assessment and diagnostic processes, providing interventions and utilising appropriate equipment within your scope of practice.
Leadership	To be able to evaluate the impact of own leadership behaviours to be a confident, inclusive, and supportive leader contributing to a culture of continuous improvement.
Leadership	To be able to use critically informed evidence-based approaches to advocate and lead operational and transformational change in complex situations and systems.

© NHS England 2024

Education	To be able to achieve a critical understanding of the principles and theories of education to an enhanced level; to develop, deliver and evaluate effective learning opportunities for all stakeholders.
Education	To be able to act as an expert resource, promote, lead, and monitor effective education in challenging environments for specialist and non-specialist audiences, encouraging the use of education to inform innovative clinical practice to enhance the well-being of others.
Research	To be able to construct appropriate research design and audit techniques to evaluate practice to identify and drive quality improvement processes to enhance physiotherapy provision.
Research	To demonstrate the ability to systematically search, gather and select, and critically appraise data, to inform professional practice, decision-making, and service design.

Enhanced Level Practice descriptors

These are the key requirements that describe the level of practice within each specific domain and can be considered as multi-professional knowledge, skills and behaviours aligned to working within the defined scope of practice as an HCPC registrant. These are tailored to, but are not unique to, a particular profession.

Profession-specific descriptors

These are reflective of the unique practice at an enhanced level and describe physiotherapy when working to this level of practice within the scope of HCPC registration, adhering to professional standards of proficiency and standards of conduct, performance, and ethics.

Pathway-specific descriptors

These are **examples** for consideration that meet some (not all) of the current workforce priorities of the physiotherapy profession. These were identified in collaboration with stakeholders and the CSP and have been aligned to existing development frameworks and capabilities (see below). These specific workforce areas provide indicative examples and reflect the current priorities; these should be

© NHS England 2024

tailored as national and professional priorities evolve, and in response to national and local workforce training needs. They are by no means the only pathways that are required but are indicators for education providers to consider in the development of pathway curricula.

N.B.: First Contact Practice in Primary Care (Musculoskeletal) Roadmap to Practice has already been written as a specific pathway, and so will not be included as an example within this document.

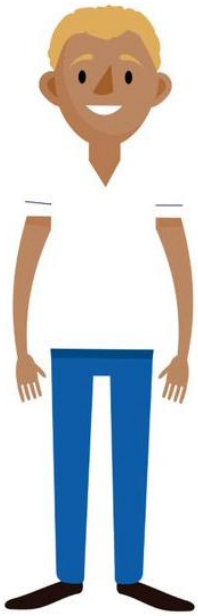
Current national frameworks and capabilities referenced

- The Chartered Society of Physiotherapy (2020). Physiotherapy Framework
- Frailty: A framework of core capabilities
- Health and Care Professions Council. Standards of Proficiency – Physiotherapists
- Rehab On Track (2022). Community Rehabilitation Best Practice Standards
- Health Education England (2021). First Contact Practitioners and Advanced Practitioners in Primary Care: (Musculoskeletal) A Roadmap to Practice
- NHS England. Centre-endorsed credential specifications – acute medicine
- NHS England. Centre-endorsed credential specifications – neurological rehabilitation (including stroke)
- NHS England. Centre-endorsed credential specifications – community-based rehabilitation: Healthy ageing
- NHS England. Centre-endorsed credential specifications – community-based rehabilitation: Physical activity for people with long-term conditions
- NHS England. Centre-endorsed credential specifications – older people
- NHS England. Centre-endorsed credential specifications – pelvic health
- NHS England. Centre-endorsed credential specifications – public health
- The Association of Paediatric Chartered Physiotherapists (2016). Working with Children – Guidance on Good Practice

© NHS England 2024

Enhanced Level Practice in physiotherapy – curriculum intent

I, as a physiotherapist working at the level of Enhanced Practice, will have an established level of expertise, knowledge, skills, and behaviours in a specific area(s). I will ensure person-centred care, promote health and well-being across our communities, and demonstrate initiative and creativity in finding solutions to problems. I will have developed a higher degree of autonomy and responsibility and will have a depth of practice to consistently assess and manage complex patients appropriately. I will demonstrate the ability to manage risk in unpredictable environments and will be responsible for a discrete aspect of a patient's care. I will lead a culture that promotes research and the judicious use of inclusive evidence to support practice and develop services. I will be able to use my knowledge, skills, and behaviours to make a significant and essential contribution to the education and development of myself and others. I will have developed leadership skills at a service level which may include operational management for an area or team.



The graduate statement captures the purpose a physiotherapist and the range of services within this context of time for those working at an enhanced level of practice. It outlines the composite knowledge, attributes, values, behaviours, and skills to be amplified as a physiotherapist.

© NHS England 2024

Enhanced Level Practice domains

Enhanced Level Practice domains (clinical)

To have a critical understanding of theory and practice in a specialist area(s) of physiotherapy and be able to apply this to assessment, diagnosis, and management across populations, often with complex conditions, and in unpredictable environments.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 2, 3

Enhanced Practice descriptors

- Apply enhanced knowledge of psychology and human behaviour to support and undertake holistic patient-centred assessments, including psychological, social, and long-term impact of illness.
- Utilise holistic person-centred assessments to inform treatments and interventions, including inclusive strategies to enable self-management, for patients (and their families) with complex conditions.
- Identify, request, and interpret diagnostics within scope of physiotherapy practice, to inform management of patients and their families.
- Be aware of, and utilise, referral pathways to other members of the multidisciplinary team and other agencies.
- Apply legislation, clinical frameworks, contemporaneous inclusive evidence-based practice guidelines, outcomes from clinical audit, and algorithms to inform clinical decision-making and holistic management.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable and consistent.

Profession-specific descriptors

- Demonstrate comprehensive knowledge of, and skills in, biopsychosocial history-taking of patients who have complex needs.

© NHS England 2024

- Independently (or as part of the interdisciplinary team, where necessary) conduct specialised assessments and/or clinical examination techniques of body systems, ensuring inclusivity and adjusting for specific factors such as age, gender, language, race, and culture.
- Initiate, evaluate and modify a range of interventions, which may include psychological therapies, medicines, lifestyle advice and care, within scope of physiotherapy specialty.
- Identify, select, and apply appropriate inclusive physiotherapy tools, technologies, and techniques, to recognise the wider determinants of health, and analyse and evaluate their impact.

Pathway-specific descriptors – indicative examples

Acute care pathways:

- Identify and respond, in a timely manner, to acuity and/or physiological and psychological deterioration in complex patients, ensuring person-centred care.
- Lead appropriate reassessment, request and interpret diagnostics within the acute care setting (appropriate to scope of practice), and lead ongoing management of acutely unwell patients.

Community-based rehabilitation pathways:

- Recognise the wider determinants of health, including (but not limited to) the impact of psychosocial factors on individuals in the community, such as housing issues, work issues, poverty, discrimination, abuse, family/carer issues, lack of support, social isolation, and loneliness.
- Assess the readiness of the person to change (e.g., activation tools), adopt appropriate behavioural change strategies, and explore problem-solving strategies to agree goals to improve long-term self-management of complex conditions seen in the community.
- Recognise and foster the importance of social networks for people in the community and, where applicable, their carers/families in managing long-term health conditions (e.g., linking with statutory and voluntary organisations and support groups).

© NHS England 2024

Frailty and Healthy Ageing pathways:

- Recognise the complexity of frailty and utilise a supported self-management approach to support the individual to maximise their independence, health, and well-being, aiming to reverse or delay the frailty trajectory.
- Recognise the impact that the wider determinants of health (poverty, social isolation, lack of support etc.) have on those living with frailty (and their caregiver/family, where appropriate) and intervene to address these, where able.

Pelvic health pathways:

- Carry out intimate examinations and work as part of the wider team (e.g., perinatal services) supporting the patient's journey.
- Systematically identify and measure a range of psychological components that may impact on individuals' quality of life, symptoms, and pelvic floor muscle rehabilitation.
- Critically evaluate the impact of individuals' lifestyle and physical activity on their pelvic floor muscle function, symptoms, and quality of life, and tailor rehabilitation protocols accordingly.

Children and young people pathways:

- Recognise the impact of family and social dynamics on a child's/young person's health and well-being to adapt interactions/activity appropriately.
- Understand factors that impact well-being, activity, and participation at different ages and stages of development.
- Recognise the impact of behavioural and emotional changes during childhood and adolescence, and adapt communication, assessment, and treatment approaches accordingly.

Suggested evidence

- Service user feedback
- Peer/mentor feedback
- Reflection and work-based learning logs
- Critical appraisal

© NHS England 2024

- Clinical observation tools
- Case studies
- Case-based discussions
- Simulation
- Work-based learning
- E-learning for Healthcare NHSE & CSP
- AEI aligned modules

Pillars of professional practice

- Clinical
- Education

Apprenticeship KSB mapping

- Knowledge: K4, 5, 6, 7, 8, 10, 11
- Skills: S4, 5, 6, 7, 8, 9, 10, 11
- Behaviours: B1, 2, 3

Enhanced Level Practice domains (clinical)

To be able to use professional judgement and decision-making within (a) specialist area(s) of physiotherapy to enable a higher level of autonomy and responsibility for own and others' caseload.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 3, 4, 6, 8

Enhanced Practice descriptors

- Use methods, tools, and techniques to critically evaluate and analyse the clinical information to inform physiotherapy treatment planning, aligned to national and international clinical guidelines.

© NHS England 2024

- Manage self and others in unpredictable and complex clinical environments, instigating clinical interventions where protocols may not be available.
- Use a wide range of routine and enhanced communication skills to share specialised information, ideas, problems, and solutions with both specialist and non-specialist audiences.
- Demonstrate the ability to counsel patients, family, carers, and others to manage psychological well-being of self and others.
- Become increasingly self-aware and able to modify communication to meet the needs of different audiences and to enhance user involvement and collaboration.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Use physiotherapy management approaches utilised within scope of practice, which may include exercise and movement, behaviour change, self-management, adjuncts, electrophysical modalities, hands-on techniques, return to work, statements of fitness for work (fit notes), vocational rehabilitation, pulmonary and cardiac rehabilitation.
- Put the person at the centre of practice to develop an understanding of an individual and their lived experience, and use that understanding to tailor practice to the needs of that person. Provide information and support that enables an individual to make informed choices as to the design and delivery of their management.
- Communicate sensitively and appropriately test/investigation results (and diagnoses, where appropriate) with the person and their caregiver/family, using a range of mediums, and enable them to consider how the results are managed.
- Demonstrate an enhanced level of efficient and effective questioning strategies to obtain reliable and valid information from history-taking, while demonstrating the ability to explore and appraise an individual's perceptions, ideas, and beliefs about their symptoms.

© NHS England 2024

Pathway-specific descriptors – indicative examples

Acute care pathways:

- Demonstrate enhanced knowledge and critical understanding of clinical assessment tools and measures used in the acute setting, including their psychometric properties, indications, and contraindications.
- Use enhanced communication and leadership skills to work collaboratively with colleagues to coordinate the management of the acutely unwell patient.
- Recognise when discharge is appropriate and be involved in establishing plans and facilitating the process with the person and their caregiver/family, providing support for self-referral and self-management post discharge.

Community-based rehabilitation pathways:

- Recognise the importance and complexity of care coordination with other disciplines and when this would benefit the patient. Have an enhanced level of awareness of the local resources available which may facilitate social prescribing and ongoing self-management.
- Contribute to and facilitate effective multidisciplinary teamworking and apply such approaches to enable best practice in the context of changing roles, new models of care, and integrated care pathways.

Frailty and Healthy Ageing pathways:

- Act on day-to-day interactions with people to encourage changes in behaviour that will have a positive impact on the health and well-being of individuals, communities, and populations.
- Facilitate access to sources of health promotion and support to promote healthy living according to the abilities and needs of individuals.
- Critically appraise and apply a range of communication and consultation skills that enable a personalised approach to community rehabilitation and support people to age well, recognising the absolute imperatives to empower individuals and others in the shared decision-making process and enable a personalised and self-managed approach.

© NHS England 2024

Pelvic health:

- Understand different patient pathways within pelvic health, and how care can be individualised to the patient environment (e.g., from community to inpatient).
- Provide appropriate preventative education and advice to prevent long-term pelvic floor dysfunction, understanding the impact of wider determinants of health, and advocate for health promotion and health equality for individuals and populations.
- Synthesise the goals and priorities of individuals with clinical needs to initiate, evaluate, and modify pelvic health treatment/therapy and care, including by leading complex decision-making where appropriate.

Children and young people pathways:

- Integrate health prevention strategies and address health inequalities through patient- and family-centred care.
- Empower the child/young person, parents/carers, and colleagues who work in educational or social care settings to meet patient needs, especially in relation to long-term health conditions.
- Support challenging aspects of the patient journey such as difficult conversations/breaking bad news, managing expectations, and transition to adult services.

Suggested evidence

- Work-based learning
- Service user feedback
- Reflection and critical analysis
- Observation of skills
- Case studies
- Case-based discussion
- Practice-based assessments

© NHS England 2024

- Simulation
- Reflection and critical analysis

Pillars of professional practice

- Clinical
- Education

Apprenticeship KSB mapping

- Knowledge: K7, K8, K9, K10, K11, K12, K13, K17, K18, K19, K24, K25, K26, K27
- Skills: S7, S8, S9, S10, S11, S12, S13, S17, S18, S19, S24, S25, S26, S27
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (clinical)

To be able to demonstrate safe and effective person-centred care with a particular focus on clinical reasoning, decision-making, and risk management.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 2, 3

Enhanced Practice descriptors

- Be aware of and adhere to the ongoing professional registration and code of conduct requirements in relation to your scope of practice as a physiotherapist.
- Critically appraise evidence, with a particular focus on person-centred care, and utilise it to inform clinical decision-making.
- Apply a range of theories, strategies, and models within physiotherapy practice to enable enhanced clinical reasoning.

© NHS England 2024

- Identify clinical risk and use evidence-based strategies to manage the safety of patients and others in an unpredictable and complex environment.
- Understand the local, regional, and national strategic priorities for patient populations within area of specialist physiotherapy practice, and demonstrate the ability to plan, prioritise, and deliver enhanced clinical care within a defined resource.
- Assimilate, synthesise, and apply complex information to promote and advocate best interests of others, upholding the principles of safeguarding and evidence-based physiotherapy practice.
- Have enhanced level communication skills and be able to select and apply suitable strategies to a range of situations within the scope of practice, such as health coaching, delivering bad news, and discussing sensitive and distressing topics.
- Discuss complex information with patients, their families, the multidisciplinary team, and other agencies.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Critically evaluate and select available tools, technologies, and techniques needed to perform complex and holistic physiotherapy assessments and deliver safe and effective patient care.
- Plan, prioritise, and deliver physiotherapy holistic assessments and interventions in complex situations, which are underpinned by evidence-based practice, demonstrating safe and effective care.
- Critically reflect on practice and recognise situations where the effectiveness, efficiency, and quality of a service are compromised, and take the appropriate action to fulfil the requirements of the legal and policy frameworks which govern practice.
- Escalate and/or engage others when working at the boundaries of physiotherapy scope of practice.

© NHS England 2024

Pathway-specific descriptors – indicative examples

Acute care pathways:

- Recognise when discharge is appropriate, be involved in establishing plans and facilitating the process with the person and their caregiver/family, providing support for self-management post-discharge.
- Lead and work collaboratively with others to advocate for access to the optimal frequency and intensity of rehabilitation, as supported by the evidence base.

Community-based rehabilitation pathways:

- Employ a supportive, clinically reasoned approach to risk-taking, encouraging the individual to challenge themselves to progress and reach their rehabilitation goals.
- Explore and appraise how to assess the person, their environments, and their wider determinants of health in complex and unpredictable contexts, using ethical, evidence-informed assessments across a continuum of care, age and setting.

Frailty and Healthy Ageing pathways:

- Critically evaluate and apply current thinking and research to assess and proactively mitigate individuals' risk of deterioration, including falls, and adapt the suitability of utilising structured exercise programmes.
- Critically appraise the evidence base and consider the ethical and legal principles involved to balance disease-specific treatment with personalised care, specific support needs, and patient and family wishes.
- Apply enhanced understanding of assessment, investigation, legislation, and professional guidance in recognising adult safeguarding concerns.

Pelvic health:

- Demonstrate integration of enhanced pelvic health knowledge and clinical reasoning in the evaluation of complex clinical information obtained (e.g., obstetric red flags, gynaecological history leading to pelvic floor dysfunction).

© NHS England 2024

- Demonstrate comprehensive enhanced knowledge of assessment, diagnosis, and management of nonmechanical dysfunction of the pelvic system, pelvic health masquerades, and complex multisystem pathology (e.g., local and national guidelines, pathways, and policies for tumours and metastatic disease, pelvic cancers, fibroids, endometriosis, infections, fistula, autoimmune/inflammatory diseases, endocrinology, and other associated red flags).
- Identify and arrange appropriate follow-up for pelvic health patients that is safe and timely to monitor changes in individuals' condition in response to treatment and advice, recognising the indications for a changing clinical picture and the need for escalation or alternative treatment, as appropriate.
- Escalate care as appropriate, following local and national guidance, raising concerns such as female genital mutilation (FGM) and domestic violence and liaising with appropriate safeguarding services.

Children and young people pathways:

- Demonstrate comprehensive and enhanced knowledge and application of child safeguarding principles.
- Recognise and apply the frameworks that relate to ethics and consent in paediatrics/young people's care.

Suggested evidence

- Service user feedback
- Peer/mentor feedback
- Reflection and work-based learning logs
- Critical appraisal
- Clinical observation tools
- Case studies
- Case-based discussions
- Simulation
- Work-based learning

© NHS England 2024

- E-learning for Healthcare NHSE & CSP
- AEI aligned modules

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

- Knowledge: K1, K2, K3, K4, K5, K6, K7, K8, K10, K11
- Skills: S1, S2, S3, S4, S5, S6, S7, S8, S9, S10, S11
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (clinical)

To be able to demonstrate the delivery of enhanced level care, using the application of anatomy, biomechanics, pathophysiology, and psychosocial factors to develop expertise in a clinical area(s).

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 2, 3

Enhanced Practice descriptors

- Be aware of and adhere to the ongoing professional registration and code of conduct requirements in relation to your scope of practice as a physiotherapist.
- Critically appraise inclusive evidence and utilise it to inform clinical decision-making.
- Utilise and apply an enhanced level of knowledge in anatomy and pathophysiology to support holistic assessments in complex patients, considering the wider determinants of health.

© NHS England 2024

- Have enhanced awareness of signs and symptoms to identify serious pathology and/or deterioration in physical or mental health, and how to respond as a physiotherapist within own scope of practice.
- Align to local and national policy, frameworks, standards, and procedures relevant to physiotherapy practice.
- Demonstrate the ability to develop, implement, and evaluate enhanced management plans which may include physiotherapy interventions and referral to other members of the multidisciplinary team or other agencies, using a shared decision-making approach.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Build on established knowledge, skills, and behaviours of assessment, diagnosis, and implementation of interventions within a specific area(s) of physiotherapy practice and manage risk in an unpredictable environment.
- Demonstrate self-awareness and management planning as a physiotherapist to ensure safe and effective care, including identifying red (and other) flags, and using appropriate pathway referral to the multidisciplinary team.
- Identify and appraise inclusive evidence to inform when and how to modify and evaluate physiotherapy interventions, including when no intervention is appropriate.
- Be able to identify, select and apply appropriate inclusive tools, technology, and techniques in complex practice to deliver personalised care as a physiotherapist.

Pathway-specific descriptors – indicative examples

Acute care pathways:

- Demonstrate enhanced knowledge and understanding of whole-systems anatomy and pathophysiology, other health conditions and their association with acute conditions.

© NHS England 2024

- Assess for risk of multisystem conditions (e.g., osteoporosis, acute and chronic respiratory conditions, neurological conditions, incontinence) and be able to interpret clinical diagnostic results.
- Discuss and agree realistic short- and long-term goals with the person and their caregiver/family that reflect their priorities, taking account of local service availability, relevant guidelines, and resources.

Community-based rehabilitation pathways:

- Move care closer to home by enabling people to stay at home if they choose, minimising admissions into hospital and facilitating discharge.
- Actively share and act on information across the health and social care network, utilising local resources, to prevent avoidable disability.
- Utilise current evidence, including local and national guidelines, to assess and implement community-based rehabilitation.

Frailty and Healthy Ageing pathways:

- Critically apply the knowledge and skills required to elicit and record an accurate clinical history and clinical examination and to successfully interpret clinical diagnostic results, including managing social risk, acute deterioration, and safeguarding for a range of health conditions relevant to ageing.
- Use enhanced clinical assessment skills to recognise when an individual is living with frailty, referring the individual for, or contributing to, a comprehensive geriatric assessment.
- Understand the importance of exercise, physical activity, nutrition, hydration, polypharmacy, and multimorbidity and its impact on the older person for preventing and reducing the risk of frailty.
- Assess for risk of and recognise multisystem conditions (e.g., osteoporosis, acute and chronic respiratory conditions, neurological conditions, and incontinence)

© NHS England 2024

Pelvic health pathway:

- Apply knowledge of pelvic anatomy and pathophysiology in obstetrics, urology, gynaecology, and colorectal disorders to complete and record an accurate clinical history and an appropriate examination, including a vaginal and/or anorectal examination of the pelvic floor.
- Interpret clinical findings from assessment and formulate a working diagnosis for pelvic floor dysfunction.
- Utilise current evidence, including local and national guidelines, to assess and implement interventions for pelvic health conditions, such as understanding how to provide biofeedback, when medical devices may be beneficial (e.g., intravaginal devices for stress incontinence, anal devices for faecal incontinence, or rectal irrigation for constipation).
- Synthesise the goals and priorities of individuals with a clinical need to initiate, evaluate, and modify pelvic health treatment/therapy and care, including by leading complex decision-making where appropriate.

Children and young people pathways:

- Apply knowledge and understanding of typical and atypical development*, physical and social milestones to distinguish between healthy presentations and the likely presence of pathology.
- Understand and apply knowledge relating to an array of complex health conditions, across a variety of body systems, specific to children and young people.
- Deliver age- and condition-appropriate physiotherapy interventions in a timely and coordinated way, across a variety of settings (e.g., hospital, community clinics, mainstream schools and colleges, special schools and colleges, nurseries, patient homes, children's hospices, hydrotherapy).

*This may range from embryology and foetal development to the development of a young adult).

© NHS England 2024

Suggested evidence

- Service user feedback
- Peer/mentor feedback
- Reflection and work-based learning logs
- Critical appraisal
- Clinical observation tools
- Case studies
- Case-based discussions
- Simulation
- Work-based learning
- E-learning for Healthcare NHSE & CSP
- AEI aligned modules

Pillars of professional practice

- Clinical practice
- Research

Apprenticeship KSB mapping

- Knowledge: K1, K2, K3, K4, K5, K6, K7, K8, K10, K11
- Skills: S1, S2, S3, S4, S5, S6, S7, S8, S9, S10, S11
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (leadership)

To be able to evaluate the impact of own leadership behaviours to be a confident, inclusive, and supportive leader contributing to a culture of continuous improvement.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 4, 8, 10

Enhanced Practice descriptors

- Be aware of and adhere to the ongoing professional registration and code of conduct requirements in relation to your scope of practice as a physiotherapist.
- Understand and apply the principles and theories of leadership, coaching, and mentorship as a physiotherapist to support others and act as a positive role model.
- Critically appraise and utilise inclusive evidence, including local and national guidelines, to inform leadership decision-making.
- Implement safeguarding duties and procedures for yourself and your peers, and across a service where appropriate.
- Have enhanced knowledge about local and national approaches and planning processes aimed at supporting quality improvement and service development in healthcare.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Demonstrate adaptability, reliability, and consistency in your professional practice, being responsive to changing circumstances and fulfilling your commitments.

© NHS England 2024

Profession-specific descriptors

- Provide leadership and support within scope of own role as a physiotherapist, acting as a positive, inclusive role model for others in the multidisciplinary team to promote the profession.
- Have knowledge of the co-production of services through inclusive design, understanding the needs of their users.
- Be an advocate for diversity within the profession through inclusive recruitment and selection.
- Ensure inclusion, equity, and equality of access to physiotherapy services, to reduce health inequalities and improve outcomes of intervention for the benefit of those who access services.
- Recognise your leadership qualities and level of influence as a physiotherapist, through critical reflection and ongoing professional development for yourself and others.
- Actively participate in and/or lead quality improvement projects in physiotherapy.
- Disseminate the impact of practice in your area of work clearly to all stakeholders; evaluate, maintain, and sustain changes.

Pathway-specific descriptors – indicative examples

Acute care pathways:

- Demonstrate receptiveness to challenge and be able to constructively challenge others, seeking resolutions and escalating any concerns that affect the safety and well-being of others in the acute setting.
- Demonstrate reflection in action, initiate peer review to inform own and others' practice and drive implementation strategies to act on learning.

Community-based rehabilitation pathways:

- Identify barriers and propose solutions in delivering community-based physiotherapy rehabilitation, to provide services that are in the best interests of the people, communities, and wider care provision.

© NHS England 2024

- Proactively work with others to innovate and transform approaches to community-based rehabilitation, utilising population-based data to prevent ill health and maintain and improve people's health and well-being.
- Critically analyse and evaluate the impact of community interventions, within own practice and the wider team, on the health and well-being of the targeted populations, taking account of the cultural, occupational, epidemiological, environmental, economic, and social factors affecting those who experience health inequalities.

Frailty and Healthy Ageing pathways:

- Facilitate and lead cross-sector and interdisciplinary working to support older adults to remain in their preferred place of care.
- Use clinical audit to evidence the use of best-practice/national guidelines within frailty care and service delivery, identifying where modifications are required.

Pelvic health:

- Actively champion pelvic health conservative management across the service and improve the quality of care for individuals with pelvic health conditions.
- Implement clinical audit and/or service evaluation to evidence the use of best-practice guidance with the management of pelvic floor dysfunction.

Children and young people pathways:

- Use clinical audit to evidence the use of best-practice/national guidelines within children's and young people's care, identifying where modifications are required.
- Facilitate and lead interdisciplinary working with the wide interprofessional team* to provide a supportive environment for the child/young person and parent/carer, considering methods to reduce the burden of care (e.g., multidisciplinary appointments or communications).

*For example, colleagues in social services, educational settings, allied health, school nursing/health visiting and medicine.

© NHS England 2024

Suggested evidence

- Work-based learning
- HEI aligned module
- Portfolio evidence
- 360 leadership review
- E-learning for Healthcare NHSE & CSP
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Lead audit and service evaluation
- Quality improvement projects
- Dissemination of good practice, particular service improvements (e.g., through poster presentations, conferences)
- Line management responsibilities

Pillars of professional practice

- Leadership
- Research

Apprenticeship KSB mapping

- Knowledge: K1, K2. K3, K9, K12, K13, K23, K25, K26, K31, K32
- Skills: S1, S2, S3, S12, S13, S23, S25, S26, S31, S32
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (leadership)

To be able to use critically informed evidence-based approaches to advocate and lead operational and transformational change in complex situations and systems.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 4, 5, 7, 8, 9

Enhanced Practice descriptors

- Identify, appraise, select, and apply principles and theories of leadership, coaching and mentorship to support others in managing change in complex situations and systems.
- Know how to escalate to and engage others when working at the boundaries of your scope of practice in leading change within complex situations and systems.
- Contribute to the judicious use of policy, protocols, and systems to strategically plan and prioritise resources, managing short- and long-term service level requirements in physiotherapy.
- Contribute to the effective and efficient management of resources at an individual and service level to deliver enhanced level care.
- Apply evidence-based strategies with alignment to local, national, and international guidelines to support the leadership of transformational change within physiotherapy.
- Challenge complacency, actions, and ways of thinking that may not be in the best interests of others, including those who access services, drawing on evidence-based strategies to manage risk and safety of others in complex environments.
- Actively challenge ineffective systems and processes, taking a proactive approach to seek and respond appropriately to feedback in leading change at an enhanced level.

© NHS England 2024

- Actively and effectively delegate to others, including support workers and the wider team, to ensure effective operational delivery within your area of practice.
- Work collaboratively to develop innovation and enterprise approaches in physiotherapy, including contributing to business cases for change.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Provide leadership and support within scope of own role as a physiotherapist, acting as a positive role model for others in the multidisciplinary team to enact transformational change.
- Critically evaluate and use evidence and service improvement methodologies to facilitate change in physiotherapy provision.
- Recognise the impact of service design in physiotherapy on social factors to promote inclusion and reduce health inequalities.
- Take a lead role in student training, preceptorship, and mentoring of new staff.
- Use a range of communication strategies to convey complex information to specialist and non-specialist audiences, with the aim of influencing decisions and actions at a service level.

Pathway-specific descriptors – indicative examples

Acute care pathways:

- Demonstrate the impact of Enhanced Practice in the acute setting, its effectiveness and quality (i.e., the outcomes of care, experience, and safety).
- Demonstrate clinical expertise in an acute setting that will enhance quality, reduce unwarranted variation, and promote the sharing and adoption of best practice.

© NHS England 2024

Community-based rehabilitation pathways:

- Adopt a co-design approach to utilise service and local population data to advocate for a range of community rehabilitation options.
- Lead and advocate for the use of consistent language and terminology across health, social care, and the fitness and leisure sector that is relevant and accessible to all.
- Lead and enable the transformative links between community physical activity approaches and other disciplines, services, and providers, including those relating to medicine, pharmacology, psychology, and sociology, and approaches to social prescribing.

Frailty and Healthy Ageing pathways:

- Utilise local population data to advocate for implementation of the Ageing Well agenda locally.
- Apply evidence-based practice of factors affecting the health of older people, including cognitive impairment, frailty, and multimorbidity, and lead alignment of service provision to meet the needs of the population group.

Pelvic health:

- Collaborate with a multidisciplinary team meeting with other professionals, such as gynaecologists, obstetricians, urologists, midwives, and other allied healthcare providers, to develop interdisciplinary management plans for pelvic health patients.
- Evaluate current service provision for pelvic health conditions, analyse data and provide recommendations to the wider service on appropriate change management strategies, in line with local need.

Children and young people pathways:

- Demonstrate the impact of Enhanced Practice on children and young people, its effectiveness and quality (i.e., the outcomes of care, experience and safety).
- Utilise local population data to advocate for implementation of best practice.

© NHS England 2024

- Communicate and collaborate with other professionals involved in children's and young people's services, to develop interdisciplinary management plans.

Suggested evidence

- Work-based learning
- HEI aligned module
- Portfolio evidence
- 360 leadership review
- E-learning for Healthcare NHSE & CSP
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Lead audit and service evaluation
- Quality improvement projects
- Dissemination of good practice, particular service improvements (e.g., through poster presentations, conferences)
- Line management responsibilities

Pillars of professional practice

- Leadership
- Research

Apprenticeship KSB mapping

- Knowledge: K9, K13, K14, K15, K16, K20, K21, K22, K24, K25, K26, K28, K29, K30
- Skills: S12, S13, S14, S15, S16, S20, S21, S22, S24, S25, S26, S28, S29, S30
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (education)

To be able to achieve a critical understanding of the principles and theories of education to an enhanced level; to develop, deliver and evaluate effective learning opportunities for all stakeholders.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 5, 6, 7, 10

Enhanced Practice descriptors

- Facilitate positive learning cultures where all are encouraged to reflect and grow with support to receive and give constructive feedback.
- Identify, appraise, select, and apply principles, theories, and models of education to support your and others' professional practice.
- Contribute to the ongoing review of education and training within your role as a physiotherapist.
- Identify, appraise, select, and apply principles and theories of communication to support others in managing in complex care situations and systems.
- Apply and evaluate a range of communication strategies, theories, and tools of communication within physiotherapy practice to meet different populations' needs.
- Contribute to the overall management of self and others through effective mechanisms of supervision, mentorship, and appraisal to support multi-professional learning and practice.
- Distinguish differing principles of education to develop your skills of mentoring, counselling, coaching, and teaching, applying this to specific contexts such as preceptorship and practice-based learning.
- Plan and facilitate the delivery of practice-based education, training, and assessment with students, preceptors, and new staff.

© NHS England 2024

- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Demonstrate and evaluate a culture of development and learning, promoting inclusion and ensuring equality for all.
- Use inclusive digital technology to enhance education and dissemination of knowledge to a range of stakeholders through a variety of digital platforms and social media.
- Support the production of inclusive educational resources that reflect the evidence base and best practice within the area of physiotherapy (ensuring information produced is accessible to all users, considering differing levels of health literacy, disability, age, and language).

Pathway-specific descriptors – indicative examples

Acute care pathways:

- Demonstrate a significant and essential contribution to the education of yourself and others in the acute setting, across all four pillars of practice, engaging in regular supervision, feedback, and reflection.
- Communicate a diagnosis and test/investigation results (including bad news) sensitively and appropriately in line with local or national guidance, using a range of media (e.g., the spoken word and diagrams) to seek to ensure that individuals understand what has been communicated.
- Be integral to developing and promoting education resources across services relevant to acute care and specialist area(s), which may involve developing links with local universities.

Community-based rehabilitation pathways:

- Promote awareness of the effectiveness of community-based rehabilitation among people/patients, health and social care professionals, and commissioners.

© NHS England 2024

- Facilitate behaviour change using evidence-based approaches such as motivational interviewing, Making Every Contact Count, health coaching and supporting self-management, and personalised care, during the community rehabilitation interventions.
- Engage people, carers and families, and other healthcare professionals in the principles of holistic rehabilitation.

Frailty and Healthy Ageing pathways:

- Select, use and evaluate a range of physiotherapy education strategies to overcome communication barriers such as cognitive change, diversity, learning disability, sensory impairment, and substance misuse, sometimes in challenging situations.
- Work with teams, people with lived experience, key stakeholders, and communities (including fitness and leisure sector organisations) to build health literacy, activation, and equity of access to care, education, and support (including via virtual platforms).

Pelvic health pathways:

- Adapt education strategies to support individual needs when educating on the prevention of pelvic floor dysfunction and on rehabilitation during perinatal care.
- Communicate a diagnosis and test/investigation results (including bad news) sensitively and appropriately in line with local or national guidance, using a range of media (e.g., the spoken word and diagrams) to seek to ensure that individuals understand what has been communicated.

Children and young people pathways:

- Communicate key information (including the delivery of bad news) and management strategies to children and young people, carers, and families at appropriate levels.
- Facilitate behaviour change and engage children and young people, carers, and families in the principles of holistic rehabilitation.

© NHS England 2024

Suggested evidence

- Work-based learning
- AEI aligned module
- Portfolio evidence
- Teaching/in-service training
- E-learning for Healthcare NHSE & CSP
- Peer review and feedback
- Student/clinician training
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Production of health literacy
- Developing professional networks within specialist area

Pillars of professional practice

- Education
- Clinical

Apprenticeship KSB mapping

- Knowledge: K14, K15, K16, K17, K18, K19, K20, K21, K22, K23, K27, K31, K32
- Skills: S14, S15, S16, S17, S18, S19, S20, S21, S22, S23, S27, S31, S32
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (education)

To be able to act as an expert resource, promote, lead, and monitor effective education in challenging environments for specialist and non-specialist audiences, and encourage the use of education to inform innovative clinical practice.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 4, 6, 7, 10

Enhanced Practice descriptors

- Evaluate and utilise frameworks and models of communication to promote health and well-being for self and others.
- Critically evaluate evidence-based strategies with alignment to local, national, and international guidelines to support complex communication in practice.
- Apply principles of psychological well-being, including self-care and counselling techniques, within scope of practice, to self and others.
- Contribute to effective communication and collaboration through supervision, mentorship, and appraisal to support yourself and others to maintain their health and well-being.
- Exhibit adaptability, reliability, and consistency in professional practice.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.

Profession-specific descriptors

- Use and evaluate appropriate communication strategies for complex physiotherapy situations, including sensitive topics, with patients, families, multidisciplinary teams, and other agencies, and to modify the communication to meet the individuals' preferences and needs.
- Counsel and signpost patients, family members, peers, and others to manage psychological well-being.

© NHS England 2024

- Use and evaluate inclusive tools and technologies to aid communication for patients, to champion psychological health and well-being across populations.
- Recognise the characteristics and consequences of barriers to inclusion for physiotherapy, including those for socially isolated groups, that can impact on communication and psychological well-being.

Pathway-specific descriptors – indicative examples

Acute care pathways:

- Utilise complex communication skills to discuss best practice with patients and family/caregivers in the acute setting, considering psychological well-being of all involved, and signposting to key services.
- Be a role model for and promote organisational learning in the acute setting, understanding how your behaviour and values impact on others.

Community-based rehabilitation pathways:

- Provide specific physiotherapy advice and guidance on changing, adapting, or managing the physical and social environment to ensure individuals' physical safety, comfort, and emotional security in the community.
- Apply the principles of health and well-being across a range of conditions seen in the community, including but not limited to keeping active and social engagement.
- Evaluate how individuals' preferences and experience, including their individual cultural and spiritual background, can offer insight into their priorities, well-being, and managing their own care in the community.

Frailty and Healthy Ageing pathways:

- Utilise enhanced communication skills to participate sensitively and effectively in sensitive conversations (e.g., relating to CPR, including decisions to not attempt CPR) and involve patients and those important to them, as appropriate.

© NHS England 2024

- Identify barriers to inclusion for those who may be isolated, and recognise the impact this may have on their health and well-being, championing solutions and using innovative practice, including but not limited to social prescribing and technology.

Pelvic health pathways:

- Recognise, measure and act on the impact that pelvic floor dysfunction can have on individuals' physical and mental well-being, relationships, work, and lifestyle.
- Evaluate and promote the availability of appropriate services to further enable individuals' health and well-being (e.g., continence services, patient support services, and charities).
- Identify and measure a range of psychological components that may impact on individuals' quality of life, symptoms, and pelvic floor muscle rehabilitation.

Children and young people pathways:

- Communicate in writing key information to be included in reports (this may include EHCP/statutory assessments, annual review documents, SEN tribunals, legal cases, DLA applications and transition documents).

Suggested evidence

- Work-based learning
- AEI aligned module
- Portfolio evidence
- Teaching/in-service training
- E-learning for Healthcare NHSE & CSP
- Peer review and feedback
- Student/clinician training
- Mentor feedback
- Supervision and reflection
- Reverse mentoring

© NHS England 2024

- Production of health literacy
- Developing professional networks within specialist area

Pillars of professional practice

- Education
- Leadership

Apprenticeship KSB mapping

- Knowledge: K9, K12, K13, K17, K18, K19, K20, K21, K22, K23, K27, K31, K32
- Skills: S12, S13, S17, S18, S19, S20, S21, S22, S23, S27, S31, S32
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (research)

To be able to construct appropriate research design and audit techniques to evaluate practice to identify quality improvement processes to enhance physiotherapy provision.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 4, 7, 9

Enhanced Practice descriptors

- Be aware of and adhere to the ongoing professional registration and code of conduct requirements in relation to your scope of practice as a physiotherapist.
- Utilise diverse sources of information, aligned to local, national, and international guidelines and evidence, as part of quality improvement processes within physiotherapy.

© NHS England 2024

- Distinguish the role and purpose of service evaluation, research, and audit techniques and their application to quality improvement processes to enhance your practice as a physiotherapist.
- Design, participate in, and co-produce appropriate research and audit activities to evaluate physiotherapy services.
- Synthesise findings from research, audit, or quality improvement projects to demonstrate the impact of physiotherapy and to inform planning and prioritisation of resources and manage immediate and longer-term service requirements to deliver sustainable change.
- Embed service improvement methodologies to evaluate the impact of physiotherapy provision and create a culture of excellence within the physiotherapy and wider team.
- Contribute to the drafting of business cases or project proposals in the context of organisational, national and/or international research priorities.
- Collaborate and disseminate research, audit, and service improvements locally and nationally to contribute to the development of practice-based evidence.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Demonstrate leadership as a physiotherapist within your own scope of practice and act as a positive role model to provide a culture promoting research design and audit techniques that influence physiotherapy service provision.
- Demonstrate the ability to critically reflect on your role as a physiotherapy researcher and your skills in audit techniques and quality improvement to address specific issues arising from practice, and use this appraisal to inform service improvement, development, and redesign.
- Recognise situations where the effectiveness, efficiency and quality of a physiotherapy service are compromised and, with guidance, take appropriate action to challenge the situation in a professional manner.

© NHS England 2024

- Identify, select and apply research and audit technology and techniques in complex physiotherapy practice with an appreciation of related ethical considerations, to enhance physiotherapy provision.
- Engage with stakeholders to understand local, regional, and national strategic priorities for patient populations within area of physiotherapy practice.
- Support and direct others to actively engage in the critical use of evidence to promote and demonstrate personalised, safe, and effective care.

Pathway-specific descriptors – indicative examples

Acute care pathways:

- Make links between clinical practice and research through proactive engagement and networking with academic, clinical, and other active researchers in the field of acute care.
- Be integral to clinical audit, service evaluations and service improvement in the acute care setting.

Community-based rehabilitation pathways:

- Evaluate physiotherapy services that are community-based and population-driven to maintain and improve community physical activity approaches, using research, audit, and service improvement processes.

Frailty and Healthy Ageing pathways:

- Adhere to and audit national legislation and legal responsibilities, including safeguarding vulnerable groups.
- Critically appraise and apply the evidence base to inform service improvement for older people, their families, and carers.

Pelvic health pathways:

- Evaluate pelvic health services against key performance indicators, considering the impact on all pelvic health needs across departments.

© NHS England 2024

- Contribute to or conduct a service evaluation, audit, and/or research to assess the impact of pelvic floor muscle dysfunction on symptoms and quality of life within different pelvic health populations.

Children and young people pathways:

- Use audit to demonstrate adherence to, and effectiveness of, national guidelines and pathways (e.g., Cerebral Palsy Integrated Pathway (CPIP)).
- Use audit to demonstrate local strategies to increase the efficiency and user satisfaction with combined paediatric services (e.g., joint orthotic/physiotherapy, or joint AHP clinics).

Suggested evidence

- Work-based learning
- HEI aligned module
- Portfolio evidence
- Teaching/in-service training
- E-learning for Healthcare NHSE & CSP
- Peer review and feedback
- Student/clinician training
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Developing professional networks within specialist area
- Lead audit and service evaluation
- Quality improvement projects
- Dissemination of good practice, particular service improvements (e.g., through poster presentations, conferences)
- Involvement in ethics committees
- Taking an active role in peer review
- Leading and facilitating journal club

© NHS England 2024

Pillars of professional practice

- Research
- Leadership

Apprenticeship KSB mapping:

Knowledge: K1, K2, K3, K9, K12, K13, K20, K21, K22, K28, K29, K30

Skills: S1, S2, S3, S12, S13, S20, S21, S22, S28, S29, S30

Behaviours: B1, B2, B3

Enhanced Level Practice domains (research)

To demonstrate the ability to systematically search, gather and select, and critically appraise data, to inform professional practice, decision-making and service design.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 4, 7, 9, 10

Enhanced Practice descriptors

- Be aware of and adhere to the ongoing professional registration and code of conduct requirements in relation to your scope of practice as a physiotherapist.
- Systematically search, gather, and interpret diverse sources of information and evidence to support physiotherapy decision-making and evaluation of practice.
- Critically appraise, translate, apply, and present evidence to inform your professional judgement and clinical decision-making in physiotherapy.
- Apply evidence-based strategies, with alignment to national and international guidelines, to professional practice, decision-making, and service design within physiotherapy.

© NHS England 2024

- Work collaboratively with multi-professional teams and across agencies to develop evidence-informed approaches in physiotherapy through critical appraisal of evidence from diverse sources.
- Challenge complacency, actions, and ways of thinking through evidence-based strategies to inform physiotherapy within your scope of practice.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Promote a culture of evidence-based practice within physiotherapy.
- Challenge professional thinking and action to create opportunities to generate new insights, perspectives, and knowledge to further physiotherapy within your specialist area(s).
- Utilise evidence to inform physiotherapy practice, ensuring reflection and evaluation of effectiveness and outcomes.
- Translate and transfer evidence from adjacent domains when there are gaps in the evidence base, exercising critical caution.
- Support others to access, understand, appraise, and translate evidence into physiotherapy practice.
- Collaborate with the wider multidisciplinary team to develop or inform local evidence-based guidance.

Pathway-specific descriptors – indicative examples

Acute care pathways:

- Ensure evidence-based materials and research processes are accessible for patients, family, and caregivers in an acute setting, to facilitate empowerment and decision-making.
- Select, apply, and analyse data from specific outcome measures within the acute care setting to demonstrate the value of physiotherapy and influence service design.

© NHS England 2024

Community-based rehabilitation pathways:

- Engage in dissemination of best-practice research findings and quality improvement projects about community-based rehabilitation.
- Critique literature across populations and conditions and reflect this in delivering best-practice community rehabilitation to provide evidence-based, person-centred care.

Frailty and Healthy Ageing pathways:

- Participate in service evaluation and research in the workplace.
- Be aware of local and national policy and evidence-based practice relevant to frailty and where to find additional information; be able to judge the value of the information, and reflect on practice to learn from experiences.

Pelvic health pathways:

- Identify areas of continuing professional development, conducting appropriate literature reviews and utilising this evidence to inform own clinical practice.
- Reflect on own practice and adjust practice in line with new clinical evidence or clinical guidance within pelvic health.

Children and young people pathways:

- Engage in dissemination of best-practice research findings and quality improvement projects about children and young people.
- Identify areas of continuing professional development, conducting literature reviews and applying to own practice in the area of children and young people.

Suggested evidence

- Work-based learning
- Critical appraisal of literature using appropriate tools
- HEI aligned module
- Portfolio evidence
- Teaching/in-service training

© NHS England 2024

- E-learning for Healthcare NHSE & CSP
- Peer review and feedback
- Student/clinician training
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Developing professional networks within specialist area
- Presenting own research findings at conferences or peer-to-peer opportunities (e.g., through poster presentations)
- Audit and research projects
- Involvement in ethics committees
- Taking an active role in peer review
- Leading and facilitating journal club

Pillars of professional practice:

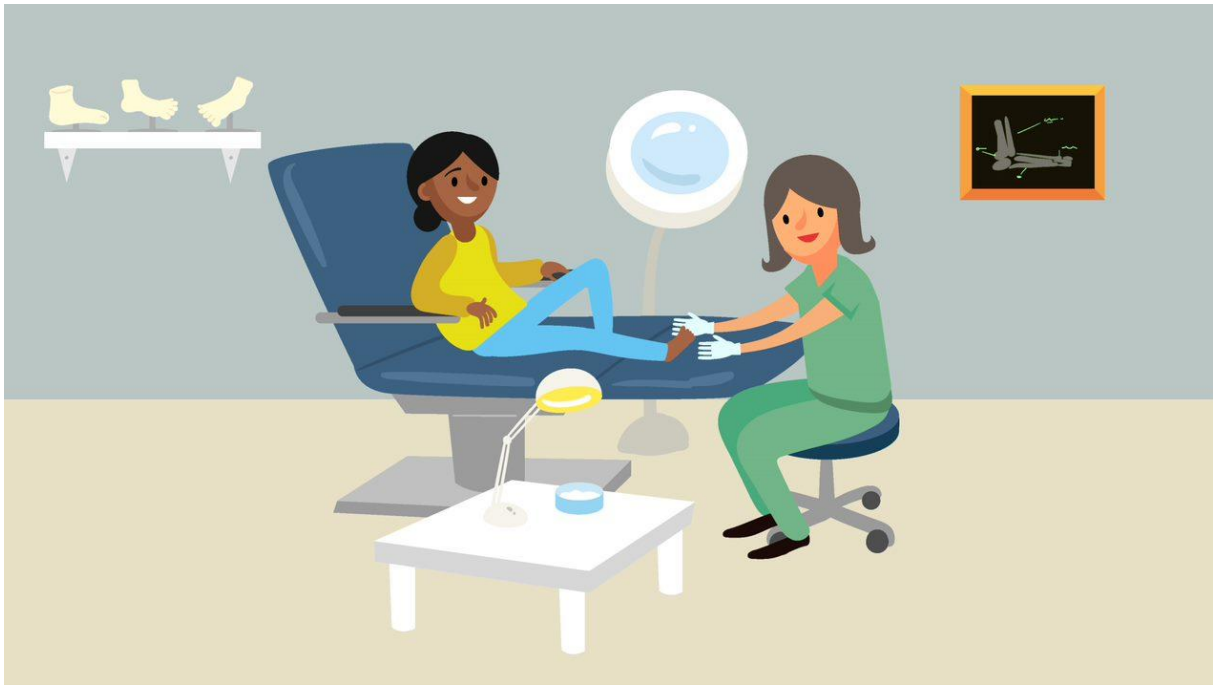
- Research
- Clinical practice

Apprenticeship KSB mapping

- Knowledge: K1, K2, K3, K9, K12, K13, K20, K21, K22, K23, K28, K29, K30, K31, K32
- Skills: S1, S2, S3, S12, S13, S20, S21, S22, S23, S28, S29, S30, S31, S32
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice Schema – podiatry



Introduction

Podiatrists are autonomous and expert practitioners who assess, diagnose, and manage all systemic and localised conditions that impact on normal and healthy foot and lower limb structure and function. Further, they have the knowledge and skills to identify the early manifestations of systemic diseases that have the potential to have serious long-term consequences for the patient. This early identification and referral for medical management is key in reducing the longer-term impact on the patient and the burden on health service resources. Podiatrists working in both primary and secondary care are being trained to request and interpret a range of diagnostic tests, such as X-rays and blood tests, to help inform a diagnosis. This diagnosis enables the podiatrist to give personalised self-management advice, formulate treatment plans, and/or refer to other services.

Podiatry is a first point of contact profession for foot and lower limb conditions, and podiatrists deliver the bulk of diabetic foot care in the UK, being key and effective members of the foot protection team and the multidisciplinary team. Podiatrists also lead vascular screening and management services and are proven to identify life-threatening cardiovascular disease as well as peripheral vascular disease, thereby reducing the risk of amputation. Non-medical independent prescribing by podiatrists offers efficient patient care without compromising patient safety. It makes it easier

© NHS England 2024

and quicker for patients to get the medicines they need as well as increasing patient choice when accessing medicines.

Podiatrists' role in musculoskeletal (MSK) services ensures that people with conditions that impact on their ability to function occupationally and socially can continue to work and work effectively. Podiatrists also provide assessment and care to the elderly and have a vital role in the prevention of falls, thereby reducing hospital admissions. The podiatrist's role in minor surgery has proved to be effective in reducing the number of patients presenting to GPs and emergency services. Podiatrists are now able to undertake post-qualification training in surgical techniques for those patients requiring foot and ankle surgery. The number of surgical podiatrists is growing, and this specialty reduces the number of referrals to orthopaedic surgeons.

Podiatrists take a holistic approach to public health, understanding the needs and motivations of patients as individuals and as active and equal partners in their own healthcare, and giving regard to the need to reduce inequalities between patients in their access to, and outcomes from, healthcare services and to ensure services are appropriate, meaningful, and responsive and are provided in an integrated way where this might reduce health inequalities and eliminate discrimination.

They are ideally placed to use their expertise in primary care settings by developing and embedding services that extend the ability of GPs and primary care teams to provide a focus on prevention and early intervention for conditions that impact on mortality, general health, and quality of life. The podiatry profession continues to evolve with an increasing body of research evidence. This both informs and extends practice and enhances the role and profile of podiatrists within the wider health and public communities. As this body of evidence and role development is constantly evolving from its foundations, clinically based podiatrists can take ownership and confidently lead these changes. Furthermore, podiatrists are now leading changes in practice to ensure that the principles of environmental sustainability are adhered to.

Upon entry to the profession, graduate podiatrists are ready to develop their capabilities in clinical practice; leadership and management; research, development, and innovation; and facilitating learning. All these areas can be developed both broadly and deeply and align with the ethos of Enhanced Level Practice which facilitates the development of career portfolios that reflect their aspirations, talents, and interests.

© NHS England 2024

The consultation events highlighted the critical need to articulate the value and scope that podiatry brings to the integrative transformation of health and social care delivery. The workforce priorities for the Enhanced Level of Practice broadly focused on the following:

- Podiatrists at all grades are now involved in decision-making in complex and unpredictable contexts within and with multidisciplinary teams. It is therefore essential to increase more interprofessional and multidisciplinary team working experiences to enhance practice post qualification (especially immediately after the preceptorship year of employment post qualification).
- Urgent and proactive ‘person-centred’ care to facilitate early and effective treatment to enable people to be treated at home and within the community clinics, to reduce hospital admissions, and effective planning for those being discharged from hospital.
- Reduce the administrative burden of patient notes through advances in digital technology and improved infrastructure, to enable care to be delivered in more appropriate and convenient settings for the patient, avoid costly admissions, and deliver patient-focused outcomes.
- Develop workforce planning for the prevention of diabetic foot problems. It has long been considered that a reliance on the podiatry workforce alone for the management of all levels of foot care for people with diabetes is unsustainable and requires multidisciplinary approaches with growth of the footcare workforce.
- Develop the role of the podiatrist to actively uphold and lead on best practice in equality and diversity initiatives, thereby maintaining and promoting inclusivity and accessibility to podiatry services for all patients.
- Enhance and promote the role of podiatrists in public health and health promotion through Making Every Contact Count, thereby contributing to the reduction of health inequalities.
- Further develop the core knowledge, understanding, and skills in specialist areas, including dermatology, rheumatology, wound care, musculoskeletal care with frailty and falls prevention, cancer care, and vascular care.
- Use innovation to enhance the integration of research into everyday practice and service development, as well as using critical reflection in practice as a skill for maintaining skills, knowledge, and attributes.

© NHS England 2024

- Upskill the workforce, with a focus on expanding the opportunities for new and enhanced roles to help retain NHS staff and enable the delivery of better patient care.

Underpinning the curricula development approach through the innovation partnership

The development of the Enhanced Practice curricula aims to create an open framework to meet the needs of trainees, trainers, and employers. Enhanced Practice is rooted within the development of profession-specific knowledge, skills, and behaviours; therefore, each AHP will develop their own expertise to meet the needs of their populations. There is no 'generic' Enhanced Practice role or training, but rather Enhanced Practice refers to a 'level' of practice within a specific profession.

AHPs who wish to work at the level of Enhanced Practice are required to demonstrate a wide range of knowledge, skills, and behaviours within their specific profession. The development of the Enhanced Practice curricula will facilitate 'pluripotent' roles to shape the future workforce. This level of practice will have the potential to deploy skills across healthcare boundaries – health and social care, acute and community, physical and mental health – and across pathways delivering prevention, support, and treatment. In this way the Enhanced Practice curricula will help to serve the need to provide more person-centred, joined-up care while also offering flexible and adaptable careers.

A curricula development 'task and finish' group was formed and each of the seven allied health professions allocated a profession-specific lead to oversee the work. Sprint methodology was adopted to maximise collaboration, flexibility, and the iterative process. The group's terms of reference specified that working with our innovation partners, stakeholder events would be held to identify key workforce priorities and formulate a graduate statement. Initial stakeholder consultation involved collaboration across all seven professions and has been integral to the initial development of the curricula; during the second iteration, a deeper focus within each profession-specific area was applied.

Stakeholder engagement included podiatrists and AHPs from all grades and sectors (NHS, private, education) to ensure a diverse range of views, voices, and specialisms within podiatry were heard. All stakeholder data was collected, and thematic analysis completed which was then aligned to the National Frameworks and

© NHS England 2024

Priorities and the apprenticeship standard. Consultations with representatives from the Royal College of Podiatry were consulted to align these curricula to the workforce priorities and the direction of the profession.

Understanding and using the curriculum

The curriculum is set out across ten Enhanced Level Practice domains which are aligned to the four pillars of professional practice. Each domain is mapped against the Enhanced Clinical Practitioner apprenticeship standard occupational duties and knowledge, skills and behaviours, and describes the **level of practice** for podiatry.

Enhanced Level Practice domains for podiatrists	
Clinical practice	To be able to demonstrate a holistic and compassionate approach to patient management and service delivery, using professional judgement and decision-making in all aspects of patient-centred care.
Clinical practice	To be able to effectively identify risk factors for lower limb and comorbidities in patients presenting with complex, chronic, and acute health disorders, actioning appropriate and timely referrals to medical and multidisciplinary teams.
Clinical practice	To evaluate knowledge, theory and applied practice in the management of musculoskeletal issues for acquired, developmental or complex disease processes across the patient's life course.
Leadership	To be able to evaluate the impact of own leadership skills to be a confident, inclusive, and supportive leader contributing to a culture of continuous improvement.
Leadership	To be able to use critically informed evidence-based approaches to advocate and lead operational and transformational change in complex situations and systems.

© NHS England 2024

Leadership	To be able to manage own personal health and well-being, providing support and supervision for others, while playing an important proactive clinical leadership role in multidisciplinary teams to support the integration of health and social services.
Education	To be able to achieve a critical understanding of the principles and theories of education to an enhanced level; to develop, deliver and evaluate effective learning opportunities for all stakeholders within own scope of practice.
Education	To be able to act as an expert resource, promote, lead, and monitor effective education in challenging environments for specialist and non-specialist audiences, and encourage the use of education to inform innovative clinical practice.
Research	To be able to construct appropriate research design and audit techniques to evaluate practice to identify quality improvement processes.
Research	To demonstrate the ability to systematically search, gather and select, and critically appraise data, to inform practice and decision-making.

Enhanced Level Practice descriptors

These are the key requirements that describe the level of practice within each specific domain and can be considered as multi-professional knowledge, skills and behaviours aligned to working within the defined scope of practice as an HCPC registrant. These are tailored to, but are not unique to, a particular profession.

Profession-specific descriptors

These are reflective of the unique practice at an enhanced level and describe podiatry practice principles and practice when working to this level of practice within the scope of HCPC registration, adhering to professional standards of proficiency and standards of conduct, performance, and ethics.

Pathway-specific descriptors

These are indicators for consideration to meet the workforce priorities of the profession that were agreed in collaboration with stakeholders and the Royal College

© NHS England 2024

of Podiatry. During development, they were aligned to existing multi-professional frameworks and capabilities. The specific areas provided are indicative examples and reflect the current priorities; these should be tailored as the professional priorities evolve and respond to national and local workforce training need. They are by no means the only areas to consider but are indicators for education providers to include in any development of pathway curricula to ensure that profession-specific educational needs are met within multi-professional provision and can be achieved through a combination of work-based learning and academic modules.

© NHS England 2024

Current national frameworks and capabilities referenced

- NHS England (2022). The Allied Health Professions (AHPs) strategy for England – AHPs Deliver
- Royal College of Podiatry (2023). Workforce Education and Reform Programme
- NHS. Multi-professional framework for Advanced Clinical Practice in England
- Royal College of Podiatry (2021). Saks Report (2021)
- Royal College of Podiatry (2023). Podiatry Careers Framework (2023)
- Royal College of Podiatry (2022). Strategy 2022–2025
- Royal College of Podiatry (2022). MSK Toolkit
- NHS England (2021). Musculoskeletal core capabilities framework for first point of contact practitioners
- Health Education England (2021). First Contact Practitioners and Advanced Practitioners in Primary Care: (Podiatry) A Roadmap to Practice
- Royal College of Podiatry (2021). MSK capability framework
- Health Education England (2021). Standards for the Foot Health Workforce (2021)
- TRIEPodD-UK (2012). Podiatry Competency Framework for Integrated Diabetic Foot Care
- NHS England and Health Education England (2018). Leadership Development
- Health Education England (2017). Framework to promote person-centred approaches in health and care
- National Health Service (NHS) England (2023). The Long Term Plan
- HCPC (2023). Standards of proficiency. Chiropodists/podiatrists

© NHS England 2024

Enhanced Level Practice in podiatry – curriculum intent

As an Enhanced Practitioner, I have a proficient level of a wide range of specialist and generic skills and an ability to apply contemporary knowledge and evidence to practice. I do this with a developing level of confidence, enabling the effective, holistic, and efficient care of people with complex medical, psychological, and social needs. This is achieved both as an autonomous practitioner and as part of a multidisciplinary team. While making clinical decisions in unpredictable situations, I ensure that the patient's individual needs are met equitably, with consideration of diverse cultural, social, and religious beliefs.

I undertake critical reflection of practice as a personal responsibility, ensuring my practice is continually evidence-informed. Further, I use my leadership skills and change management to contribute to the development of self, fellow workers, services and as an advocate for patients.

The statement captures the purpose of the podiatrist and range of services within this context of time for those working at an enhanced level of practice. It outlines the composite knowledge, attributes, values, behaviours, and skills to be amplified as a podiatrist.

© NHS England 2024

Enhanced Level Practice domains

Enhanced Level Practice domains (clinical)

To be able to demonstrate a holistic and compassionate approach to patient management and service delivery, using professional judgement and decision-making in all aspects of patient-centred care.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties 1, 6

Enhanced Practice descriptors

- Articulate the difference between graduate, Enhanced, and Advanced Level practice.
- Comply with legal, ethical, professional, and organisational frameworks relevant to enhanced scope of practice.
- Evidence the role and impact of reflection in improving clinical practice application and continuing professional development required for re-registration at an enhanced level.
- Demonstrate an awareness of the requirements of professional registration and role within new level of practice, recognising the boundaries of own scope of practice and knowing when and how to escalate and/or refer to multidisciplinary team.
- Exhibit accountability and responsibility for own learning, decisions, actions, and omissions in respect of your enhanced capabilities.
- Critically evaluate a broad range of sources of evidence to underpin your practice.
- Apply learning effectively to enable high-quality, values-based, patient-centred care.
- Practice safely and effectively within the boundaries of enhanced role, ensuring person-centred and values-based care.

© NHS England 2024

- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Adhere to the local and national podiatry guidance when managing complexity within area of Enhanced Practice, and know how to escalate to, and engage with, others when working at the boundaries of scope of practice.
- Use enhanced communication skills to discuss complex information with podiatry patients, their families, the multidisciplinary teams, and other agencies.
- Embed the principles of personalised care and shared decision-making to support positive engagement in foot and lower limb interventions.
- Facilitate patient engagement in evaluation of podiatry service delivery.
- Facilitate patient engagement in evaluation of own foot health outcomes.
- Demonstrate an ability to reflect and contribute to changes in clinical practice at a service level with service user involvement.

Pathway-specific descriptors – indicative examples

- Demonstrate an ability to undertake a comprehensive patient-centred assessment and formulate a working diagnosis, which informs the appropriate management strategies for a wide range of patient groups and presenting problems.
- Maintain an up-to-date knowledge of biomechanical pressure-relieving strategies and devices and the role that they play in foot ulceration prevention.
- Develop and promote behavioural change for health promotion with a focus on inclusivity and reducing health inequalities to prevent lifestyle behaviours that impact on general well-being and foot health, encouraging patients to take responsibility for their own health.

© NHS England 2024

- Demonstrate an ability to carry out sharp debridement of simple and complex wounds; recognise the signs and symptoms of local wound infection and manage them effectively by undertaking a comprehensive microbiological sampling (e.g., wound swabbing, bone sampling, tissue biopsy) where necessary.
- Recognise that patient-specific factors (e.g., age, renal impairment) impact the pharmacokinetics and pharmacodynamics of relevant medicines that are commonly prescribed in podiatric practice, and appreciate that regimens may need to be adjusted based on these factors.
- Recognise the importance of shared decision-making in the prevention and management of foot related problems

Suggested evidence

- Clinical portfolio
- Literature review
- Case study report
- Equality and diversity training with reflection on service development
- Peer feedback
- Production of patient information
- Design and perform a local audit and present the results

Pillars of professional practice

- Clinical
- Leadership
- Research

Apprenticeship KSB mapping

- Knowledge: K1, K2, K3, K17, K18, K19, K27
- Skills: S1, S2, S3, S17, S18, S19, S27
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (clinical)

To be able to effectively identify risk factors for lower limb and comorbidities in patients presenting with complex, chronic, and acute health disorders, actioning appropriate and timely referrals to medical and multidisciplinary teams.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 6

Enhanced Practice descriptors

- Develop existing knowledge and skills within specialist areas of practice, thereby expanding and enhancing clinical reasoning and diagnostic expertise.
- Utilise current and emerging legislation, clinical frameworks, and contemporaneous evidence-informed practice guidelines to underpin safe practice and decision-making.
- Demonstrate the ability to identify deterioration and the knowledge of how to respond to changes in a patient's health status and when to escalate or refer.
- Communicate effectively with patients, carers, and the wider team, responding to questions and concerns regarding patient assessment and/or interventions within enhanced scope of practice.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Justify the use of equipment, technology, and clinical examinations that are appropriate for assessment of a specific health condition impacting on the lower limb.

© NHS England 2024

- Provide timely and proactive assessment and effective podiatry treatment, incorporating other professionals as required to enable people to be treated within the community setting.
- Communicate complex information: clinical history, assessment results and diagnoses to the appropriate multidisciplinary team (e.g., the use of NEWS2, an early warning score that helps to identify patients at risk of deterioration, including sepsis, and escalate them to the appropriate services) and adapting the information dependent on the specific reasons for the communication.
- Communicate complex information and deliver news to the patient and/or carer, adapting the information relevant to the audience.
- Critically reflect on both existing and new knowledge within changing environments and/or with the wider team.
- Demonstrate the ability to advise and support and share knowledge of complex case management.
- Deliver clinical supervision skills to mentor and educate team members, students, and/or visitors.

Pathway-specific descriptors – indicative examples

- Be cognisant of current and emerging legislation, clinical frameworks, and contemporaneous evidence-informed practice guidelines to underpin safe practice and decision-making.
- Demonstrate the ability to undertake a comprehensive foot ulcer risk assessment, including the identification of vascular insufficiency, neurological deficit, significant foot deformity, trauma or increased pressures that place the foot at risk.
- Utilise a systematic process of patient assessment and demonstrate proficiency in the management of complex patients in specialist clinical environments.
- Formulate defensible management plans for people with complex care using enhanced clinical assessments, diagnostics, interventions, and equipment.

© NHS England 2024

- Recognise and manage the psychological impact of chronic foot problems (e.g., diabetes, vascular disease, rheumatic diseases) and demonstrate a sound appreciation of the validated tools and techniques used in the assessment and evaluation of patients' health status, addressing their concerns and priorities.
- Demonstrate an ability to apply and reflect on the application of podiatric theory into practice and hence support changes in the health behaviour of patients with complex health problems.
- Utilise enhanced patient management and behaviour change through the application of motivational interviewing techniques.

Suggested evidence

- Case studies
- Work-based assessments/competencies
- Clinical portfolio detailing management of complex caseload
- Peer review/assessment
- Reflective written essay

Pillars of professional practice

- Clinical

Apprenticeship KSB mapping

- Knowledge: K4, K5, K6, K7, K8, K10, K11
- Skills: S4, S5, S6, S7, S8, S9, S10, S11
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (clinical)

To apply and evaluate enhanced knowledge, theory, and application to clinical skills in the management of musculoskeletal issues for acquired, developmental or complex systemic diseases across the patient's life course.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 2, 3

Enhanced Practice descriptors

- Employ a range of strategies for managing musculoskeletal conditions in all specialist areas of clinical practice.
- Critically evaluate the benefits and limitations of orthotic intervention for force and pressure management in the lower limb and foot.
- Evaluate a broad range of evidence sources to underpin musculoskeletal assessment as a key area of clinical practice.
- Critically reflect on learning in clinical practice for complex musculoskeletal issues.
- Critically appraise the role of gait analysis when managing lower limb musculoskeletal conditions.
- Demonstrate high-quality, evidence-based musculoskeletal care across the patient's life course.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Utilise local and national musculoskeletal frameworks applied in a podiatry context when managing complex cases and engage with others when working at the boundaries of scope of practice.
- Use enhanced podiatry knowledge to lessen the impact of reduced mobility for a range of musculoskeletal issues throughout the life course of a patient.

© NHS England 2024

- Employ the use of clinical technology to facilitate decision-making in musculoskeletal podiatry service provision.
- Support patient decision-making around footwear choices to manage foot shape changes because of complex systemic and musculoskeletal diseases.
- Employ a range of health behaviour models to positively impact musculoskeletal foot health, foot comfort, and lower limb stability.
- Promote physical activity in musculoskeletal services for older adults in the context of frailty and falls prevention.

Pathway-specific descriptors – indicative examples

- Demonstrate an ability to use evidence-based health promotion strategies to prevent long-term complications of musculoskeletal conditions across the life course.
- Promote and encourage older adults to undertake physical activity to help lessen the risk of reduced bone and muscle mass impacting on mobility and quality of life.
- Support self-management and be able to advise and inform the older person and their carers about falls and fragility.
- Demonstrate an ability to appraise a child's gait and stages of development and how they may be affected and managed.
- Appraise and manage a range of neuromuscular conditions across the life course of patients in podiatry practice settings.
- Demonstrate an ability to integrate management of complex musculoskeletal conditions and shared decision-making using contemporary models of care.
- Demonstrate an ability to understand the theoretical basis of a variety of approaches to assessment and intervention and show proficiency in using them in practice.

Suggested evidence

- Clinical portfolio
- Literature review
- Case study report

© NHS England 2024

- Equality and diversity training with reflection on service development
- Peer feedback
- Production of patient information
- Design and perform a local audit and present the results

Pillars of professional practice

- Clinical
- Leadership
- Research

Apprenticeship KSB mapping

- Knowledge: K1, K2, K3, K17, K18, K19, K27
- Skills: S1, S2, S3, S17, S18, S19, S27
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (leadership)

To be able to evaluate the impact of own leadership skills to be a confident, inclusive, and supportive leader contributing to a culture of continuous improvement.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 7, 9, 10

Enhanced Practice descriptors

- Demonstrate an ability to work both independently and in collaboration with multidisciplinary, multi-agency teams in a variety of settings.
- Demonstrate management, leadership, and enterprise skills in a range of settings.

© NHS England 2024

- Apply clinical reasoning skills to history-taking, assessing, diagnosing, and managing various conditions.
- Communicate effectively before, during, and after examinations and procedures to ensure that patients are informed, consented, and able to cooperate (where appropriate) and that they can make informed decisions.
- Deliver information to others in a sensitive and constructive way.
- Effectively contribute to teamworking to ensure all members are supported to perform their role safely and efficiently.
- Demonstrate effective skills in managing health informatics and carrying out service evaluation.
- Develop and adopt clear strategies for self-care and self-awareness of own physical and mental health, and maintain a high standard of professional effectiveness and a safe working environment.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Demonstrate an enhanced level of personal responsibility, professional judgement, and decision-making in all aspects of podiatric patient-centred care.
- Demonstrate a commitment to own education and that of others by using contemporaneous evidence to underpin podiatry practice and decision-making.
- Apply a critically reflective approach to podiatry practice that is required for the professional demands of continuing professional development to maintain eligibility for HCPC registration.
- Demonstrate leadership behaviours within the podiatry team and the wider healthcare team to overcome barriers to effective teamworking.
- Apply the principles of effective communication relevant to own podiatric scope of practice, adapting communication to different audiences.

© NHS England 2024

Pathway-specific descriptors – indicative examples

- Demonstrate an ability to undertake a comprehensive patient-centred assessment and formulate a working diagnosis, which informs the appropriate management strategies for a wide range of patient groups and presenting problems.
- Apply the relevant knowledge to facilitate the critical evaluation of own diagnostic skills, in the management of the complications of systemic disease and pathologies in the lower limb.
- Use critical reflection to determine ways to improve patient outcomes within podiatry, having the confidence to apply a depth of knowledge to provide enhanced evidence-based care.
- Demonstrate an ability to manage own continuous professional development. through self-directed learning and reflection.
- Demonstrate the ability to lead self and others with dignity, respecting an individual's diversity, beliefs, culture, needs, values, privacy, and preferences.
- Demonstrate the ability to show leadership attributes within the podiatry team, exhibiting respect and empathy in the workplace with the skills to be an adaptable, reliable, and consistent leader in professional practice.

Suggested evidence

- Record of working independently
- Clinical caseload portfolio
- Audit of practice
- Reflective piece
- Case discussions (verbal) and/or case reviews (written)

Pillars of professional practice

- Clinical
- Leadership
- Education

© NHS England 2024

Apprenticeship KSB mapping

- Knowledge: K20, K21, K22, K23, K31, K32, K28, K29, K30, K31, K32
- Skills: S20, S21, S22, S28, S29, S30, S23, S31, S32
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (leadership)

To be able to use critically informed evidence-based approaches to advocate and lead operational and transformational change in complex situations and systems.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 4, 8

Enhanced Practice descriptors

- Provide evidence-based information to colleagues, trainees, and members of the multidisciplinary team to enable informed decisions to be made regarding management of the patient.
- Supervise trainees and colleagues within specialist area of podiatry, offering advice and guidance.
- Apply principles and theories of leadership/role-modelling and lead change management.
- Utilise mentorship or coaching as appropriate to support the team.
- Demonstrate commitment to the service, being reliable and consistent, inspiring others.
- Contribute to efficient resource management within the workplace.
- Manage self and others in unpredictable and complex environments, instigating clinical interventions where protocols may not be available.

© NHS England 2024

- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Embed the principles of supervision, preceptorship, facilitation, role-modelling, mentorship, and coaching within the podiatry team, with an understanding of when it is appropriate to adopt the different approaches.
- Demonstrate appropriate use of social media for professional and educational purposes within podiatry.
- Undertake leadership training within podiatry.
- Perform analysis and self-reflection, with consideration of yourself as an expert resource in the podiatry field and how to develop confidence communicating assertively.
- Apply enhanced level skills in podiatry with an application of research into practice.
- Use evidence-based strategies to manage clinical risk in podiatric Enhanced Practice.
- Represent the podiatry team in a positive and professional light within the multidisciplinary team.
- Apply the principles of change management to support clinical innovation and enterprise within the podiatry workplace.
- Challenge ineffective systems and processes to support the need for positive change to promote the best patient care available.

Pathway-specific descriptors – indicative examples

- Be able to deal with complex issues in a patient-centred environment and make sound judgements in relation to developing patient management plans, involving the appropriate members of the multidisciplinary team and other agencies.
- Apply appropriate podiatric knowledge and skills to meet the legislation and guidelines for safety, the care environment, governance, patient focus, and clinical effectiveness required within the workplace.

© NHS England 2024

- Demonstrate the ability to critically evaluate and analyse complex clinical interventions to make evidence-based decisions on how to manage the delivery of complex podiatric clinical care for a defined population, which may include individuals from diverse cultural, social, and belief systems.
- Demonstrate clinical leadership within foot health services, including the management of time and caseload of patients and dissemination of pertinent information to the wider team.

Suggested evidence

- Evidence of participation in multidisciplinary team events
- Portfolio of complex patient caseload
- Presentations – peers/wider team
- Development of educational resources (information leaflets and training materials)
- Reflective journal
- Contribute to a special interest group or working party

Pillars of professional practice

- Clinical
- Leadership
- Education
- Research

Apprenticeship KSB mapping

- Knowledge: K9, K12, K13, K24, K25, K26
- Skills: S12, S13, S24, S25, S26,
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (leadership)

To be able to manage own personal health and well-being, providing support and supervision for others, while playing an important proactive clinical leadership role in multidisciplinary teams to support the integration of health and social services.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 4, 8

Enhanced Practice descriptors

- Plan workload and activities to fulfil work requirements and commitments, without compromising own health.
- Identify training needs of others within the workplace and become actively involved with peer support.
- Actively contribute, plan, and facilitate the sharing of knowledge and the delivery of training for members of the podiatry team and the wider multidisciplinary team, and evaluate the effectiveness of these training and educational activities.
- Provide an opportunity for peer learning with constructive feedback to guide, support, motivate, and develop others within the multidisciplinary team.
- Contribute and promote the formation of effective working relationships of teams, such that they can work compassionately with patients, service users, families, partner organisations, and each other.
- Develop communication tools and strategies to share complex information with different audiences and individuals.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

© NHS England 2024

Profession-specific descriptors

- Initiate and develop opportunities to educate and integrate podiatry skills, knowledge, and practice into multidisciplinary teams to support the integration of health and social services.
- Actively seek opportunities and challenges for personal learning and development in podiatric practice by participating in continual professional development.
- Identify opportunities for working in collaboration with others, within podiatry and across networks, appreciating that promoting the sharing of information and resources can bring added benefits to achieve common goals.
- Contribute to gathering feedback from patients, service users, and colleagues to help develop plans and to support quality improvement.
- Identify areas within podiatry for healthcare improvements, and work to create solutions through collaborative working.
- Develop self-awareness and confidence as a podiatrist with enhanced clinical skills by acting with integrity and being aware of own values, principles, and assumptions, by learning from past experiences.

Pathway-specific descriptors – indicative examples

- Demonstrate the application of the principles of professional podiatry practice (ethics, safeguarding, confidentiality, consent, health and safety, and maintenance of treatment records) to maintain safe practice.
- Apply critical reflection to discuss the benefits of the involvement of podiatry services within the multidisciplinary team.
- Demonstrate the use of evidence-based strategies within podiatry when managing clinical leadership and risk in Enhanced Practice.
- Develop communication strategies that are suitable for a variety of situations in podiatry practice and interprofessional working, including sensitive and distressing topics.

© NHS England 2024

- Develop protocols and systems that are used to plan, prioritise, and direct resources within the area of enhanced podiatric clinical practice and demonstrate how to escalate to and engage others when working at the boundaries of scope of practice.

Suggested evidence

- Clinical caseload portfolio
- Audit of practice
- Reflective journal
- Peer learning
- Case conferences

Pillars of professional practice

- Clinical
- Leadership
- Education

Apprenticeship KSB mapping

- Knowledge: K14, K15, K16
- Skills: S14, S15, S16
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (education)

To be able to achieve a critical understanding of the principles and theories of education to an enhanced level; to develop, deliver and evaluate effective learning opportunities for all stakeholders within own scope of practice.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 5, 9

Enhanced Practice descriptors

- Demonstrate knowledge of tools and procedures for conducting a training needs analysis.
- Be able to use teaching, learning, and assessment theories, educational techniques, and models relevant to the scope of practice to facilitate a positive learning environment.
- Utilise models, tools, and frameworks for receiving and providing constructive feedback in a variety of settings.
- Employ skills to enable identification of training and education needs of others in the workplace.
- Be able to plan and facilitate the delivery of practice-based education, training, and assessment activities.
- Evaluate the effectiveness of training and education activities.
- Demonstrate an ability to plan, prioritise and deliver health education and promotion within a defined resource.
- Contribute to the drafting of business cases or project proposals which include educational content or context.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

© NHS England 2024

Profession-specific descriptors

- Exhibit skills to educate people, using contemporary models of healthcare and contextualising to podiatry practice.
- Utilise a range of communication approaches to engage with patients in podiatry settings, respecting differences in beliefs, cultures, values, and preferences.
- Critically reflect on your role as a podiatrist and educator within the workplace.
- Demonstrate an ability to use local, regional, and national strategic priorities for patient populations within area of podiatry practice.
- Understand and demonstrate the need to empower service users to manage their own foot health and related issues, and recognise the need to provide advice to the service user where appropriate.

Pathway-specific descriptors – indicative examples

- Demonstrate an ability to use principles of psychological well-being when communicating with people with a range of complex foot health issues.
- Promote use of physical activity to reduce modifiable risk factors and improve quality of life and reduce morbidity and mortality in high-risk patient groups.
- Employ enhanced communication skills to support self-management across the life course of patients.
- Demonstrate an ability to communicate with all stakeholders in the management of complex cases and shared decision-making, using contemporary models of care.
- Demonstrate an ability to engage with service users and carers in planning and evaluating diagnostics and therapeutic interventions to meet their goals and needs.

© NHS England 2024

Suggested evidence

- Work-based learning
- Profession-specific module
- Portfolio evidence
- Peer review

Pillars of professional practice

- Education

Apprenticeship KSB mapping

- Knowledge: K14,15,16, 28,29,30
- Skills: S14,15,16,28,29,30
- Behaviours: B1,2,3

Enhanced Level Practice domains (education)

To be able to act as an expert resource, promote, lead, and monitor effective education in challenging environments for specialist and non-specialist audiences, and encourage the use of education to inform innovative clinical practice.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 6, 7

Enhanced Practice descriptors

- Demonstrate knowledge of different communication strategies and theories, communication modes (written, digital, verbal, non-verbal), and clinical communication tools.
- Use communication strategies and tools to share complex information with different audiences and individuals.

© NHS England 2024

- Employ local and national approaches and planning processes to support quality improvement in the clinical education context.
- Contribute to service evaluation, research, and audit techniques within area of Enhanced Practice.
- Use communication strategies suitable for a variety of situations, including sensitive and distressing topics.
- Challenge ineffective systems and processes and support others to identify the need for change within their area of Enhanced Practice.
- Demonstrate application of the principles and theories of co-production, health coaching, peer support and self-management used to build knowledge, skills, and confidence to enable patient self-management.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Use a range of communication skills to discuss complex information with patients, their families, and the multidisciplinary team, for surgical interventions and amputation.
- Exhibit skills to educate people with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Reflect on critical cases as a podiatry educator and share learning from this with others in the workplace.
- Be able to counsel patients, family, carers, and others to manage psychological well-being of self and others, especially those with limb-threatening complex pathologies.

Pathway-specific descriptors – indicative examples

- Demonstrate an ability to use evidence-based person-centred theories of education to improve quality and experience of foot health services.
- Critically appraise and manage effective learning opportunities for all stakeholders in podiatry practice settings.

© NHS England 2024

- Apply the principles of psychological well-being in an educational context, for the purpose of maintaining own and others' well-being for patients with complex lower limb conditions.
- Demonstrate the ability to be adaptable, reliable, and consistent as an educator in high-risk foot health services.

Suggested evidence

- Work-based learning
- Profession-specific module
- Portfolio evidence
- Peer review

Pillars of professional practice

- Education

Apprenticeship KSB mapping

- Knowledge: K17, K18, K19, K20, K21, K22, K27
- Skills: S17, S18, S19, S20, S21, S22, S27
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (research)

To be able to construct appropriate research design and audit techniques to evaluate practice to identify quality improvement processes.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 3, 9

© NHS England 2024

Enhanced Practice descriptors

- Demonstrate knowledge of tools and techniques to critically evaluate clinical information to inform decision-making for a variety of patient populations.
- Use diverse sources of information and evidence to underpin decision-making by interpreting, assimilating, and applying evidence to practice.
- Be able to analyse the data arising from the assessment process to inform clinical decision-making.
- Identify, request, and interpret specialist diagnostics within own scope of practice to inform the delivery and management of specialist care for patients and families.
- Interpret, assimilate, and draw conclusions using diverse sources of information and evidence to inform clinical reasoning.
- Contribute to the drafting of business cases or project proposals in the context of organisational and professional research priorities.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Demonstrate the ability to be adaptable, reliable, and consistent as a researcher in specialist podiatry practice.
- Justify strategies to plan and prioritise research resources to support the design and management of podiatry service requirements.
- Evaluate evidence-based resources which are used to support patients, families, and carers to manage their own foot health.
- Critically evaluate local, regional, and national strategic priorities for patient populations within areas of specialist lower limb care.

Pathway-specific descriptors – indicative examples

- Demonstrate an ability to use a contemporary evidence base to support translation of research into specialist podiatry practices.

© NHS England 2024

- Support implementation of contemporary evidence for self-management of patients in specialist podiatry practices.
- Critically reflect on your role as a researcher in the workplace, respecting the diversity, beliefs, cultural needs, values, and preferences of individuals.
- Engage in research activity, either independently or as part of a research team.

Suggested evidence

- Work-based learning
- Profession-specific module
- Portfolio evidence
- Peer review

Pillars of professional practice

- Research

Apprenticeship KSB mapping

- Knowledge: K7, K10, K11, K28, K29, K30
- Skills: S7, S8, S9, S10, S11, S28, S29, S30
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (research)

To demonstrate the ability to systematically search, gather and select, and critically appraise data, to inform practice and decision-making.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 3, 9

Enhanced Practice descriptors

- Critically appraise evidence, such as local and national quality standards and frameworks, and ways to relate this to own practice.
- Utilise contemporary research as part of ongoing professional registration in relation to developing an enhanced scope of practice.
- Be able to conduct systematic literature searches to source evidence to inform Enhanced Practice.
- Critically appraise evidence and use findings to plan and provide enhanced patient-centred clinical care.
- Provide leadership within scope of own role and be a positive role model for others in the multidisciplinary team.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Utilise the evidence base for decision-making, ensuring alignment to national and international guidelines for complex medical conditions impacting foot health.
- Demonstrate an ability to support other members of the team when using research evidence for complex cases in specialist podiatry services.

© NHS England 2024

Pathway-specific descriptors – indicative examples

- Demonstrate an ability to appraise a range of data from the evidence base to support decision-making in specialist podiatry practices.
- Select and appraise contemporary evidence to inform the management of high-risk patient care in podiatry practice.
- Select and appraise contemporary evidence to inform the management of patients presenting with acute foot problems that are not associated with systemic disease.
- Critically reflect on your role as a researcher and the impact of implementation of evidence-based research on foot health outcomes.
- Develop an external profile as a journal reviewer by undertaking the relevant training (e.g., Web of Science Academy).

Suggested evidence

- Work-based learning
- Profession-specific module
- Portfolio evidence
- Peer review

Pillars of professional practice

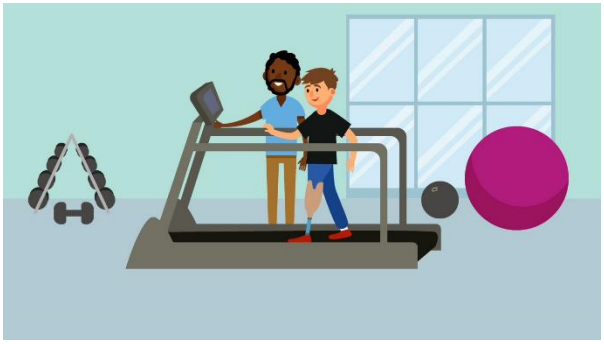
- Research

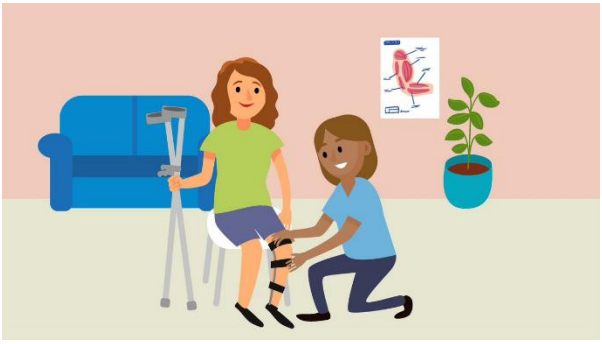
Apprenticeship KSB mapping

- Knowledge: K1, K2, K3, K9, K12, K13
- Skills S1, S2, S3, S12, S13
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice schema – prosthetics and orthotics





Introduction

Prosthetic and orthotic practice occurs across a broad range of specialities within the NHS, private, independent, and voluntary sectors. ‘Prosthetist’ and ‘orthotist’ are protected titles. Clinicians graduate dual-qualified, although many choose to specialise in one area after HCPC registration. Many NHS services are externally contracted, and approximately 75% of the prosthetic and orthotic workforce are employed in the private sector, many delivering commissioned NHS services. Provision of prosthetic and orthotic services is via mixed models of care, and therefore workforce development sits in a complex landscape. Orthotic services are situated within healthcare trusts or operated from multi-use clinical facilities by an external operator, while prosthetics centres are distributed across the UK where practitioners are often working alongside multi-professional colleagues. The integration of prosthetists and orthotists into care pathways is underutilised, and their potential contribution to health outcomes and quality of life for individuals and populations is often not fully exploited or recognised. Service users requiring prosthetics and orthotics are often lifelong service users with complex and changing needs.

Prosthetists

Prosthetists are autonomous registered practitioners who provide gait analysis and engineering solutions to patients with limb loss. They are extensively trained at undergraduate level in mechanics, biomechanics, and material science, along with anatomy, physiology, and pathophysiology. Their qualifications make them competent to design and provide prostheses that replicate the structural or functional characteristics of the patient’s absent limb. They are also qualified to modify CE-marked prostheses or componentry, taking responsibility for the impact of any changes. They treat patients with congenital loss as well as loss due to diabetes,

© NHS England 2024

reduced vascularity, infection, and trauma; military personnel are forming an increasing part of the prosthetist caseload. While they are autonomous practitioners, they usually work closely with physiotherapists, occupational therapists, and medical care specialists as part of multidisciplinary amputee rehabilitation teams.

Orthotists

Orthotists are autonomous registered practitioners who provide gait analysis and engineering solutions to patients with problems of the neuromuscular and skeletal systems. They are extensively trained at pre-registration level in mechanics, biomechanics, and material science, along with anatomy, physiology, and pathophysiology. Their qualifications make them competent to design and provide orthoses that modify the structural or functional characteristics of the patient's neuromuscular and skeletal systems, enabling patients to mobilise, eliminate gait deviations, reduce falls, reduce pain, prevent ulcers, and facilitate healing of ulcers. Orthotic care is integral to prevention of deterioration in many progressive conditions. Orthotists are also qualified to modify CE-marked orthoses or componentry, taking responsibility for the impact of any changes. They treat patients with a wide range of conditions and while they work as autonomous practitioners, they increasingly form an important part of multidisciplinary teams, such as within the diabetic foot team or neuro-rehabilitation team.

The NHS Workforce Plan sets out a need to increase the number of prosthetists and orthotists by 25–50% by 2031/2. Prosthetists and orthotists are a small but vital profession with a high level of attrition, thought to be partly due to a lack of career progression and opportunities for personal development.

Numerous stakeholder consultation events have highlighted the critical need to increase awareness of the value and autonomy that prosthetists and orthotists bring to the interdisciplinary team and the potential for transformation of services. They have also highlighted the need to embed prosthetic and orthotic input within healthcare pathways to support promotion, prevention, and management for people with complex health conditions and to support individuals to be more active and lead long and fulfilling lives.

© NHS England 2024

The workforce priorities identified with stakeholders for the Enhanced Level of Practice broadly focused on the following:

- Develop and integrate prosthetics and orthotics services within the preventive care and management of patients with metabolic and cardiovascular problems as an integral part of the wider multi-professional team, establishing the prosthetist/orthotist as a collaborative lead in the shared decision-making process.
- Continue to broaden clinical expertise through building specialist skills in the care pathways for individuals with complex clinical presentations including spinal, neurological, and musculoskeletal conditions (across primary, secondary, and tertiary care), including development of enhanced skills in X-ray interpretation, injection therapy and exercise therapy.
- Development of skills to identify, evaluate, and utilise digital and emerging technologies in prosthetics and orthotics practice (including computer-aided design (CAD)/computer-aided manufacturing (CAM), motion analysis, and 3D printing) which promote quality of care, accessibility, and environmental sustainability.
- Develop the role of the prosthetist/orthotist to actively uphold and lead on best practice in equality and diversity initiatives, ensuring that services are inclusive, and promote accessibility and inclusivity for all.
- Advance the role of prosthetists and orthotists in supporting individuals with neurodivergence and mental health conditions and better understanding the links between physical and mental health and well-being.
- Enhance and promote the role of prosthetists and orthotists in health promotion and public health, utilising opportunities to ‘Make Every Contact Count’ and thereby contributing to the reduction of health inequalities.
- Further develop the knowledge and understanding of appropriate treatment options in specialist areas, including dermatology, rheumatology, wound care, musculoskeletal (MSK) care with frailty, cancer care, and vascular care.
- Raise the profile of the contribution to multidisciplinary teams and grow the evidence base to support the timely inclusion of prosthetists and orthotists into care pathways across sectors, to improve outcomes.

© NHS England 2024

- Grow and implement the evidence base and articulate the outcomes/impact of prosthetic and orthotic intervention through rigorous scientific research methods and reporting.
- Equip the prosthetic and orthotic workforce to lead and influence change and transformation of clinical services across the complex landscape of NHS and private, voluntary, and independent sector integration.

Underpinning the curricula development approach through the innovation partnership

The development of the Enhanced Practice curricula aims to create an open framework to meet the needs of trainees, trainers, and employers. Enhanced Practice is rooted within the development of profession-specific knowledge, skills, and behaviours; therefore, each AHP will develop their own expertise to meet the needs of their populations. There is no 'generic' Enhanced Practice role or training, but rather Enhanced Practice refers to a 'level' of practice within a specific profession.

AHPs who wish to work at the level of Enhanced Practice are required to demonstrate a wide range of knowledge, skills, and behaviours within their specific profession. The development of the Enhanced Practice curricula will facilitate 'pluripotent' roles to shape the future workforce. This level of practice will have the potential to deploy skills across healthcare boundaries – health and social care, acute and community, physical and mental health – and across pathways delivering prevention, support, and treatment. In this way the Enhanced Practice curricula will help to serve the need to provide more person-centred, joined-up care while also offering flexible and adaptable careers.

A curricula development 'task and finish' group was formed and each of the seven allied health professions allocated a profession-specific lead to oversee the work. Sprint methodology was adopted to maximise collaboration, flexibility, and the iterative process. The group's terms of reference specified that working with our innovation partners, stakeholder events would be held to identify key workforce priorities and formulate a graduate statement. Initial stakeholder consultation involved collaboration across all seven professions and has been integral to the initial development of the curricula; during the second iteration, a deeper focus within each profession-specific area was applied.

© NHS England 2024

Stakeholder engagement included prosthetists and orthotists from all grades and sectors (NHS, private, education) to ensure a diverse range of views, voices, and specialisms were heard. All stakeholder data was collected, and thematic analysis completed which was then aligned to the national frameworks and priorities where relevant. Consultations with representatives from the British Association of Prosthetics and Orthotics (BAPO) were consulted to align these curricula to the workforce priorities and the direction of the profession.

Understanding and using the curriculum

The curriculum is set out across ten Enhanced Level Practice domains which are aligned to the four pillars of professional practice. Each domain is mapped against the Enhanced Clinical Practitioner apprenticeship standard occupational duties and knowledge, skills and behaviours, and describes the **level of practice** for prosthetics and orthotics.

Enhanced Level Practice domains for prosthetists and orthotists	
Clinical practice	To be able to demonstrate the delivery of enhanced level care, using the application of anatomy, physiology and psychosocial factors within assessment and diagnostic processes, providing interventions and utilising appropriate equipment within your scope of practice.
Clinical practice	To be able to demonstrate safe and effective person-centred care with a particular focus on clinical reasoning, decision-making and risk management and care management planning.
Clinical practice	To be able to effectively identify, utilise and evaluate digital and technological advancements in the delivery of prosthetic and orthotic care within scope of practice.
Clinical practice	To be able to utilise and appraise enhanced communication skills and behavioural science knowledge to deliver effective prosthetic and orthotic interventions while encouraging patients to become active decision-makers within their own care to promote adherence and self-management**.**

© NHS England 2024

Leadership	To be able to evaluate the impact of own leadership behaviours to be a confident, inclusive, and supportive leader contributing to a culture of continuous improvement.
Leadership	To be able to use critically informed evidence-based approaches to advocate and lead operational and transformational change in complex situations and systems.
Education	To be able to achieve a critical understanding of the principles and theories of education to an enhanced level; to develop, deliver and evaluate effective learning opportunities for all stakeholders.
Education	To be able to act as an expert resource, promote, lead, and monitor effective education in challenging environments for specialist and non-specialist audiences, and encourage the use of education to inform innovative clinical practice.
Research	To be able to construct appropriate research design and audit techniques to evaluate practice to identify and drive quality improvement processes.
Research	To demonstrate the ability to systematically search, gather, select, and critically appraise data, to inform professional practice, decision-making and service design.

Enhanced Level Practice descriptors

These are the key requirements that describe the level of practice within each specific domain and can be considered as multi-professional knowledge, skills, and behaviours aligned to working within the defined scope of practice as an HCPC registrant. These are tailored to, but are not unique to, a particular profession.

Profession-specific descriptors

These are reflective of the unique practice at an enhanced level and describe prosthetic and orthotic principles and practice when working to this level of practice within the scope of HCPC registration, adhering to professional standards of proficiency and standards of conduct, performance, and ethics.

© NHS England 2024

Pathway-specific descriptors

These are indicators for consideration to meet the workforce priorities of the profession that were agreed in collaboration with stakeholders and the BAPO. The specific areas provided are indicative examples and reflect the current priorities; these should be tailored as the professional priorities evolve and respond to national and local workforce training need. They are by no means the only areas to consider but are indicators for education providers to include in any development of pathway curricula to ensure that profession-specific educational needs are met within multi-professional provision and can be achieved through a combination of work-based learning and academic modules.

Current national frameworks and capabilities referenced

- Frailty: A framework of core capabilities
- NHS England. Centre-endorsed credential specifications – autism
- NHS England. Centre-endorsed credential specifications – community-based rehabilitation: Healthy ageing
- NHS England. Centre-endorsed credential specifications – learning disability
- NHS England. Centre-endorsed credential specifications – mental health
- NHS England. Centre-endorsed credential specifications – neurological rehabilitation (including stroke)
- NHS England. Centre-endorsed credential specifications – older people

© NHS England 2024

Enhanced Level Practice in prosthetics and orthotics – curriculum intent

I, as a prosthetist/orthotist practising at the level of Enhanced Practice, will develop expertise in my clinical evaluation, reasoning, and implementation to promote and enable optimal movement and function of individuals using a person-centred approach. I will have developed a level of expertise and knowledge to utilise contemporary scientific, digital, and technological solutions to provide care that promotes health and well-being and increases access for individuals to quality prosthetic and orthotic care.

I will take responsibility for ensuring my practice is evidence-informed, continuing to develop and apply my research skills and knowledge to support best practice. As a leader in prosthetics and orthotics, I will use my knowledge, skills, and values to contribute to the ongoing development of myself, services, and the wider multidisciplinary team to realise the potential of my profession. I will promote the development of inclusive, integrated care models across the sector where prosthetics and orthotics are embedded within interdisciplinary teams to improve quality of life and outcomes of people with often complex, long-term conditions.

The statement captures the purpose of the prosthetics and orthotics services and range of services within this context of time for those working at an enhanced level of practice. It outlines the composite knowledge, attributes, values, behaviours, and skills to be amplified as a prosthetist and/or orthotist.

© NHS England 2024

Enhanced Level Practice domains

Enhanced Level Practice domains (clinical)

To be able to demonstrate the delivery of enhanced level prosthetic and orthotic care, using the application of anatomy, biomechanics and pathophysiology in clinical assessment and diagnostics and the manufacture, supply and fitting of assistive devices and componentry.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 2, 3, 6

Enhanced Practice descriptors

- Be cognisant of the ongoing professional accountability and professional boundaries in relation to your scope of practice as a prosthetist/orthotist.
- Be able to synthesise and critically evaluate diverse sources of information, data, and research evidence to underpin assessment and decision-making in increasingly complex cases.
- Understand the complexity of human beings through applied anatomy and physiology, biomechanics, pathophysiology, and psychosocial theories and their influences on health and well-being.
- Be able to evaluate and apply a range of communication strategies and behavioural theory to promote behaviour change, engagement, and adherence with prosthetic and orthotic interventions.
- Consider and apply an understanding of the relationship between health literacy, health inequalities, and psychosocial impact to enhance outcomes from prosthetic and orthotic interventions.
- Exercise professional judgement in your practice.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

© NHS England 2024

Profession-specific descriptors

- Critically apply the science of prosthetics and orthotics to improve function and quality of life for those with complex needs.
- Be able to utilise strategies to appraise, interpret, and clinically reason a diverse range of information, evidence, and quality standards in demonstrating prosthetic and orthotic outcomes.
- Encourage and facilitate positive changes in behaviour and adherence to prosthetic and orthotic devices and interventions with a range of service users with differing needs.
- Be able to select, design, and manufacture/modify components/devices that promote function, mobility, and health and well-being of individuals with complex care requirements.
- Embed principles of personalised care and shared decision-making to support those who access prosthetic and orthotic services across the lifespan.

Pathway-specific descriptors – indicative examples

Prosthetic and orthotic practice combined

Children and young person pathways:

- Apply knowledge and understanding of typical and atypical development, physical and social milestones to distinguish between healthy presentations and the likely presence of pathology/dysfunction.
- Understand and apply knowledge relating to a range of health conditions specific to children and young people to develop appropriate prosthetics and orthotic interventions.
- Be able to deliver timely and coordinated prosthetic and orthotic interventions across a variety of settings (e.g., hospital, community clinics, mainstream schools and colleges, special schools and colleges, children's hospices).

© NHS England 2024

Metabolic and cardiovascular pathways:

- Use existing clinical experience to develop personalised, patient-centred prosthetic and orthotic intervention plans to promote the health and function of those with metabolic and vascular conditions in collaboration with the person, family, carers, and wider multidisciplinary team members.
- Maximise and enable positive changes in health behaviours to promote health.
- Critically apply prosthetic and orthotic science and provision or adaptation of devices to recognise and prevent adverse outcomes and deterioration of those with vascular and metabolic disorders, with specific focus on complex presentations or intervention requirements.

Prosthetic

Pre-amputation consultations:

- Develop and evaluate existing skills to undertake compassionate, evidence-based assessment and management with the patient and their families, considering both mental and physical health needs for those experiencing limb loss.
- Promote interdisciplinary approaches to enhance patient engagement and outcomes of prosthetic care in complex care situations for those experiencing limb loss.

Orthotic

Complex musculoskeletal, including spinal:

- Develop/provide personalised orthotic interventions to promote the health and function of those with complex musculoskeletal conditions such as spinal trauma, scoliosis, and neuromuscular dysfunction in collaboration with the person, family, and carers to make informed choices about their care, including via virtual and remote monitoring.
- Promote interdisciplinary working to enhance patient options and outcomes in complex care situations for those with complex musculoskeletal and spinal conditions.

© NHS England 2024

Stroke:

- Utilise existing clinical experience alongside evidence-based practice to develop, implement, and critically assess orthotic treatment options for stroke survivors, adapting treatment to clinical and psychosocial requirements throughout.
- Promote interdisciplinary communication and collaborative working to maximise outcomes from orthotic treatment in complex stroke cases.

Suggested evidence

- Work-based learning
- Profession-specific module
- Personalised care e-learning resources
- E-learning resources from NHSE
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Portfolio evidence
- Case-based learning and discussion
- Reflection and learning logs

Pillars of professional practice

- Clinical practice
- Research

Apprenticeship KSB mapping

- Knowledge: K3, K6, K7, K8, K10, K11, K17, K19, K27
- Skills: S3, S5, S6, S7, S9, S10, S11, S17, S19, S27
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice domains (clinical)

To be able to demonstrate safe and effective patient-centred care with a particular focus on clinical reasoning, decision-making and risk management and care management planning.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 2, 3, 6

Enhanced Practice descriptors

- Be cognisant of the ongoing professional registration and code of conduct requirements in relation to your scope of practice as a prosthetist and orthotist.
- Be able to select and apply techniques to interpret and assimilate a diverse range of information within complex practice to support decision-making and positive risk management and care planning in prosthetics and orthotics.
- Apply evidence-based strategies to manage complexity and risk within prosthetics and orthotics practice, to deliver personalised, safe, compassionate care.
- Implement and support others to fulfil safeguarding duties and procedures in a timely and proactive manner in prosthetic and orthotic practice.
- Work within legislative, national, and local policy, frameworks, standards, and procedures relevant to prosthetics and orthotics and your defined practice to support professional decision-making.
- Develop, implement, and evaluate an enhanced care management plan which may include interventions and referral to other members of the multidisciplinary team or other agencies.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

© NHS England 2024

Profession-specific descriptors

- Apply the principles and values of prosthetics and orthotics and personalised care delivery, drawing on appropriate evidence, data, tools, technology, and techniques in complex practice.
- Be able to recognise and appropriately manage red-flag symptoms (signs of serious pathology) that require medical or onward referral.
- Plan, prioritise, and deliver prosthetic and/or orthotic assessments and interventions that are underpinned by evidence-based science to promote participation and inclusion in demonstrating safe and effective care.
- Exercise occupationally focused professional judgement in your practice to manage risk, including positive risk-taking.
- Know how to escalate to and engage others when working at the boundaries of your scope of practice within prosthetics and orthotics, including negotiation, diffusing strategies, and de-escalation skills.
- Identify and proactively manage risks to the delivery of prosthetic and orthotic care plans, recognising and responding to any tensions or conflicts with service users or within teams, organisations, and care providers in a collaborative manner.
- Identify, select, and implement practical skills including manufacture, supply, and fitting of assistive devices and componentry, and technologies, with consideration of related legal responsibilities across multiple settings.

Pathway-specific descriptors – indicative examples

Prosthetic and orthotic practice combined

Children and young person pathways:

- Develop and implement enhanced communication and assessment skills with children, young people, parents, and carers to deliver high-quality prosthetic and orthotic interventions.
- Recognise and manage need for onward referral for children and young people, utilising inclusive and appropriate strategies to communicate decision-making processes and treatment plans.

© NHS England 2024

Metabolic and cardiovascular pathways:

- Identify high-acuity signs/serious pathology and risk (e.g., vascular or neurological compromise), including on contralateral limb where appropriate, and ensure appropriate and timely onward referral.
- Enhance interprofessional communication networks to facilitate best practice and continuous care for the patient.

Orthotic

Spinal and neuromusculoskeletal pathways:

- Undertake collaborative, comprehensive spinal and musculoskeletal assessment and management plans, with a focus on identifying signs of serious pathology and preventing/managing adverse outcomes.
- Promote collaborative multi-professional working within spinal and MSK pathways to reduce risk and improve outcomes for service users.

Suggested evidence

- Work-based learning
- Profession-specific module
- Shared decision-making e-resources
- E-learning resources from NHSE
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Portfolio evidence, including clinical examinations
- Case-based learning and discussion
- Reflection and learning logs
- Personal development plans
- Reflections on service user lived experience
- Observation of practice

© NHS England 2024

Pillars of professional practice

- Clinical practice
- Leadership

Apprenticeship KSB mapping

- Knowledge: K2, K3, K4, K5, K7, K11, K18, K27
- Skills: S1, S2, S3, S4, S5, S6, S7, S8, S9, S10, S11, S17, S18, S19, S27
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (clinical)

To be able to effectively identify, utilise and evaluate digital and technological advancements in the delivery of prosthetic and orthotic care within scope of practice.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 3, 7

Enhanced Practice descriptors

- Utilise and develop the evidence base to underpin and rationalise the use of digital and technological interventions in prosthetic and orthotic interventions.
- Effectively use a range of telehealth approaches to deliver prosthetic and orthotic consultations, evaluations, interventions, and reviews that are safe, effective, and promotive inclusivity and engagement.
- Coordinate, synthesise and disseminate evidence on the impact of digital and technological advancements on patient outcomes, promoting equity of access.

© NHS England 2024

- Identify and manage risks, errors, and limitations of technological and digital methods/data in assessment and evaluation of prosthetic and orthotic practice.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Be able to identify, evaluate, and implement technological and digital methods which support the assessment and evaluation of prosthetic and orthotic interventions.
- Be able to utilise and evaluate appropriate scanning technologies for shape capture.
- Develop skills to apply and evaluate advancements in manufacturing techniques (e.g., additive technology and 3D printing/CAM).
- Evaluate and apply knowledge of advancements in motion analysis and motion capture (e.g., 2D and 3D format, and pressure scanning) to inform and promote sustainable prosthetic and orthotic practice.
- Synthesise knowledge and evaluate evidence base relating to digitally controlled prosthetic and orthotic devices.
- Develop knowledge and appropriate application of advancements in materials science, including knowledge of characteristics and performance of materials and their effect on human health and function.
- Increase utilisation of available technologies *s*uch as CAD/3D printing and services to facilitate appropriate and timely prosthetic and orthotic device manufacture, testing, and delivery for clinical use.
- Develop and apply knowledge of machine capabilities and material properties when designing prosthetic and orthotic devices for human interface.
- Complement and develop existing clinical prosthetic and orthotic gait analysis skills with digital devices to improve richness of data during complex prosthetic and orthotic interventions.

© NHS England 2024

- Contribute to the development of an evidence base for digital and technological advancements in prosthetic and orthotic practice, including clinical relevance and appropriate use.

Pathway-specific descriptors – indicative examples

Prosthetic

Metabolic and cardiovascular disorders:

- Be able to measure, interpret, and evaluate socket fit using pressure data in combination with clinical experience and reasoning to identify and manage at-risk areas using prosthetic adjustments or onward referral through multidisciplinary pathways.
- Utilise digital assessment, shape capture and manufacture technologies in the development of appropriate devices where clinically relevant.

Orthotic

Spinal and musculoskeletal:

- Combine existing best clinical practice knowledge and experience with understanding of digital processes and developing technologies to facilitate best outcomes for patients with complex spinal and musculoskeletal presentations.
- Evaluate and utilise digital manufacturing techniques for clinically appropriate, repeatable personalised devices, including synthesis of materials to achieve treatment goals.

Suggested evidence

- Work-based learning
- Profession- /topic-specific module
- Software and technical training
- E-learning resources from NHSE and BAPO
- Peer review and feedback
- Mentor feedback
- Supervision and reflection

© NHS England 2024

- Portfolio evidence
- Case-based learning and discussion
- Reflection and learning logs

Pillars of professional practice

- Clinical practice
- Research

Apprenticeship KSB mapping

- Knowledge: K1, K2, K20, K21, K22, K29, K30
- Skills: S2, S3, S20, S21, S22, S29, S30
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (clinical)

To be able to utilise and appraise enhanced communication skills and behavioural science knowledge to deliver effective prosthetic and orthotic interventions while encouraging patients to become active decision-makers within their own care to promote adherence and self-management.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 2, 3, 6, 8

Enhanced Practice descriptors

- Select and evaluate tools and techniques to critically evaluate clinical information to inform decision-making and care management planning.
- Embed principles and theories of co-production, health coaching, peer support, and self-management used to build knowledge, skills, and confidence to enable patient self-management.

© NHS England 2024

- Be able to draw on and interpret diverse sources of information and evidence to understand impact of the wider determinants of health and address health inequalities.
- Apply principles and theories of leadership by role-modelling use of personalised care and shared decision-making approaches in complex prosthetic and orthotic practice.
- Effectively communicate using varying strategies to meet individuals' needs; for example, for those with neurodivergence.
- Apply and appraise a range of communication strategies and theories, communication modes (written, digital, verbal, non-verbal), and clinical communication tools, within practice, to maximise inclusion and the delivery of effective prosthetic and orthotic care.
- Apply a range of communication strategies and tools used to share complex information with different audiences and individuals, including sensitive and distressing topics.
- Understand and apply principles of psychological well-being, the importance of maintaining own and others' well-being, and counselling techniques used within own scope of practice.
- Prepare and support patients and families to manage their own health and care as independently as possible, including managing psychological well-being of self and others.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Be able to put the person at the centre of prosthetic and orthotic practice, supporting individuals to make informed choices about interventions, including the option of no treatment/device.
- Demonstrate an enhanced level of efficient and effective communication strategies to obtain reliable and valid information from history-taking, while demonstrating the ability to explore and appraise an individual's perceptions, ideas, and beliefs about their symptoms.

© NHS England 2024

- Be able to communicate with and plan/deliver care for people from a range of ages, backgrounds, and beliefs.
- Be able to utilise motivational interviewing and behavioural theory to facilitate and promote adherence to prosthetic and orthotic interventions.
- Provide and reflect on opportunities for 'Make Every Contact Count' interventions within prosthetic and orthotic practice consultations to promote health and lifestyle changes.
- Be able to recognise, support, and promote psychological well-being for service users experiencing significant life events such as limb loss.

Pathway-specific descriptors – indicative examples

Prosthetic and orthotic practice combined

Children and young adult pathways:

- Develop communication and assessment skills specific to the patient group to encourage engagement with treatment and decision-making.
- Facilitate onward referrals where appropriate, and communicate decision-making with the patient and caregivers in appropriate language.

Learning difficulties and autism pathways:

- Build on clinical experience to increase awareness of diverse communication needs within specific patient groups.
- Develop suitable communication materials and standard operating procedures within normal practice to better facilitate engagement with treatment options and to maintain a patient-centred approach.

Prosthetic

Complex presentations, including multilevel amputations:

- Evaluate and apply enhanced interprofessional communication strategies to facilitate best practice and continuous care for patients experiencing limb loss.
- Facilitate meaningful conversations to encourage shared decision-making regarding treatment and self-care options (e.g., when use of a prosthesis could hinder activity involvement).

© NHS England 2024

- Demonstrate awareness of concurrent mental health presentations following limb loss and guide access to available services as appropriate.

Orthotic

Metabolic and cardiovascular pathways:

- Take every opportunity to promote health and well-being and prevention of adverse outcomes and deterioration for patients with diabetes and cardiovascular problems.
- Evaluate and apply enhanced communication skills with patients, caregivers, and wider community teams to encourage awareness of risk factors, such as diabetic wound complications, and access to appropriate intervention pathways.

Spinal and neuromusculoskeletal pathways:

- Promote collaborative working within multi-professional spinal and MSK pathways with the patient at the centre to ensure a holistic approach underpinned by evidence-based practice.
- Take every opportunity to promote health and well-being and prevention of adverse outcomes for with patients with musculoskeletal problems, including making links between health risk factors and MSK problems.

Suggested evidence

- Work-based learning
- Service user feedback
- Reflection and critical analysis
- Observation of skills
- Peer review
- Case studies
- Case-based discussion
- Practice-based assessments
- Simulation
- Reflection and critical analysis

© NHS England 2024

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

- Knowledge: K7, K10, K12, K13, K16, K17, K18, K19, K27
- Skills: S10, S17, S27
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (leadership)

To be able to evaluate the impact of own leadership behaviours to be a confident, inclusive, and supportive leader contributing to a culture of continuous improvement.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 7, 9, 10

Enhanced Practice descriptors

- Be cognisant of the ongoing professional registration and code of conduct requirements in relation to your scope of practice as a prosthetist/orthotist.
- Select and apply principles and theories of leadership, coaching, and mentorship to support others.
- Use protocols and guidelines judiciously to plan, prioritise, and direct resources within areas of Enhanced Practice in prosthetics and orthotics.
- Know how to escalate to and engage others when working at the boundaries of your scope of practice within prosthetics and orthotics.
- Apply evidence-based strategies to manage complexity and risk within prosthetic and orthotic practice and to support others in unpredictable and complex working environments.

© NHS England 2024

- Implement, role-model, and support others to fulfil safeguarding duties and procedures in a timely and proactive manner in prosthetic and orthotic practice and workplace.
- Review and enhance prosthetic and orthotic services as part of a team, drawing on service user outcomes and data to influence change.
- Recognise and influence changes in culture where needed, taking an active role in anti-discriminatory practice for continuous improvement.
- Challenge complacency, actions, and ways of thinking that are not in the best interests of the people, communities, and wider care provision.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Provide leadership and support within scope of own role as a prosthetist/orthotist, acting as a positive role model for others in the multidisciplinary team to promote the profession.
- Conduct anti-discriminatory practice in prosthetics and orthotics, promoting inclusion, equity, and equality of access, to reduce health inequalities and improve outcomes of intervention for the benefit of those who access services.
- Collaborate and streamline services across NHS, private, independent, and voluntary sector organisations to provide seamless patient-centred prosthetic and orthotic provision.
- Use person-centred and compassionate leadership principles underpinning prosthetic and orthotic practice to empower others to safely prioritise and deliver care.
- Recognise your leadership qualities and level of influence as a prosthetist/orthotist through critical reflection and ongoing professional development for yourself and others.
- Proactively work with others to innovate and transform approaches to prosthetic and orthotic provision utilising population-based data to prevent ill health and to maintain and improve people's health and well-being.

© NHS England 2024

Pathway-specific descriptors – indicative examples

Prosthetic and orthotic practice combined

Metabolic and vascular pathways:

- Identify barriers and enablers in delivering best-practice metabolic and cardiovascular care within prosthetist and orthotist settings.

Prosthetic

Children and young adults:

- Maintain an active leadership role within multidisciplinary teams surrounding the patient to best facilitate growth and development to ensure prosthetic provision and treatments are timely and appropriate.
- Lead by example by encouraging shared decision-making with the child or young adult, using accessible and appropriate language to discuss options for prosthetic and orthotic care.

Orthotic

Spinal and neuromusculoskeletal pathways:

- Collaborate with interdisciplinary colleagues to promote and lead service provision that utilises best-practice guidance for delivery of integrated spinal and neuromusculoskeletal care pathways across primary, secondary, and tertiary care.
- Ensure and role-model the judicious use of orthoses and devices to maximise health and minimise environmental impact.

Suggested evidence

- Work-based learning
- Multi-professional module
- Portfolio evidence
- 360 leadership review
- E-learning resources
- Peer review and feedback

© NHS England 2024

- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice

- Leadership
- Research

Apprenticeship KSB mapping

- Knowledge: K3, K12, K13, K23, K25, K26, K28, K31, K32
- Skills: S3, S12, S13, S23, S25, S26, S31, S32
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (leadership)

To be able to use critically informed evidence-based approaches to advocate and lead operational and transformational change in complex situations and systems.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 4, 5, 7, 8, 9

Enhanced Practice descriptors

- Identify, appraise, select, and apply principles and theories of leadership, coaching and mentorship to support others in managing change in complex situations and systems.
- Know how to escalate to and engage others when working at the boundaries of your scope of practice in leading change within complex situations and integrated care.

© NHS England 2024

- Contribute to the judicious use of policy, protocols, and systems to strategically plan and prioritise resources, managing short- and long-term service level requirements in prosthetics and orthotics.
- Contribute to the effective and efficient management of resources at an individual and service level to deliver enhanced level care.
- Apply evidence-based strategies within alignment to national and international guidelines to support the leadership of transformational change within prosthetic and orthotic practice.
- Challenge complacency, actions, and ways of thinking that may not be in the best interests of others, including those who access services, drawing on evidence-based strategies to manage risk and safety of others in complex environments.
- Role-model actively challenging ineffective systems and processes, taking a proactive approach to seek and respond appropriately to feedback in leading change at an enhanced level.
- Work collaboratively to develop innovation and enterprise approaches in prosthetics and orthotics, including contributing to business cases for change.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Support and inspire others to understand the value of prosthetic and orthotic provision when designing and leading operational and transformational change and service redesign.
- Provide leadership and support within scope of own role as a prosthetist/orthotist, acting as a positive role model for others in the multidisciplinary team to enact transformational change.
- Facilitate co-production within operational and organisational structures to foster transformational change of prosthetic and orthotic provision through effective use of service improvement methodologies.

© NHS England 2024

- Take opportunities to lead and influence change and transformation of prosthetic and orthotic services across the complex landscape of NHS and private, voluntary, and independent sector integration.

Pathway-specific descriptors – indicative examples

Prosthetic and orthotic practice combined

Metabolic and vascular pathways:

- Work collaboratively across professions, agencies, and boundaries to articulate the impact of timely access to provision within care pathways to improve health outcomes and reduce health inequalities at an individual and population/system level for those with metabolic and cardiovascular disorders.

Neuromusculoskeletal:

- Apply enhanced clinical expertise, contributing to operational and transformational change to enhance the quality of prosthetics and orthotics in MSK and spinal pathways, with a focus on high value and impactful care to reduce unwarranted variation, promoting the sharing and adoption of best practice.

Suggested evidence

- Work-based learning
- Multi-professional module
- Portfolio evidence
- 360 leadership review
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring

© NHS England 2024

- Practice education experiences
- Line management responsibilities

Pillars of professional practice

- Leadership
- Education

Apprenticeship KSB mapping

- Knowledge: K9, K13, K16, K20, K21, K22, K25, K26, K29, K30
- Skills: S13, S16, S20, S21, S22, S26, S28, S29, S30
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (education)

To be able to achieve a critical understanding of the principles and theories of education to an enhanced level; to develop, deliver and evaluate effective learning opportunities for all stakeholders within own scope of practice.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 4, 6, 7, 10

Enhanced Practice descriptors

- Facilitate positive learning cultures where all are encouraged to reflect and grow with support to receive and give constructive feedback.
- Identify, appraise, select, and apply principles, theories, and models of education to support your and others' professional practice.
- Contribute to the ongoing review of education and training within your role as a prosthetist/orthotist and context of practice.

© NHS England 2024

- Identify, appraise, select, and apply principles and theories of communication to support others in managing in complex care situations and systems.
- Be able to apply a range of communication strategies, theories, and tools of communication within prosthetic and orthotic practice to meet differing groups' needs.
- Contribute to the overall management of self and others through effective mechanisms of supervision, mentorship, and appraisal to support multi-professional learning and practice.
- Distinguish differing principles of education to develop skills of mentoring, counselling, coaching, and teaching, applying this to specific contexts such as preceptorship and practice-based learning.
- Plan and facilitate the delivery of practice-based education, training, and assessment within the prosthetic and/or orthotic service.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Support and inspire others through educational approaches about the value of prosthetic and orthotic expertise to maximise health, function, and quality of life.
- Demonstrate anti-discriminatory practice in prosthetics and orthotics, promoting inclusion, equity, and equality in creating an inclusive culture of learning and development for yourself and others.
- Know how to escalate to and engage others when using educational approaches, including negotiation, diffusing strategies, and de-escalation skills.
- Facilitate co-production within prosthetics and orthotics to develop effective learning strategies for all stakeholders within your scope of practice.

© NHS England 2024

- Create and lead excellent practice-based education opportunities in prosthetics and orthotics practice (e.g., placement expansion, work-based learning, and mentorship) for staff at all levels, including support workers and technicians.

Pathway-specific descriptors – indicative examples

Prosthetic and orthotic practice combined

Metabolic and vascular pathways:

- Be able, at an enhanced level, to gather, analyse, and disseminate emerging evidence and best-practice options to support metabolic and vascular treatment options.

Complex clinical presentations, including spinal, neuromusculoskeletal and multilevel limb loss:

- Recognise the value of prosthetics and orthotics perspectives alongside the multi-professional team, working collectively in high-pressure and intense working environments to recognise people as a source of learning through shared stories, experiences, and perspectives, to co-design and co-deliver educational opportunities.

Suggested evidence

- Work-based learning
- Multi-professional module
- Portfolio evidence
- Formal and informal teaching practices
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring

© NHS England 2024

- Practice education experiences
- Line management responsibilities

Pillars of professional practice

- Education
- Clinical practice

Apprenticeship KSB mapping

- Knowledge: K14, K15, K16, K17, K18, K19, K20, K23, K27, K31, K32
- Skills: S14, S15, S16, S18, S19, S23, S31, S32
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (education)

To be able to act as an expert resource, promote, lead, and monitor effective education in challenging environments for specialist and non-specialist audiences, and encourage the use of education to inform innovative clinical practice.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 4, 6, 7, 10

Enhanced Practice descriptors

- Evaluate principles and theories of communication in managing in complex care situations.
- Be able to apply a range of communication strategies, theories, and models within prosthetic and orthotic practice that are appropriate to the context of care and multi-professional working.
- Support and inspire others to understand and apply principles of personalised care and adapt approaches to communication in managing in complex care situations.

© NHS England 2024

- Apply evidence-based strategies within alignment to national and international guidelines to support complex communication in clinical practice.
- Role-model strategies for psychological and physical self-care to promote self-awareness in maintaining professional standards and safe working practices for yourself and others.
- Contribute to effective communication and collaboration through supervision, mentorship, and appraisal to support yourself and others to maintain their health and well-being.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Demonstrate anti-discriminatory practice in prosthetics and orthotics, promoting inclusion, equity, and equality in creating an inclusive culture of learning and development for yourself and others.
- Utilise evidence-informed approaches to support your own and others' psychological well-being.
- Recognise your personal qualities, behaviours, and values and how they shape your communication, taking personal action to ensure that all people are treated with respect and dignity when receiving prosthetic and orthotic care.
- Recognise the characteristics and consequences of barriers to inclusion, including those for socially isolated groups, that can impact on communication and prosthetic and orthotic care management.

Suggested evidence

- Work-based learning
- Profession-specific module
- Portfolio evidence
- Formal and informal teaching practices

© NHS England 2024

- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice

- Education
- Leadership

Apprenticeship KSB mapping

- Knowledge: K9, K12, K13, K17, K22, K23, K27, K31
- Skills: S12, S13, S19, S23, S27, S31
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (research)

To be able to construct appropriate research design and audit techniques to evaluate practice to identify quality improvement processes.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 4, 7, 9

Enhanced Practice descriptors

- Be cognisant of the ongoing professional registration and code of conduct requirements in relation to your scope of practice as a prosthetist/orthotist.

© NHS England 2024

- Critically appraise, translate, apply, and present evidence to inform yourself and others regarding prosthetic and orthotic practice.
- Be able to draw on and interpret diverse sources of information and evidence as part of quality improvement processes.
- Apply a range of techniques to interpret and assimilate a diverse range of information and evidence in managing complexity in prosthetic and orthotic provision.
- Distinguish the role and purpose of service evaluation, research, and audit techniques to support quality improvement processes to enhance your practice as a prosthetist/orthotist.
- Design, participate in, and coordinate appropriate research and audit activities to evaluate prosthetic and orthotic practice.
- Synthesise findings from small-scale research, audit, or quality improvement projects to demonstrate the impact of prosthetics and orthotics.
- Embed principles and theories of co-production within service improvement methodologies to evaluate the impact of prosthetic and orthotic provision.
- Work collaboratively to evaluate prosthetic and orthotic practice, contributing to business cases for change.
- Collaborate and disseminate research, audit, and service improvements locally and nationally to contribute to the development of practice-based evidence.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Provide leadership and support within scope of own role as a prosthetist and/or orthotist, acting as a positive role model for others in promoting evidence-based principles and practices.
- Support and direct others to actively engage in the critical use of evidence to promote participation and inclusion in demonstrating personalised, safe, and effective care.

© NHS England 2024

- Critically reflect on your role as a researcher, with an emphasis on respect and empathy in the workplace.

Pathway-specific descriptors – indicative examples

Prosthetic and orthotic practice combined

Digital and emerging technologies:

- Critically appraise emerging technologies and utilise existing evidence to assess risk management in relation to use in prosthetic or orthotic practice, and support others in accessing the technologies where appropriate within clinical scope.

Suggested evidence

- Work-based learning
- Profession-specific module
- Portfolio evidence
- Formal and informal research activities
- Formal and informal dissemination opportunities in practice
- Participation in conferences and networking
- E-learning resources from NHSE
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice

- Research
- Leadership

© NHS England 2024

Apprenticeship KSB mapping

- Knowledge: K1, K2, K3, K9, K20, K21, K22, K29, K30
- Skills: S1, S2, S3, S12, S13, S20, S21, S22, S30
- Behaviours: B1, B2, B3

Enhanced Level Practice domains (research)

To demonstrate the ability to systematically search, gather, select, and critically appraise data, to inform professional practice, decision-making and service design.

Mapped to Enhanced Clinical Practitioner occupational standard

Occupational duties: 1, 4, 7, 9, 10

Enhanced Practice descriptors

- Be cognisant of the ongoing professional registration and code of conduct requirements in relation to your scope of practice as a prosthetist/orthotist.
- Be able to systematically search, gather, and interpret diverse sources of information and evidence relevant to prosthetics and orthotics to support decision-making.
- Critically appraise, translate, apply, and present evidence to inform your professional judgement and decision-making in relation to prosthetic and orthotic best practice.
- Apply an array of techniques to interpret and assimilate a diverse range of information and evidence in evaluating complexity in prosthetic and orthotic provision.
- Apply evidence-based strategies within alignment to national and international guidelines to professional practice, decision-making, and service design within prosthetic and orthotic practices.

© NHS England 2024

- Work collaboratively with multi-professional teams and agencies to develop evidence-informed approaches in prosthetics and orthotics through critical appraisal and synthesis of evidence from diverse sources.
- Challenge complacency, actions, and ways of thinking through evidence-based strategies to inform your practice as a prosthetist/orthotist.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Profession-specific descriptors

- Challenge professional thinking and action to create opportunities to generate new insights, perspectives, and knowledge to further prosthetic and/or orthotic practice and profession.
- Utilise advancements in CAD/CAM and materials science which promote sustainability and minimise environmental impact.
- Exercise professional judgement in your clinical practice based on critically appraised evidence.
- Demonstrate anti-discriminatory practice in prosthetics and orthotics, promoting inclusion, equity, and equality in critically questioning colonialised evidence in professional decision-making and service design.
- Plan, prioritise, and implement prosthetic and orthotic services that are evidence-based and which are designed in collaboration with service users, maintaining a patient-centred approach.

Pathway-specific descriptors – indicative examples

Prosthetic and orthotic practice combined:

Complex clinical presentations including metabolic, cardiovascular, and spinal and neuromusculoskeletal care:

- Be able to critically select, apply, collect, and analyse data from appropriate outcome measures to demonstrate the impact of prosthetic and orthotic interventions within complex care pathways.

© NHS England 2024

- Contribute to critical appraisal of research and lead quality improvement activities to establish prosthetic and orthotic specific outcomes in evidencing quality, safety, productivity, and value for money when implemented as part of the multidisciplinary treatment pathway.
- Utilise advancements in materials science and technologies to ensure prosthetic and orthotic products and services are inclusive, accessible, and sustainable for the complex care pathologies.

Suggested evidence

- Work-based learning
- Profession-specific module
- Portfolio evidence
- Formal and informal research activities
- Formal and informal dissemination opportunities in practice
- Participation in conferences and networking
- E-learning resources from NHSE
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice

- Research
- Clinical practice

© NHS England 2024

Apprenticeship KSB mapping

- Knowledge: K1, K2, K3, K9, K12, K23, K29, K30
- Skills: S1, S2, S3, S12, S13, S20, S21, S23, S31
- Behaviours: B1, B2, B3

© NHS England 2024

Enhanced Level Practice schema – diagnostic radiography

Development of the model curriculum

The curriculum was developed through two stages, ensuring representation from across the imaging community, locally and nationally.

Stage 1

Led by Joanne Ashworth and Dr Claire Mercer and the University of Salford project team, stakeholder feedback was gained about this level of practice from innovation partners. This established what this level of practice means for diagnostic radiography and how it may be implemented across the wider community. Stakeholder consultations were conducted online and face to face, with additional data collected by survey. The consultations uncovered the main themes of the curricula for this level of practice. Using the apprenticeship standard for the Enhanced Clinical Practitioner, and the knowledge, skills and attributes from the Education and Career Framework 2022 (4th Ed), a first draft of the curriculum was developed by the project team and was presented to the Heads of Radiography Education (HRE).

Stage 2

On completion of the draft, the document was then developed as capabilities in practice (CiPs) to ensure a cohesive and shared approach across both professions of radiography. An Innovative Collaborative Group (ICG) came together to build on the foundations of the first draft of the document. Ensuring that the ethos of the original document was not lost, further building of the profession- and pathway-specific CiPs and descriptors was completed by the ICG, aligning with the principles of Enhanced Practice. The schema was also reviewed by critical friends from a variety of expertise across healthcare workforce development roles to ensure rigour and validity of the ‘blueprint’, before final submission to NHS England.

© NHS England 2024

Capabilities in practice

Capabilities in practice (CiPs) have been developed to describe what is expected of diagnostic radiographers upon completion of an Enhanced Level Practice programme of education and development. The descriptors are used as suggestions to define the requirements of education and training to allow the individual to meet the CiPs. Capabilities in practice for those working at this level are divided into three groups: **generic**, **profession-specific**, and **pathway-specific** CiPs. This provides a common language and description of Enhanced Level Practice across the diagnostic and therapeutic radiography professions.

The suggested evidence is also defined, and how this will map to the Education and Career Framework 2022 (4th Ed) by the College of Radiographers (CoR), and the apprenticeship standard for this level of practice. The information within each capability will aid the development of relevant education and training required at this level of practice. The education and training should be responsive, to ensure successful completion across different scopes of practice at an enhanced level of practice across diagnostic radiography, and support emerging transformational workforce reform within imaging.

It is recognised that there are common requirements across diagnostic and therapeutic radiography schemas at this level of practice. Individuals working at an enhanced level of practice should develop their communication, multi-professional working, behaviours and other common skills across the professions defined within the **generic** CiPs.

The **profession-specific** CiPs differ across diagnostic and therapeutic radiography schemas. These build upon the foundations of an individual's registration and experience, ensuring that the uniqueness of the specific knowledge, skills, and behaviours are not lost and that the professional skills flourish to drive high-quality service delivery and patient care.

Each profession has the challenge of differing healthcare delivery environments, patient populations and areas of expertise that should be recognised and encouraged to aid workforce reform. Therefore, the **pathway-specific** CiP(s) must be selected relevant to the trainee's role and enhanced scope of practice, refining and defining their area of specialist practice (**not all pathway-specific CiPs need to be achieved, but some may be complementary; for example, image acquisition and medicine management, or imaging and/or interventional procedure and**

© NHS England 2024

medicine management). The relevant pathway CiP(s) will be selected within the learning partnership during the first tripartite meeting and detailed within the individual learning plan. This must be completed for all enhanced level trainees to provide clear governance and mitigate risk to the patient, individual, and organisation.

Overview of the generic capabilities in practice

(To be demonstrated by ALL RADIOGRAPHERS working at an enhanced level):

1. Be an accountable, autonomous professional acting in the best interest of people, to provide practice that is evidence-based, safe, and compassionate within a defined scope of Enhanced Practice.
2. Use an effective level of communication in challenging environments and situations, applying negotiating and influencing skills.
3. Ethically lead and manage unpredictable and challenging situations, mitigating and managing risk, across the multi-professional team.
4. Foster a culture of lifelong learning through role-modelling to impact the practice of others.
5. Apply and undertake service development, audit, and research to influence, improve, and innovate patient care and service delivery at an enhanced level of practice.

Overview of the profession-specific capabilities in practice

(To be demonstrated by ALL DIAGNOSTIC RADIOGRAPHERS working at an enhanced level):

6. Use professional judgement and evidence-based practice to inform decision-making when reviewing referrals into the diagnostic pathway.
7. Act autonomously in image acquisition, undertaking complex decision-making and problem-solving using a holistic and safe approach within the patient pathway.
8. Promote a culture of quality improvement and excellence within the imaging service, driving innovative practice and undertaking evaluation within the individual's enhanced scope of practice and across the wider team.

© NHS England 2024

9. Champion, advocate, and be involved in service development, audit, and research to influence imaging service delivery.
10. Foster a positive learning culture to improve the quality of care delivered before, during, and after imaging, across the wider multidisciplinary team.

Overview of the pathway-specific capabilities in practice

(To be demonstrated by INDIVIDUALS WITHIN A SPECIFIC SCOPE OF PRACTICE working at an enhanced level):

11. Core pathway in the clinical pillar (image acquisition): Act autonomously, within a defined enhanced scope of practice, applying specialist knowledge to undertake complex image acquisition, using professional judgement, decision-making, collaboration and co-production, and meeting quality standards.
12. Core pathway in the clinical pillar (image reporting): Apply specialist knowledge, skills, and expertise to interpret and report diagnostic images.
13. Core pathway in the clinical pillar (imaging and/or interventional procedures): Apply knowledge, expertise, and skills to perform a specific or enhanced range of imaging procedures and/or interventions, using professional judgement, decision-making, and meeting quality standards.
14. Core pathway in the clinical pillar (medicines management): Apply knowledge, expertise, and skills to safely administer and manage medicines using professional judgement, decision-making, and meeting quality standards.
15. Core pathway in the clinical pillar (patient pathway): Apply enhanced knowledge, skills, and expertise in imaging and wider diagnostics to support pathways of care in a specialised area of service delivery, using professional judgement, decision-making, and meeting quality standards.
16. Core pathway in the education pillar: Develop, deliver, and evaluate diagnostic imaging education and/or associated training opportunities for learners within own enhanced scope of practice.
17. Core pathway in the leadership pillar: Provide transformational and inclusive leadership, meeting the imaging service goals within a defined enhanced scope of practice.
18. Core pathway in the research pillar: Lead, innovate, and develop a research and innovation culture, role-modelling the impact of research and driving service and people development in imaging services.

© NHS England 2024

The CiPs combine the knowledge, skills, behaviours, and values that are expected at this level of practice. The descriptors are intended to provide guidance to the expectations of the individual and can be used to define indicative content of modules or be used in the clinical environment to develop competency. Innovative ways to evidence the capabilities are encouraged by the education provider, employer, and trainee.

Generic capabilities in practice

Diagnostic and therapeutic radiographers working at an enhanced level will achieve these capabilities, to the entrusted level.

Capability in Practice (CiP 1)

Be an accountable, autonomous professional acting in the best interest of people, to provide practice that is evidence-based, safe, and compassionate within a defined scope of Enhanced Practice.

Descriptors

- Demonstrate a critical awareness and adherence to legal, ethical, professional, and organisational policies, governance, and procedures, with a focus on mitigating risk and upholding safety.
- Comply legally, ethically, and professionally within your Enhanced Practice role, meeting the CPD standards for HCPC, in line with ongoing professional registration, being responsible and accountable for your own decisions, actions, and omissions.
- Work autonomously, performing in a way that reflects awareness of your ability and capabilities, mitigating and managing risk(s) within your defined scope of Enhanced Practice and the correct procedure(s) for escalation and/or referral to colleagues within the multidisciplinary team.
- Critically appraise evidence and use findings to plan and provide enhanced person-centred care.
- Assimilate, synthesise, and apply complex information to promote and advocate for the best interests of others, upholding the principles of safeguarding and evidence-based practice.

© NHS England 2024

• Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, identity, needs, values, privacy, and preferences. • Be adaptable, reliable, and consistent, demonstrating effective healthcare leadership to lead and empower others to safely prioritise and deliver care.

Suggested evidence	**Pillars of professional practice**
• Successful completion of Level 7 module • Work-based assessments • Portfolio of evidence	• Clinical • Leadership • Education • Research
Apprenticeship KSB mapping	**CoR ECF 4th Ed mapping**
K1, K2, K3, K4, K5, S1, S2, S3, S4, S5, B1, B2, B3	[EP.K.02], [EP.K.03], [EP.K.05], [EP.K.11], [EP.S.05], [EP.S.06], [EP.S.11], [EP.A.01], [EP.A.02], [EP.A.04], [EP.A.06], [EP.A.09], [EP.A.12]

Capability in Practice (CiP 2)

Use an effective level of communication in challenging environments and situations, applying negotiating and influencing skills.

Descriptors

- Employ communication models and theories of negotiating and mediating, such as de-escalation and diffusing strategies, in managing conflict and challenge to form a partnership of care.
- Role-model enhanced communication to navigate open and honest discussion, sharing of complex information and ideas, and evaluation and assessment of situations, to promote teamworking.

© NHS England 2024

- Challenge – and be willing to support others who challenge – practice that does not appear to follow legal, ethical, or clinical guidelines or is not in the patient's best interest.
- Use principles and theories of coaching to support others in practice.
- Utilise national and international guidelines, professional judgement, and evidence-based practice to support complex decision-making.

Suggested evidence	**Pillars of professional practice**
• Successful completion of Level 7 module • Advanced communication skills training • Work-based assessments • Portfolio of evidence	• Clinical • Leadership • Education • Research
Apprenticeship KSB mapping	**CoR ECF 4th Ed mapping**
K10, K17, K18, K19, K27, S17, S18, S19, S27, B1, B2, B2	[EP.K.02], [EP.K.03], [EP.S.05], [EP.S.06], [EP.A.04], [EP.A.06], [EP.A.09], [EP.A.12]

Capability in Practice (CiP 3)

Ethically lead and manage unpredictable and challenging situations, mitigating and managing risk across the multi-professional team.

Descriptors

- Lead with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences, demonstrating anti-discriminatory practice for your area of service.
- Be adaptable, reliable, and consistent, demonstrating effective healthcare leadership to lead and empower others to safely prioritise and deliver care.

© NHS England 2024

- Implement and support others to fulfil safeguarding duties and procedures in a timely and proactive manner.
- Recognise the impact of planning, prioritising, and directing resources within your area of Enhanced Practice, on wider systems.
- Demonstrate effective, inclusive, and supportive leadership in relation to your own scope of Enhanced Practice and related team, including supporting, delegating to, and leading others in your own team.
- Identify and manage risk(s) to patient safety and others in an unpredictable and complex environment with evidence-based strategies to manage risk(s) in an enhanced scope of practice.
- Actively value the range of people and cultures that present in practice, demonstrating compassion or empathy that is appropriate to the situation and people's needs.
- Show respect and empathy for those you work with, including models and theories of negotiating and mediating, such as de-escalation and diffusing strategies.
- Recognise how to escalate to and engage others when working at the boundaries of your enhanced scope of practice.

Suggested evidence	**Pillars of professional practice**
• Successful completion of Level 7 module • Work-based assessments • Portfolio of evidence	• Clinical • Leadership • Education
Apprenticeship KSB mapping	**CoR ECF 4th Ed mapping**
K9, K12, K13, K17, K18, K24, K25, K26, S12, S13, S24, S25, S26, B1, B2, B3	[EP.K.14], [EP.S.16], [EP.S.17], [EP.A.12]

© NHS England 2024

Capability in practice (CiP 4)

Foster a culture of lifelong learning through role-modelling to impact the practice of others.

Descriptors

- Practise critical self-awareness, self-reflection, and horizon scanning, proactively addressing development needs to enhance performance and continuing professional development.
- Understand and apply evidence-based learning with critical thinking, to be solution focused within an enhanced scope of practice.
- Embed a culture of continued professional development as required by the registration and governing bodies.
- Foster an environment where constructive feedback is welcomed to enhance personal and professional development.
- Provide opportunity for peer learning and constructive feedback to guide, support, motivate, and develop others.
- Role-model lifelong learning across your workplace, showing awareness of the learning needs of those working/training within your team.
- Through role-modelling and supervision, implement measures that assist with the maintenance of health, well-being, and resilience for staff, patients, families, and carers.

Suggested evidence	**Pillars of professional practice**
• Successful completion of Level 7 module • Work-based assessments • Portfolio of evidence	• Education • Leadership

© NHS England 2024

Apprenticeship KSB mapping	CoR ECF 4th Ed mapping
K10, K23, K31, K32, S23, S31, S32, B1, B2, B3	[EP.K.1], [EP.K.12], [EP.K.15], [EP.S.5], [EP.S.10], [EP.S.13], [EP.S.14], [EP.A.6], [EP.A.8], [EP.A.10], [EP.A.11], [EP.A.12]

Capability in practice (CiP 5)

Apply and undertake research and innovation to influence, improve, and innovate patient care and service delivery at an enhanced level of practice.

Descriptors

- Critically search, analyse, and critique literature, appraising the findings to embed evidence and values-based practice across the service.
- Identify opportunities to enhance patient care and service design, and use resources to identify gaps within the evidence base.
- Understand and apply the principles of service improvement through co-production to support innovation within patient care.
- Develop knowledge to build ethically sound, appropriate research methods.
- Proactively seek advice and collaborative support, to provide evidence for assurance of practice or development.
- Maintain awareness of macro and micro factors that may affect the performance of service delivery, including healthcare policy and practice, evolving population needs, healthcare inequality, and practice guidance and standards.

© NHS England 2024

Suggested evidence • Successful completion of Level 7 module • Work-based assessments • Portfolio of evidence	**Pillars of professional practice** • Research
Apprenticeship KSB mapping K1, K4, K20, K22, K26, K28, K29, K30, S1, S2, S9, S21, S22, S28, S29, S30, B1, B2, B3	**CoR ECF 4th Ed mapping** [EP.K.05], [EP.K.07], [EP.K.11], [EP.K.13], [EP.K.15], [EP.K.16], [EP.S.02], [EP.S.10], [EP.S.15], [EP.S.18], [EP.A.01], [EP.A.04], [EP.A.08], [EP.A.11], [EP.A.12]

Profession-specific capabilities in practice (diagnostic radiographers)

ALL diagnostic radiographers working at an enhanced level of practice will be expected to meet the capabilities in practice within this section to the entrusted level.

Capability in practice (CiP 6)
Use professional judgement and evidence-based practice to inform decision-making when reviewing referrals into the diagnostic pathway.
Descriptors • Review and assess the range of previous diagnostic investigations and procedures completed within the pathways to appraise the appropriateness of the referral, and therefore undertake relevant action. • Act as a practitioner under IR(ME)R (where relevant), using professional judgement and autonomy when deciding the appropriate imaging investigation. • Demonstrate knowledge of underpinning anatomy and complex applied physiology, pathologies, normality, normal variants, abnormal image appearances, treatments, and interventions.

© NHS England 2024

- Assess the risks and benefits of imaging for each patient, considering individual patient factors including cultural and religious beliefs, comorbidities, frailty, cognitive impairment, neurodivergence and personal preferences.
- Implement safeguarding duties and procedures for yourself and peers, and across a service where appropriate.
- Engage with and influence clinical decisions within the multidisciplinary team environment on the prioritisation of imaging within own enhanced scope of practice.

Suggested evidence	**Pillars of professional practice**
• Level 7 academic work-based learning module • Work-based assessments • Portfolio of evidence	• Clinical • Leadership • Research
Apprenticeship KSB mapping	**CoR ECF 4th Ed mapping**
K1, K2, K3, K4, K5, K6, K7, K8, K9, K10, K11, S1, S2, S3, S4, S5, S6, S7, S25, B1, B2, B3	[EP.K.02], [EP.K.03], [EP.K.05], [EP.K.11], [EP.S.05], [EP.S.06], [EP.S.11], [EP.A.01], [EP.A.02], [EP.A.04], [EP.A.06], [EP.A.09], [EP.A.12]

Capability in practice (CiP 7)

Act autonomously in image acquisition, undertaking complex decision-making and problem-solving using a holistic and safe approach within the patient pathway.

Descriptors

- Undertake appropriate assessment methods to ensure relevant consent is gained before undertaking imaging acquisition in a range of complex situations or environments.

© NHS England 2024

<table>
<tr><td colspan="2">

- Critically apply enhanced knowledge of imaging technologies to optimise image quality and minimise radiation dose (where appropriate).
- Apply specialist knowledge of anatomy, physiology, pathology, and patient-specific factors to apply appropriate imaging techniques.
- Provide support to patients and carers in the specialist imaging environment.
- Apply specialist knowledge of the physical principles of the technology to ensure patient and carer safety and manage risk.
- Assess and act upon signs and pathophysiology of deterioration or distress in mental, physical, cognitive, and behavioural health in own enhanced scope of practice.
- Problem-solve technical faults, acquisition/parameter settings and artefacts, escalating the need for remedial action.
- Act autonomously within a defined enhanced scope of practice, seeking advice from others if required, to underpin and justify decision-making.

</td></tr>
<tr><td>

Suggested evidence

- Level 7 academic work-based learning module
- Work-based assessments
- Portfolio of evidence

</td><td>

Pillars of professional practice

- Clinical
- Leadership
- Education
- Research.

</td></tr>
<tr><td>

Apprenticeship KSB mapping

K4, K5, K6, K7, K8, K9, K16, K24, S4, S5, S6, S11, S19, S27, B1, B2, B3

</td><td>

CoR ECF 4th Ed mapping

[EP.K.02], [EP.K.03], [EP.K.04], [EP.K.05], [EP.K.06], [EP.K.07], [EP.K.09], [EP.S.01], [EP.S.02], [EP.S.03], [EP.S.04], [EP.S.05], [EP.S.11], [EP.A.01], [EP.A.02], [EP.A.03], [EP.A.04], [EP.A.06], [EP.A.09]

</td></tr>
</table>

© NHS England 2024

Capability in practice (CiP 8)

Promote and maintain a culture of quality improvement, excellence, and innovation in the imaging service, within the individual's enhanced scope of practice and across the wider team.

Descriptors

- Proactively review image acquisition processes and workflow to identify and implement changes to manage resources, improve efficiency, and reduce waste.
- Contribute to improved service design by identifying and challenging ineffective systems and procedures, applying the principles of change management.
- Apply innovative advancements in technology such as artificial intelligence around digital decision-making, and efficient and effective patient pathways.
- Collaboratively engage in a range of activities to enhance the safety, accuracy, and efficacy of imaging, disseminating the knowledge gained.
- Improve patient experience by actively seeking and acting upon feedback from a variety of sources, encouraging colleagues to do the same.
- Critically appraise evidence, such as local and national quality standards, guidance, and frameworks, within imaging and apply to own scope of practice.
- Apply the principles of patient, public and professional partnerships, person-centred care and values-based practice to co-create services that meet patients' needs and enhance inclusivity and equality.
- Undertake service evaluation and improvement through innovation and sustainability in practice.

© NHS England 2024

Suggested evidence	Pillars of professional practice
• Level 7 leadership/service improvement module • Work-based assessments • Portfolio of evidence	• Leadership • Research
Apprenticeship KSB mapping	**CoR ECF 4th Ed mapping**
K2, K20, K21, K22, S20, S21, S22, B1, B2, B3	[EP.K.01], EP.K.02], [EP.K.03], [EP.K.08], [EP.K.10], [EP.K.11], [EP.K.13], [EP.S.06], [EP.S.07], [EP.S.15], [EP.S.16], [EP.S.17], [EP.A.01], [EP.A.02], [EP.A.12]

Capability in practice (CiP 9)

Champion, advocate, and be involved in service development, audit, and research to influence imaging service delivery.

Descriptors

- Actively lead clinical audit and service evaluation/development to support a culture of continuous quality improvement to influence patient outcomes and service delivery.
- Contribute to research projects within your specialist area of Enhanced Practice.
- Act as a patient advocate in research design and review.
- Measure, evaluate, and act on the outcome of research and audit to improve patient experience.
- Support and encourage others to develop the skills and confidence to participate in research, audit, and service evaluation/development activities.
- Disseminate the outcomes of research, audit, and service evaluation/development to appropriate audiences.

© NHS England 2024

Suggested evidence	**Pillars of professional practice**
• Level 7 leadership/service improvement module • Work-based assessments • Portfolio of evidence	• Clinical • Leadership • Education • Research
Apprenticeship KSB mapping	**CoR ECF 4th Ed mapping**
K1, K4, K20, K22, K26, K28, K29, K30, S1, S2, S9, S21, S22, S28, S29, S30, B1, B2, B3	[EP.K.02], [EP.K.03], [EP.K.05], [EP.K.08], [EP.K.10], [EP.K.13], [EP.K.15], [EP.S.06], [EP.S.07], [EP.K.16], [EP.S.18], [EP.S.19], [EP.S.20], [EP.A.01], [EP.A.02], [EP.A.11], [EP.A.12]

Capability in practice (CiP 10)

Foster a positive learning culture to improve the quality of care delivered throughout the imaging process and across the wider multidisciplinary team.

Descriptors

- Understand the impact of self-reflection and actively promote reflective practice within the wider team.
- Understand the principles of mentoring and preceptorship and how these differ from counselling, coaching, and teaching.
- Understand the learning theories to underpin education and development of those working/training within own team and the wider multidisciplinary team.
- Apply the principles of assessment and constructive feedback mechanisms.
- Play an active role in the education of a range of learners within the imaging department.
- Advocate for and participate in supervision in practice.

© NHS England 2024

• Apply the principles of Making Every Contact Count, encouraging healthy living to improve health inequalities within the local population.	
Suggested evidence • Level 7 mentoring/coaching module • Work-based assessments • Portfolio of evidence	**Pillars of professional practice** • Education
Apprenticeship KSB mapping K10, K15, K16, K23, K31, K32, S26, S23, S31, S32, B1, B2, B3	**CoR ECF 4th Ed mapping** [EP.K.12], [EP.S.11], [EP.S.12], [EP.S.13], [EP.S.14], [EP.S.15], [EP.A.01], [EP.A.02], [EP.A.07], [EP.A.08], [EP.A.10]

Pathway-specific capabilities in practice

The pathway-specific capabilities in practice should be **selected** to meet the requirements of the enhanced scope of practice of the individual working at an enhanced level to the entrusted level.

Capability in practice (CiP 11: Core pathway in the clinical pillar Image Acquisition)
Act autonomously, within a defined enhanced scope of practice, applying specialist knowledge to undertake complex image acquisition, using professional judgement, decision-making, collaboration and co-production and meeting quality standards.
Descriptors • Monitor the patient during image acquisition, identifying appropriate timings and protocols during specialist procedures. • Use enhanced knowledge of human factors to manage patient safety and risk within the clinical environment.

© NHS England 2024

- Provide an immediate evaluation of imaging findings, identifying the requirement for additional imaging, escalation of care, and image prioritisation.
- Contribute to the development and review of image acquisition protocols and workflows to ensure they are evidence-based and relevant to the equipment and patient population.
- Undertake horizon scanning to review the opportunities associated with new technologies and software.
- Undertake, as part of the quality assurance programme(s), quality control operations such as testing, monitoring, evaluation, and maintenance of equipment.

Suggested evidence	**Pillars of professional practice**
• Level 7 module • Work-based assessments • Portfolio of evidence	• Clinical • Leadership • Research
Apprenticeship KSB mapping	**CoR ECF 4th Ed mapping**
K2, K3, K4, K5, K6, K7, K8, K9, K11, K25, K27, S3, S4, S5, S6, S7, S9, S11, S12, B1, B2, B3	[EP.K.2], [EP.K.3], [EP.K.4], [EP.K.5], [EP.K.7], [EP.K.9], [EP.K.11], [EP.S.1], [EP.S.2], [EP.S.3], [EP.S.4], [EP.S.5], [EP.S.6], [EP.S.8], [EP.S.9], [EP.S.10], [EP.S.11], [EP.A.1], [EP.A.2], [EP.A.3], [EP.A.4], [EP.A.6], [EP.A.9], [EP.A.12]

© NHS England 2024

Capability in practice (CiP 12: Core pathway in the Clinical Pillar image reporting)

Apply specialist knowledge, skills, and expertise to interpret and report diagnostic images within specific of an enhanced scope of practice.

Descriptors

- Use clinical expertise and decision-making to synthesise information from multiple sources to make evidence-based judgements to guide and support patient management and outcomes.
- Interpret images systematically to provide a formal imaging report which is accurate, clinically useful, and actionable.
- Recognise and escalate urgent or unexpected findings to the referring clinician or responsible team, adhering to local protocols and national standards, to minimise risk to the patient and to optimise care.
- Actively engage in peer review and multidisciplinary team and discrepancy meetings to inform your own and others' practice.
- Assess critically the implications of reporting errors and the impact they may have on patient care, contributing to strategies to prevent and mitigate errors.
- Mentor, support, supervise, and finalise reports for professionals undertaking training.
- Recognise the legal, ethical, and professional limitations of the enhanced scope of practice, recognising when to consult with senior colleagues or seek further support.

Suggested evidence	**Pillars of professional practice**
• Level 7 module • Work-based assessments • Portfolio of evidence	• Clinical • Leadership • Research • Education

© NHS England 2024

Apprenticeship KSB mapping	CoR ECF 4th Ed mapping
K2, K3, K4, K5, K6, K7, K8, K9, K11, K25, K27, S3, S4, S5, S6, S7, S9, S11, S12, B1, B2, B3	[EP.K.2], [EP.K.3], [EP.K.4], [EP.K.5], [EP.K.7], [EP.K.9], [EP.K.11], [EP.S.1], [EP.S.2], [EP.S.3], [EP.S.4], [EP.S.5], [EP.S.6], [EP.S.8], [EP.S.9], [EP.S.10], [EP.S.11], [EP.A.1], [EP.A.2], [EP.A.3], [EP.A.4] EP.A.6], [EP.A.9], [EP.A.12]

Capability in practice (CiP 13: Core pathway in the Clinical Pillar procedures and interventions)

Apply knowledge, expertise, and skills to perform a specific or enhanced range of imaging procedures and/or interventions, using professional judgement, decision-making and meeting quality standards.

Descriptors

- Undertake appropriate consent, take a patient history, and perform clinical assessment to inform the planning for a procedure.
- Recognise the limitation of a procedure in reference to the patient's physical and mental capacity and, where appropriate, suggest alternative investigation(s).
- Judiciously apply choice of specialist equipment using expert knowledge and skills in a specific imaging procedural context.
- Where appropriate, apply expert appreciation and knowledge of aseptic technique, ensuring infection prevention and control measures are applied to the patient, operator, safe disposal of waste, and environment.
- Where appropriate to the role, safely undertake procedures (e.g., vascular catheterisation, cannulation, biopsy, or aspiration) under image guidance.
- Within an enhanced scope of practice, recognise own limitations while undertaking procedures, demonstrating enhanced communication methods in seeking additional support as required.

© NHS England 2024

<table>
<tr><td colspan="2">

- Perform accurate documentation and recording of procedural details, including any complications.
- Recognise and manage adverse events such as issues with radiation dose, ensuring timely intervention and ensuring recording for future patient management, reporting as an incident, and escalating where appropriate.
- Taking account of the procedure undertaken, ensure appropriate post-procedural care, including communication of instructions, monitoring, and onward referral where appropriate.
- Recognise the legal, ethical, and professional limitations of the enhanced scope of practice, recognising when to consult with senior colleagues or seek further support.

</td></tr>
<tr><td>

Suggested evidence

- Level 7 module
- Work-based assessments
- Portfolio of evidence

</td><td>

Pillars of professional practice

- Clinical

</td></tr>
<tr><td>

Apprenticeship KSB mapping:

K3, K4, K6, K7, K8, K24, K27, S3, S4, S7, S8, S9, S11, S17, S18, S24, S25, B1, B3

</td><td>

CoR ECF 4th Ed mapping:

[EP.K.2], [EP.K.3], [EP.K.4], [EP.K.5], [EP.K.6], [EP.K.7], [EP.K.9], [EP.K.11], [EP.S.1], [EP.S.2], [EP.S.3], [EP.S.4], [EP.S.5], [EP.S.6], [EP.S.8], [EP.S.9], [EP.S.10], [EP.S.11], [EP.A.1], [EP.A.2], [EP.A.3], [EP.A.4], [EP.A.6], [EP.A.9], [EP.A.12]

</td></tr>
</table>

© NHS England 2024

Capability in practice (CiP 14: Core pathway in the Clinical Pillar Medicine Management)

Apply knowledge, expertise, and skills to safely administer and manage medicines using professional judgement, decision-making and meeting quality standards.

Descriptors

- Identify indications, contraindications, benefits, and risks and potential complications associated with medicines management within your enhanced scope of practice.
- Work within prescribing limitations, including the use of patient group directions (PGDs) and medicines management.
- Safely advise cessation of relevant medications as appropriate (e.g., anticoagulants).
- Administer appropriate medicine management safely, including contrast media, as required by the examination/procedure.
- Accurately document and record medication administration details, including any complications.
- Recognise and manage adverse events with medicines management, ensuring timely intervention and ensuring recording for future patient management, reporting as an incident, and escalating where appropriate.
- Taking account of the examination/procedure undertaken, ensure appropriate post-medication administration care, including communication of instructions and monitoring where appropriate.

Suggested evidence	**Pillars of professional practice**
• Level 7 module • Work-based assessments • Portfolio of evidence	• Clinical

© NHS England 2024

Apprenticeship KSB mapping:	**CoR ECF 4th Ed mapping**:
K3, K4, K6, K7, K8, K24, K27, S3, S4, S7, S8, S9, S11, S17, S18, S24, S25, B1, B3	[EP.K.2], [EP.K.3], [EP.K.4], [EP.K.5], [EP.K.6], [EP.K.7], [EP.K.9], [EP.K.11], [EP.S.1], [EP.S.2], [EP.S.3], [EP.S.4], [EP.S.5], [EP.S.6], [EP.S.8], [EP.S.9], [EP.S.10], [EP.S.11], [EP.A.1], [EP.A.2], [EP.A.3], [EP.A.4], [EP.A.6], [EP.A.9], [EP.A.12]

Capability in practice (CiP 15: Core pathway in the Clinical Pillar Patient Pathways)

Apply enhanced knowledge, skills, and expertise in imaging and wider diagnostics to support pathways of care in a specialised area of service delivery, using professional judgement, decision-making and meeting quality standards.

Descriptors

- Use an enhanced knowledge of the whole system to support patient pathways across primary, community, and secondary care.
- Demonstrate enhanced knowledge of different diagnostic procedures within the specialist pathway.
- Work collaboratively with the multidisciplinary team to manage an identified pathway of care.
- Communicate effectively as single point of contact for the patient, providing advice, support, and information from referral to diagnosis.
- Advocate for patients and their families using a person-centred approach within the imaging context.
- Assess patients and/or referrals relating to your enhanced scope of practice or pathway focus.

© NHS England 2024

• Recognise and be responsive to changes in patient clinical status or other external factors in a timely and effective manner to optimise patient outcomes.	
Suggested evidence • Level 7 module • Work-based assessments • Portfolio of evidence	**Pillars of professional practice:** • Clinical • Leadership
Apprenticeship KSB mapping: K4, K5, K6, S4, S5, S6, B1, B2, B3	**CoR ECF 4th Ed mapping**: [EP.K.2], [EP.K.3], [EP.K.4], [EP.K.5], [EP.K.6], [EP.K.7], [EP.K.9], [EP.K.11], [EP.S.1], [EP.S.2], [EP.S.3], [EP.S.4], [EP.S.5], [EP.S.6], [EP.S.8], [EP.S.9], [EP.S.10], [EP.S.11], [EP.A.1], [EP.A.2], [EP.A.3], [EP.A.4], [EP.A.6], [EP.A.9], [EP.A.12]

Capability in practice (CiP 16: Core pathway in the Education Pillar)

Develop, deliver, and evaluate diagnostic imaging education and/or associated training opportunities for learners within own enhanced scope of practice.

Descriptors

- Identify training and education needs of others in the workplace and use tools and procedures for conducting a training needs analysis within your enhanced scope of practice.
- Empower others to take responsibility for their training and development by identifying learning opportunities and sharing enhanced knowledge while providing and seeking feedback to inform future practice.

© NHS England 2024

- Positively impact on the recruitment, retention, and education of the imaging workforce.
- Apply innovative and collaborative methods of providing educational placements addressing cultural barriers and expanding placement capacity.
- Enable others to support positive education and assessment experiences for learners, ensuring colleagues are supported during difficult conversations.
- Use teaching and assessment theories, techniques, innovations, and relevant models to develop synergistic educational activity and facilitate a positive learning environment.
- Understand learning styles, feedback mechanisms, and how to use emotional intelligence.
- Show innovation in educational delivery via other methods such as simulation.
- Apply best principles of mentoring, preceptorship, and coaching to assist in development of colleagues.
- Evaluate and reflect on the effectiveness of training and education activities.
- Collaborate with education providers to ensure comprehensive support for learners.
- Contribute to the development of appropriate training and CPD for students and colleagues across the imaging multidisciplinary team.

© NHS England 2024

Suggested evidence	**Pillars of professional practice**
• Level 7 Clinical Education module • Practice Educator Accreditation (PEAS) • Work-based assessments • Portfolio of evidence (e.g., evidence of clinical supervision training, coaching qualification, clinical and academic teaching and action learning set training, engagement and/or facilitation)	• Education • Leadership
CoR ECF 4th Ed mapping [EP.K.12], [EP.S.12], [EP.S.14], [EP.S.15], [EP.A.1], [EP.A.2], [EP.A.10], [EP. A.12]	**Apprenticeship KSB mapping** K10, K12, K14, K16, K27, K31, S14, S15, S16, S23, S31, S32, B1, B2, B3

Capability in practice (CiP 17: Core pathway in the Leadership Pillar)

Provide transformational and inclusive leadership meeting the imaging service goals within a defined enhanced scope of practice.

Descriptors

- Demonstrate leadership skills in first-line management, with operational and project responsibilities or responsibility for managing a team to deliver a clearly defined outcome.
- Recognise the impact of leadership and change on the strategic management of the service.

© NHS England 2024

- Provide clear direction, instructions, and guidance to ensure the achievement of set goals within the team.
- Support, manage, and develop team members.
- Lead projects, planning and monitoring workloads and resources, delivering operational plans, resolving problems, and building relationships internally and externally.
- Understand HR systems and legal requirements and performance management techniques, including setting goals and objectives, conducting appraisals, reviewing performance, absence management, providing constructive feedback, and recognising achievement and good behaviour.
- Undertake effective communication to chair meetings, hold challenging conversations, provide constructive feedback, and understand how to raise concerns within the imaging department.
- Support senior leaders in delivering projects, including managing resources, identifying risks and issues and reporting on these, using relevant project management tools.
- Demonstrate self-awareness and understand unconscious bias and inclusivity.

Suggested evidence	**Pillars of professional practice**
• Level 7 clinical leadership module • Work-based assessments • Portfolio of evidence (e.g., NHS Leadership Academy courses – associated projects to develop skills, coaching qualification, and/or quality improvement qualification)	• Leadership

© NHS England 2024

Apprenticeship KSB mapping	CoR ECF 4th Ed mapping
K13, K14, K15, K16, K31, S14, S15, S16, S23, B1, B2, B3	[EP.K.1], [EP.K.2], [EP.K.3], [EP.K.8], [EP.K.10], [EP.K.16], [EP.S.7], [EP.S.8], [EP.S.9], [EP.S.10], [EP.S.11], [EP.S.12], [EP.S.13], [EP.S.17], EP.S.18], [EP.S.19], [EP.A.1], [EP.A.2], [EP.A.5], [EP.A.7], [EP.A.8], [EP.A.12]

Capability in practice (CiP 18: Core pathway in the Research Pillar)

Lead, innovate, and develop a research culture, role-modelling the impact of research driving service and people development in imaging services.

Descriptors

- Act as a role model for research and development and innovation in area of specialism.
- Actively contribute to and lead research in practice within a collaborative team.
- Contribute to the research and development strategy within area of specialism and the wider service.
- Provide support to principal investigators, contributing to feasibility considerations, clinical trial set-up and QA processes.
- Foster cultural change using quality improvement methodologies and innovative practice.
- Effectively liaise with internal and external research stakeholders, including the research and development department, academic and research centres.
- Identify gaps in the evidence base and potential areas for research.
- Support and supervise staff in conduction of their own research projects, ensuring adherence to research governance guidelines.

© NHS England 2024

Suggested evidence: • Level 7 research module • Work-based assessments • Portfolio of evidence (e.g., Good Clinical Practice Guideline (GCP) training, publications, and/or research ethics training)	**Pillars of professional practice:** • Research
Apprenticeship KSB mapping: K1, K11, K20, K21, K22, K23, K30, S1, S2, S20, S21, S22, S28, S30, B1, B2, B3	**CoR ECF 4th Ed mapping**: [EP.K.2], [EP.K.3], [EP.K.5], [EP.K.7], [EP.K.8], [EP.K.10], [EP.K.11], [EP.K.13], [EP.K.15], [EP.K.16], [EP.S.16], [EP.S.19], [EP.S.20], [EP.A.1], [EP.A.2], [EP.A.11], [EP.A.12]

Assessment of capabilities in practice

It is important to record the evidence of achievement of the capability which should be reviewed annually, drawing on the evidence presented in the learner's portfolio, and following discussion with their coordinating educational supervisor.

As within some other healthcare education curricula, the term entrustment' is used as a method of articulating the supervisor's 'trust' in an individual to competently complete a specific task within practice against their enhanced scope of practice. This ensures progression and that support is made available. It is important to note that this is not a one-off assessment but a regular assessment on numerous occasions with a collective discussion with all those involved in the individual's training. In each assessment activity knowledge, skills, and behaviours will be assessed, ensuring a well-rounded assessment process.

© NHS England 2024

Entrustable professional activity

A critical part of professional work that can be identified as a unit to be entrusted to a trainee once sufficient competence has been demonstrated.

A guide to entrustable activities, Royal College of Radiologists (2021)

On completion of the training period, the individual will evidence that they are 'trusted' to undertake the tasks within their defined enhanced scope of practice to the entrustment level identified for that level of practice. On completion of training, the individual will have achieved **Entrustment Level 3** for the generic capabilities in practice.

Entrustment level descriptors for generic capabilities in practice

- Level 1 – Novice: Requires support and guidance throughout
- Level 2 – Developing: Working towards competency, with some support and guidance needed
- **Level 3 – Capable: Possesses adequate skills to act independently and seeks support and guidance if required**
- Level 4 – Expert: Highly skilled and able to lead and support others

On completion of training, the individual will have achieved **Entrustment Level 2** and be entrusted to act with direct supervision within their enhanced scope of practice for the profession- and pathway-specific CiPs (see below).

It is expected that **Entrustment Level 3** will denote Advanced Level Practice and **Entrustment Level 4** will denote consultant-level practice (see below).

© NHS England 2024

Entrustment level descriptors for profession and pathway specific capabilities in practice

- Level 1 – Entrusted to observe only: No provision of direct clinical care
- Level 2 – Entrusted to act with direct supervision: A clinical supervisor is physically within the hospital or other site of patient care and is immediately available to provide direct supervision
- Level 3 – Entrusted to act with indirect/minimal supervision: The clinical supervisor may not be physically present within the hospital or other site of patient care but is immediately available by means of telephone and/or electronic media, to provide advice
- Level 4 – Entrusted to act unsupervised: The practitioner is working independently and at a level equivalent to a consultant

Quality management specific to diagnostic radiography

This model curriculum is provided to inform training of individuals working at an enhanced level within diagnostic radiography. The education provider and the employer are responsible for all the practical and governance arrangements required for safe training delivery. Employers are encouraged to engage with the governance maturity matrix; although primarily for Advanced Level Practice, this can be a useful resource and relevant for Enhanced Level Practice. To ensure quality of provision of the education developed from this schema, it is strongly recommended that the programmes are approved by the College of Radiographers.

© NHS England 2024

Mapping against the College of Radiographers Education and Career Framework (4th Edition, 2022)

The following statements identify the knowledge, skills, and attributes (KSAs) expected of those practitioners working at the Enhanced Level of Practice within radiography. This mapping tool may therefore be used to determine current and future development needs. The suggested associated pillar(s) of practice are identified against each KSA by the following code. These are 'suggested' as it is recognised there may be overlap between one or more of the four pillars depending on the context of the activity undertaken:

Enhanced Practitioner knowledge An Enhanced Practitioner requires **detailed** knowledge and understanding of the following, unless otherwise stated:	**Suggested pillar(s) of practice**	**Capability in practice**
[EP.K.01] Legal, ethical, and professional responsibility for the Enhanced Practice role, including autonomy, limits of own competence and professional scope of practice	• Clinical • Education • Leadership and management	CiP 9, CiP 17
[EP.K.02] Extensive understanding of approaches to communication in the context of a situation and a person or people's needs, including psychosocial needs of service users, their families and/or carers	• Clinical • Leadership and management	CiP 7, CiP 8, CiP 9, CiP 10, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17, CiP 18

[EP.K.03] Skills for persuading and influencing	• Clinical • Leadership and management	CiP 7, CiP 8, CiP 9, CiP 10, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17, CiP 18
[EP.K.04] Disease processes within own scope of Enhanced Practice	• Clinical	CiP 8, CiP 13, CiP 14, CiP 15
[EP.K.05] Current and emerging technology relative to own scope of Enhanced Practice	• Clinical • Research and development	CiP 7, CiP 8, CiP 9, CiP 10, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17, CiP 18
[EP.K.06] Pharmacology relative to own scope of Enhanced Practice	• Clinical	CiP 8, CiP 14, CiP 15
[EP.K.07] Principles and evidence base underpinning specialist interventions/activities within own scope of Enhanced Practice	• Clinical • Education • Research and development	CiP 8, CiP 13, CiP 14, CiP 15, CiP 18

© NHS England 2024

[EP.K.08] Developing knowledge of NHS issues that may affect the performance of service delivery in own area of practice, including healthcare policy and practice, evolving population needs, healthcare inequality, practice guidance and standards	• Clinical • Leadership and management	CiP 9, CiP 10, CiP 11, CiP 17, CiP 18
[EP.K.09] Current models of care, and awareness of those that are developing, in the context of own scope of Enhanced Practice	• Clinical	CiP 8, CiP 13, CiP 14, CiP 15
[EP.K.10] Anti-discriminatory practice for area of service, including approaches to reduce health inequalities, improve health outcomes and assess and implement change	• Clinical • Leadership and management	CiP 9, CiP 10, CiP 11, CiP 17, CiP 18
[EP.K.11] Relevant quality assurance (QA) and quality control (QC) measures for own scope of Enhanced Practice	• Clinical • Leadership and management • Research and development	CiP 7, CiP 9, CiP 13, CiP 14, CiP 15, CiP 18

© NHS England 2024

[EP.K.12] Mentoring, coaching and supervision theories underpinning development of those working in own team	• Clinical • Education • Leadership and management	CiP 11, CiP 16
[EP.K.13] Service development and evaluation methods, including patient and service user engagement, and implementation of change for own area of Enhanced Practice	• Clinical • Leadership and management • Research and development	CiP 9, CiP 10, CiP 18
[EP.K.14] Principles underpinning effective healthcare leadership to lead and empower others to safely prioritise and deliver care	• Clinical • Leadership and management	CiP 11, CiP 17
[EP.K.15] Developing knowledge of research techniques within and relevant to own scope of Enhanced Practice	• Clinical • Education • Research and development	CiP 10, CiP 18
[EP.K.16] Knowledge of national and local research governance processes and local infrastructures and personnel available to support Enhanced Level Practice researchers	• Clinical • Research and development	CiP 10, CiP 12, CiP 17, CiP 18

© NHS England 2024

Enhanced Practitioner skills An Enhanced Practitioner should be able to:	Suggested pillar(s) of practice	Capability in practice
[EP.S.01] Apply enhanced clinical reasoning skills and professional judgement to act autonomously, while seeking advice and/or the professional skills of others, when necessary, to underpin and justify decision-making for the delivery of timely, safe, and effective patient care	• Clinical • Leadership and management	CiP 8, CiP 13, CiP 14, CiP 15
[EP.S.02] Critically apply enhanced knowledge to enable evidence-based practice in the context of uncertainty or situations of multiple differential diagnosis/treatment pathway options, in own area of practice	• Clinical • Education • Research and development	CiP 8, CiP 13, CiP 14, CiP 15
[EP.S.03] Use enhanced communication skills relevant to own scope of practice to frequently share information, ideas, evaluation, and assessment of situations to form partnerships of care and promote teamworking	• Clinical • Leadership and management	CiP 8, CiP 13, CiP 14, CiP 15

© NHS England 2024

[EP.S.04] Challenge, and be willing to support others who challenge, practice that does not appear to follow legal, ethical, or clinical guidelines or is not in the service user's best interests	• Clinical • Leadership and management	CiP 7, CiP 8, CiP 13, CiP 14, CiP 15
[EP.S.05] In addition to self, facilitate others to implement legal duties, follow ethical procedures and seek or develop guidance to be followed for scope of practice	• Clinical • Education • Leadership and management	CiP 7, CiP 9, CiP 10, CiP 13, CiP 14, CiP 15
[EP.S.06] Proactively review practice to prevent discrimination and remove barriers to support diversity of people and the implementation of fair practice	• Clinical • Education • Leadership and management	CiP 9, CiP 10, CiP 17
[EP.S.07] Undertake and facilitate assessment processes as necessary in relation to health and safety and infection prevention and control measures	• Clinical • Leadership and management	CiP 12, CiP 13, CiP 14, CiP 15, CiP 17
[EP.S.08] Implement and support others to fulfil safeguarding duties and procedures in a timely and proactive manner	• Clinical • Education • Leadership and management	CiP 12, CiP 13, CiP 14, CiP 15, CiP 17

© NHS England 2024

[EP.S.09] Efficiently organise/manage workloads and minimise avoidable risk within own scope of practice to facilitate effective teamwork at maximum levels of performance and care in trusted, safe environments	• Clinical • Leadership and management	CiP 12, CiP 13, CiP 14, CiP 15, CiP 17
[EP.S.10] Proactively apply, and facilitate others to apply, the principles of patient, public and professional partnerships, person-centred care and values-based practice to enhance people's experiences of care and co-create services that meet service users' needs and preferences	• Clinical • Education • Leadership and management • Research and development	CiP 7, CiP 8, CiP 11, CiP 13, CiP 14, CiP 15, CiP 18
[EP.S.11] Practise critical self-awareness: seek feedback and undertake reflection, lifelong learning, clinical supervision and continuing professional development	• Clinical • Education • Leadership and management • Research and development	CiP 11, CiP 12, CiP 16, CiP 17
[EP.S.12] Support resilience and self-care through role-modelling and the implementation of measures that assist with the maintenance of health and well-being for staff, service users, patients, families, and carers.	• Clinical • Leadership and management	CiP 11, CiP 17

© NHS England 2024

[EP.S.13] Support the training and development of others in the workplace by seeking out learning opportunities for all, sharing own enhanced knowledge and learning, and providing and seeking feedback to inform future practice and the learning needs of others and self	• Clinical • Education • Leadership and management • Research and development	CiP 14, CiP 16
[EP.S.14] Act as a learning mentor, coach, or facilitator, as appropriate, to support a culture of enquiry, learning, and development	• Clinical • Education • Leadership and management • Research and development	CiP 9, CiP 11, CiP 16
[EP.S.15] Demonstrate the ability to improve and enhance quality of care, including through engagement in audit, service evaluation and improvement projects within own scope of Enhanced Practice	• Clinical • Leadership and management • Research and development	CiP 9, CiP 18
[EP.S.16] Evaluate own leadership skills in line with national leadership frameworks for healthcare and Enhanced Level Practice, seeking feedback and advice regarding barriers and challenges to leadership development	• Clinical • Leadership and management • Research and development	CiP 9, CiP 17

© NHS England 2024

[EP.S.17] Demonstrate effective leadership in relation to own scope of Enhanced Practice and related team, including to facilitate the delegation and leadership skills of others in own team	• Clinical • Leadership and management	CiP 10, CiP 17
[EP.S.18] Effectively manage projects within own scope of practice	• Clinical • Education • Leadership and management • Research and development	CiP 10, CiP 17, CiP 18
[EP.S.19] Contribute to research projects within own scope of Enhanced Practice: build research skills and seek advice and collaborative support to achieve research goals to provide evidence for assurance of practice or development	• Clinical • Research and development	CiP 10, CiP 18

© NHS England 2024

Enhanced Practitioner attributes An Enhanced Practitioner should actively demonstrate and/or uphold the following:	**Suggested pillar(s) of practice**	**Capability in practice**
[EP.A.01] Work autonomously, performing in a way that reflects awareness of own ability and capabilities at Enhanced Practice level	• Clinical • Education • Leadership and management • Research and development	CiP 7, CiP 8, CiP 9, CiP 10, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17, CiP 18
[EP.A.02] Respect and uphold the governance requirements of the employer, local services, and national initiatives, exhibiting accountability for actions, transparency, and cultures of professional practice	• Clinical • Leadership and management • Research and development	CiP 7, CiP 8, CiP 9, CiP 10, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17, CiP 18
[EP.A.03] High standards, including at times of high pressure and volumes of work, ensuring safety, security, and assurance for service users	• Clinical	CiP 8, CiP 13, CiP 14, CiP 15

© NHS England 2024

[EP.A.04] Role-model enhanced communication skills that allow for open and honest discussion and sharing of information with service users, public and professionals across a range of situations in own scope of practice	• Clinical • Education • Leadership and management • Research and development	CiP 7, CiP 8, CiP 13, CiP 14, CiP 15
[EP.A.05] Actively value the range of people and cultures that present in clinical practice, demonstrating compassion or empathy that is appropriate to the context and people's needs	• Clinical	CiP 12, CiP 17
[EP.A.06] Act to promote and support the good health and well-being of all people	• Clinical • Education	CiP 7, CiP 8, CiP 13, CiP 14, CiP 15
[EP.A.07] Work collaboratively to achieve shared goals of best care.	• Clinical	CiP 11, CiP 17
[EP.A.08] Proactively develop trust and support in services that value staff, clinical excellence, and care	• Clinical • Education • Leadership and management • Research and development	CiP 11, CiP 17
[EP.A.09] Act in a manner that provides reassurance through considered, transparent and thoughtful decisions	• Clinical • Leadership and management	CiP 7, CiP 8, CiP 13, CiP 14, CiP 15

© NHS England 2024

[EP.A.10] Actively promote a learning culture in own area of practice	• Clinical • Education	CiP 11, CiP 16
[EP.A.11] Champion enquiry, question and critically use the evidence base to inform services and engender learning across the team	• Clinical • Education • Research and development	CiP 10, CiP 18
[EP.A.12] Actively seek opportunities to develop leadership, service development and research skills	• Clinical • Education • Leadership and management • Research and development	CiP 7, CiP 9, CiP 10, CiP 12, CiP 13, CiP 14, CiP 15, CiP 17, CiP 18

© NHS England 2024

Glossary

Credit-bearing: Individual modules/units of learning can be allocated credits. Once you have successfully completed a module, credits will be achieved. You can then accumulate credits towards the total required for a credit-bearing qualification (e.g., postgraduate certificate (60 credits) or postgraduate diploma (120 credits)).

Curriculum: A framework that lays out the intended aims and objectives, content, experiences, learning outcomes, and processes of a programme or course of learning.

End-point assessment: The final stage of an apprenticeship. It is an impartial assessment of whether the apprentice has developed the skills, knowledge, and behaviours outlined in the apprenticeship standard.

Learning outcome: A statement that sets out those essential aspects of learning that must be achieved. For the purpose of this document, these are the outcomes which the AHP must demonstrate they have met to be working at an enhanced level.

Level of study: A statement(s) of the generic characteristics of outcomes of learning at a specific level of a qualification's framework (e.g., Level 6 or Level 7) that can be used as a reference point.

Pillars of practice: The four pillars of practice represent the breadth of professional roles. They are: clinical practice, leadership, research, and education.

Pluri-potential role: A role that has the ability to develop in any one of several different ways (e.g., across healthcare boundaries: social and healthcare, acute and community), working across **all** parts of the pathway including physical and mental health, and including prevention, support, and treatment.

References

1. NHS England (2019). The NHS Long Term Plan
2. The Allied Health Professions (AHP) for England: 2022 to 2027. AHPs Deliver
3. Health Education England (2022). The Principles of Enhanced Level Practice
4. Institute for Apprenticeships and Technical Education (2021), Enhanced Clinical Practitioner
5. Education and Skills Funding Agency (2019). Apprenticeship funding rules
6. QAA (2014) UK Quality Code for Higher Education
7. Quality Assurance Agency for Higher Education
8. Google Design – Sprint Methodology
9. Health Education England (2022). An employer's guide to the enhanced clinical practitioner apprenticeship
10. NHS England (2017). Multi-professional framework for advanced clinical practice in England
11. Universities UK (2019). Black Asian and Minority Ethnic Student Attainment at UK Universities. #Closing the gap
12. QAA. The Quality Code
13. NHS England (2023). NHS Long Term Workforce Plan
14. NHS Health Education England (2019). The Topol Review: Preparing the Healthcare Workforce to Deliver the Digital Future
15. Council of Deans of Health (2023). Anti-racism in AHP Education: Building an Inclusive Environment
16. GOV.UK. Equality Act 2010: guidance
17. University of Dundee (2021). Inclusive curriculum checklist, guidance and good practice example
18. GOV.uk. Finding an end-point assessment organisation
19. Health and Care Professions Council (HCPC). Standards of Proficiency
20. NHS England (2021). Workplace Supervision for Advanced Clinical Practice
21. The College of Radiographers (2022). Education and Career Framework (4th Edition)

© NHS England 2024

22. The Royal College of Radiologists (2021). A Guide to Entrustable Activities. Clinical Radiology Curriculum
23. Joint Royal Colleges of Physicians Training Board (2021). Curriculum for Medical Oncology Training
24. The Centre for Advancing Practice (2023). Governance Maturity Matrix
25. The College of Radiographers. Programme Approval
26. Strudwick, R (2021). Values-based Practice in Diagnostic & Therapeutic Radiography A Training Template

© NHS England 2024

NHS England

Enhanced Level Practice schema – therapeutic radiography

Developed by Sheffield Hallam University

© NHS England 2024

Acknowledgements

Throughout this process the innovative collaborative group, and its critical friends, have worked collaboratively to ensure this innovative, flexible schema provides specific guidance to inform a robust curriculum for the training of practitioners working at an enhanced level of practice in therapeutic radiography. Their time, knowledge, and dedication to the profession have been unprecedented in the development of this schema.

Innovative Collaborative Group (ICG)

Melanie Clarkson (Chair)	Principal Lecturer in Advancing Practice and Continued Professional Development for Allied Health Professions, Sheffield Hallam University. Subject Matter Expert for Therapeutic Radiography, NHS England
Gemma Burke (Vice Chair)	Professional Lead Diagnostic and Therapeutic Radiography, Sheffield Hallam University
Paula Brown	Radiotherapy Service Manager, Lincoln. United Lincoln NHS Trust
Gillian Clarkson	Radiotherapy Service Manager, Preston. Lancashire Teaching Hospitals NHS Foundation Trust
Amy Cooke	Advanced Practitioner, Southampton. New Course Lead for the Advanced Clinical Practice programme, AECC Bournemouth
June Dean	Radiotherapy Service Manager, Peterborough. Northwest Anglia NHS Foundation Trust
Wesley Doherty	Radiotherapy Clinical Educator, The Christie NHS Foundation Trust
Caroline Doolan	Associate Professor and Course Leader for Therapeutic Radiography, University of Suffolk

© NHS England 2024

Shelly English	Consultant Radiographer, ACP Trust Lead, North Middlesex NHS University Hospitals
Zoe Grant	Senior Lecturer, AHP Immersive Technology and Simulation Lead, University of Suffolk
Rebecca Johnson	Senior Lecturer, London South Bank University
Kate Knapp-Tabbernor	Senior Dosimetrist, Guys and St Thomas NHS Trust; Former Macmillan Clinical Fellow in Therapeutic Radiography, Workforce Reform Project Therapeutic Radiographers, Macmillan
Carmel McDerby	Consultant Radiographer, North Wales Cancer Treatment Centre (NWCTC). Bwrdd lechyd Prifysgol Betsi Cadwaladr University Health Board. Wales.
Claire Reynolds	Workforce Project Lead for Therapeutic Radiographers, Lancashire Teaching Hospitals NHS Foundation Trust
Dr Amy Robertson	Education and Accreditation Officer, The College of Radiographers
Samaneh Shoraka	Proton Beam Treatment Education Lead, University College London
Azma Siddiqui	National AHP Education & Training Lead for Therapeutic Radiographers, Centre for AHP Education & Transformation, Health Education England (now NHS England)
Joanne Small	Education and Training Lead for Radiotherapy, Northern Centre for Cancer Care, Newcastle Upon Tyne
Kathryn Williamson	Education and Accreditation Officer, The College of Radiographers

© NHS England 2024

Katie Bradshaw	Advanced Practice Radiographer in Oncology (Gynae) & Pelvic Radiotherapy Late Effects, Radiography Clinical Fellow (secondment), NHS England, Workforce, Training & Education

Critical friends

Katie Cooper	Regional Faculty Lead East of England, The Centre for Advancing Practice, NHS England
Norma Higgins	Education and Professional Development Radiographer, Belfast City Hospitals, Northern Ireland
Professor Ricardo Khine	Head of School, Health, and Social Care Professions, Buckinghamshire New University (Registered Therapeutic Radiographer)
Professor Mary Lovegrove OBE	Emeritus Professor of Education and Development for Allied Health Professions, London South Bank University; Chair of the Radiotherapy Workforce Reform Project
Katrina MacLaine	Independent Consultant Advancing Practice. Current work inclusive of Enhanced Practice for the Royal College of Nursing and previously involved in the development of the Enhanced Practice apprenticeship.
Joanne Mitchell	Principal Research Radiographer, Edinburgh Cancer Centre, Western General Hospital, Scotland
Alison Sanneh	Principal Clinical Educator, The Christie NHS Foundation Trust
Hilary Walsgrove	Associate Professor for Advancing Practice, AECC Bournemouth (Registered Nurse)

© NHS England 2024

Contents

What is Enhanced Practice?

The purpose of the Enhanced Level Practice schema for therapeutic radiographers

The development of the schema

Who is this schema for?

Options for educational delivery

Eligibility criteria for education programmes

Employer support

Less than full-time training

Equality, diversity, inclusion, and sustainability

Schema capabilities in practice

Overview of the generic capabilities in practice

Overview of the profession-specific capabilities in practice

Overview of the pathway-specific capabilities in practice

Generic capabilities in practice

Profession-specific capabilities in practice (therapeutic radiographers)

Pathway-specific capabilities in practice

Learning, teaching and assessment strategy

Overview

Level 7 academic education

© NHS England 2024

Formal teaching

Simulation

Technology-enhanced learning

Independent study and self-directed learning

Communities of practice

Assessment strategy

Progression to advanced practice

© NHS England 2024

Supervision

- Coordinating educational and associate workplace supervision
- Progress through training
- Identification of concerns for fitness to practice

Quality management

© NHS England 2024

References

Appendices

© NHS England 2024

What is Enhanced Practice?

It is recognised that there is no generic role or training for an Enhanced Clinical Practitioner across the healthcare system specific for therapeutic radiography. However, there is a generic multi-professional apprenticeship for an Enhanced Clinical Practitioner. Therefore, this schema outlines the requirements for therapeutic radiographers working at an enhanced level of practice, linking with relevant national documents. It should also be noted that this is a level of practice and not a role title; therefore, throughout this schema the term ‘enhanced level trainee’ or ‘trainee’ will be used as an all-encompassing term for those training and working at this level of practice within therapeutic radiography.

To reiterate, through use of specific knowledge, skills, and professional capabilities within their safely broadened, enhanced scope of practice, a practitioner working at an enhanced level will make autonomous decisions within a defined area of the practice, mitigating and managing risk. They will drive cultural change to improve the quality of care within their enhanced scope of practice, using innovative practice to provide a positive impact on the service, those accessing care, and the people within it.

It is expected that those working at this level will be applying skills over and above those gained within their original registration and will have underpinned this development with Level 7 education (please note: this is the education level, not the Agenda for Change banding), up to and including a postgraduate certificate or diploma (see Figure 2). Practitioners will therefore underpin their practice by critiquing and applying the evidence base while critically reflecting and analysing their practice.

© NHS England 2024

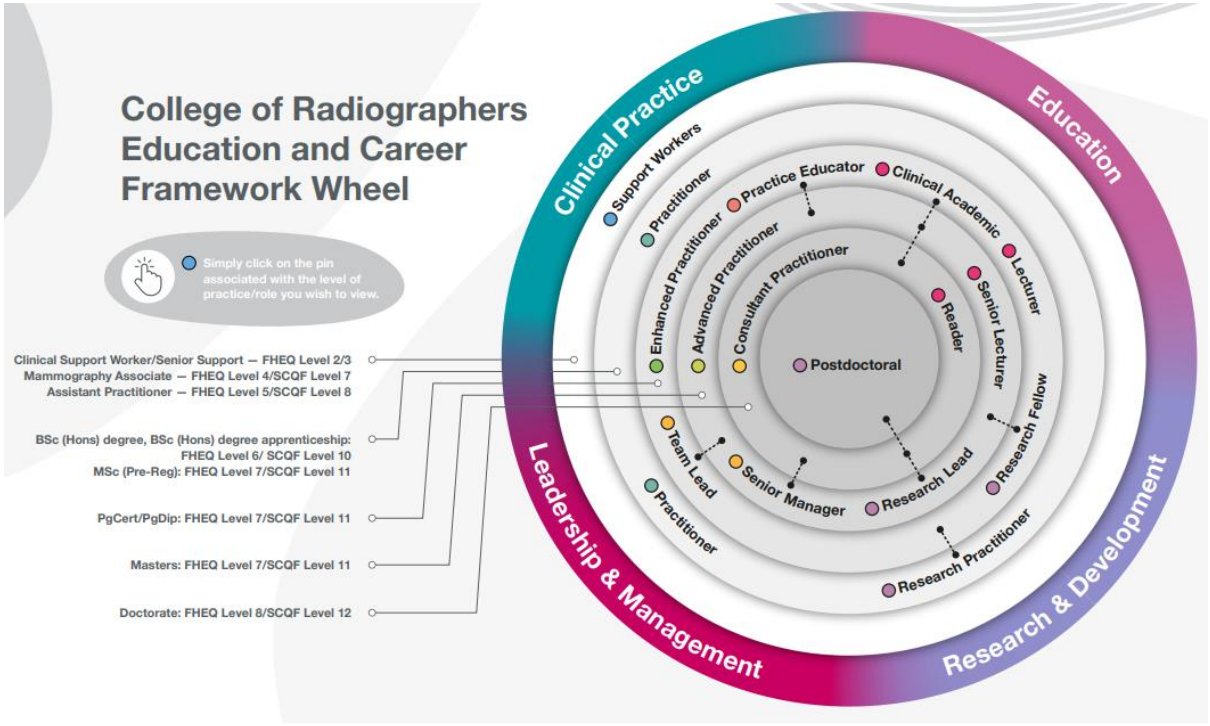


Figure 1: The career framework wheel, showing the education level. The Education and Career Framework, The College of Radiographers, 2022.

This level of practice will allow recognition of those practitioners with expertise across the healthcare system, not just in clinical practice.[1] By valuing the importance of these roles and the significant impact they have on the quality of care provided, this will link to a positive return on the retention of experienced staff. Therapeutic radiographers have a wide skill base across the four pillars of professional practice (see Figure 2) which are required to deliver and support patients undergoing radiotherapy and oncology treatment. It is important to build on these to further develop the individual and the service. At an enhanced level of practice, they contribute to all four pillars but often with greater emphasis on one of the pillars.[1]

[1] College of Radiographers (2022). The Education and Career Framework (4th Edition)

© NHS England 2024

The trainee working at an enhanced level will be an experienced and registered therapeutic radiographer, who will undertake further training at Level 7 – either a postgraduate certificate or diploma – encompassing the four pillars of professional practice in relation to their enhanced scope of practice, which will underpin their knowledge and skills at an enhanced level of practice.

Figure 2: Overview of the requirement of the four pillars of practice and education level. The Education and Career Framework, The College of Radiographers (2022).

It is important to consider that Enhanced Level Practice could be the pinnacle of an individual's career, or a progression point to advanced-level practice. Support should be provided in the transferability of education and training to ensure progression if desired. Figure 3 shows the development through the levels of practice, with 'novice' representing practitioner status.

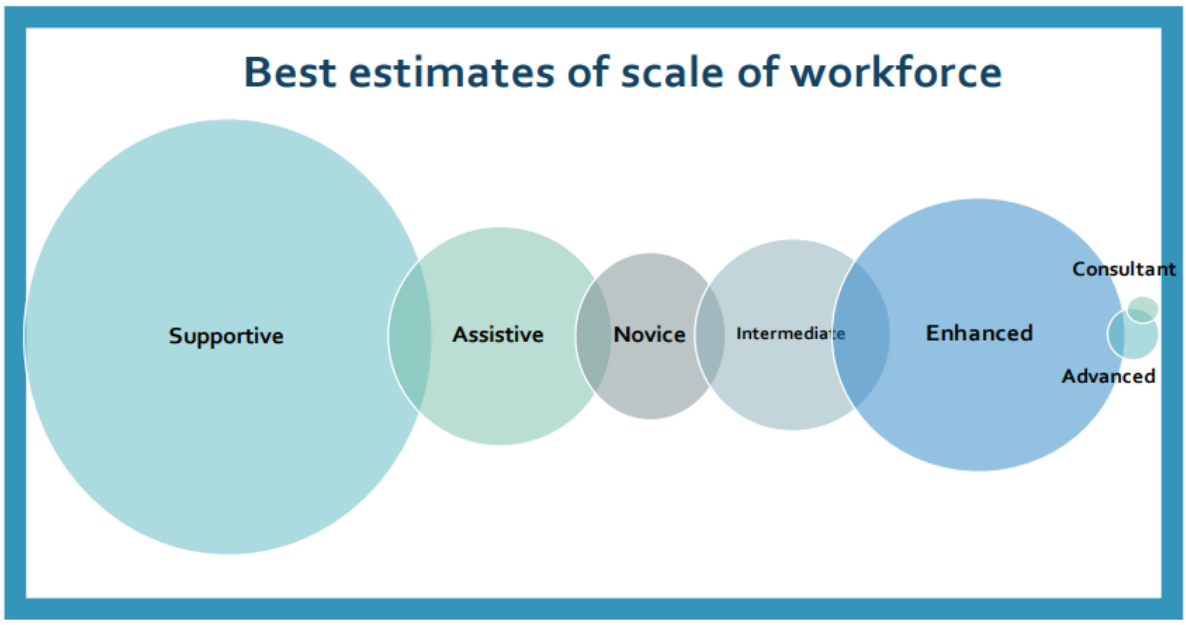


Figure 3: The best estimates of workforce show the distribution of Enhanced Level Practice in clinical practice. Health Education England (2022). The Principles of Enhanced Level Practice

© NHS England 2024

The difference between Enhanced and Advanced Level Practice is defined in Figure 4, identifying that education and training should be provided appropriately. It should be noted that progression is not just the completion of a dissertation/final project module to gain a master's qualification; additional Level 7 learning is required to further expand knowledge and skill development at a higher level of practice and support ongoing development of the four pillars of professional practice, and relevant to the individual's area of practice. Further information can be found in the Level 7 academic education.

Figure 4: A snapshot of the differences in levels of practice. An employer's guide to the Enhanced Clinical Practitioner apprenticeship

© NHS England 2024

The purpose of the Enhanced Level Practice schema for therapeutic radiographers

The purpose of this schema is to guide education and training providers who are developing Enhanced Level Practice programmes for therapeutic radiography, and the wider radiotherapy community. This will enable the successful implementation and standardisation of roles across allied health professionals (AHPs) at this level of practice. It is intended that this document will be used in conjunction with the Education and Career Framework 2022 (4th Ed) from the College of Radiographers (CoR), the appropriate apprenticeship standard, the Aspirant Cancer Career and Education Development (ACCEND) programme, and any other relevant national frameworks. Individuals working at an enhanced level will then be able to evidence their achievement of the capabilities within their enhanced scope of practice, ensuring equivalence of education and training. This level of practice provides high-quality and values-based practice across the service provision.

The schema will apply to the diverse roles that will be undertaken at an enhanced level of practice, recognising the importance of the four pillars of professional practice, and how they are embedded by the individual. Those working at this level will demonstrate enhanced levels of autonomy, underpinned with skills and knowledge. Mindful of the diverse range of roles within the radiotherapy and oncology service, this schema is intentionally broad to ensure that it can be adapted, by education providers, for specific education and training for the radiotherapy and oncology workforce and their roles within the wider healthcare service. This can be seen within roles (while remembering that this is a level of practice not defined by a role) such as practice educators, research radiographers, mark-up radiographers and on-treatment review radiographers, to name but a few.[1] Working across the multi-professional team, they will critically evaluate and analyse situations within their enhanced scope of practice, seeking support as required.

Those working at an enhanced level may be fully developed in any one of the four pillars, not just clinical; however, it is expected that all the capabilities set out across the four pillars are met regardless of the role. For example, an individual working at an enhanced level in research may have greater emphasis and engagement with the research pillar, but they must also be able to demonstrate engagement across all four pillars with the generic and profession-specific elements of the schema.[1]

[1] College of Radiographers (2022). The Education and Career Framework (4th Edition)

© NHS England 2024

Guidance provided by the schema will allow for the flexibility of role development at this level of practice, to ensure the roles meet the requirements of services now and in the future.

The development of the schema

An innovative collaborative group (ICG) was established in February 2023 with invitations extended to stakeholders within the therapeutic radiography community, inclusive of qualified clinical therapeutic radiographers at all bands/levels of practice, Radiotherapy Service Managers (RSMs), Workforce Development Leads (WDLs), education providers and the professional body (the College of Radiographers; CoR). Although this was a predominantly England-based project, the group felt it was important that there was representation from the devolved nations, and the invitation was extended to and accepted by clinical therapeutic radiographers in Scotland, Wales, and Northern Ireland.

To inform the group of the current awareness of Enhanced Level Practice in therapeutic radiography, information was gathered from the Workforce Reform Group looking at therapeutic radiography, a scoping exercise with RSMs, and the presentation of Enhanced Level Practice at the RSM meeting and Heads of Radiography Education (HRE) meeting.

The ICG met online and face to face to develop the schema. They started with the apprenticeship standard for the Enhanced Clinical Practitioner and the knowledge, skills, and attributes from the Education and Career Framework 2022 (4th Ed). By mapping and developing the capabilities in practice (CiPs) within the schema, the group ensured that both documents were the foundations of the schema and embedded throughout. Further information on how the CiPs and the descriptors can be used can be found in the next section ‘Schema capabilities in practice’.

A draft of the schema was submitted to HEE at the end of March 2023 for consideration by an expert panel, inclusive of curriculum development experts, current students, and patient representatives. The principles of the schema were presented at the United Kingdom Imaging and Oncology Congress in June 2023. The schema was also reviewed by critical friends with a variety of expertise across healthcare workforce development to ensure rigour and validity of the ‘blueprint’. A consultation has also been completed with the RSMs and HRE to further ensure rigour and validity of the document. It is important to note that the CoR has been extremely supportive of the development of the schema, to ensure parity across

© NHS England 2024

radiography professions and alignment with the Education and Career Framework 2022 (4th Ed).

Who is this schema for?

Education and training providers

The schema – alongside the College of Radiographers Education and Career Framework 2022 (4th Ed), the apprenticeship standard for this level of practice (should an apprenticeship be developed), and the Aspirant Cancer Career and Education Development (ACCEND) – will aid the design and delivery of postgraduate education for Enhanced Level Practice for therapeutic radiographers, providing guidance on content and effective learning, teaching, and assessment strategies. It is important to note that additional standards, competencies, and professional guidance must be consulted depending on the pathway-specific nature of the programme. The schema is intended to provide standardisation of education and training to ensure that all learners can evidence their knowledge, skills, and behaviours associated throughout whichever pathway is undertaken. It is therefore relevant to those using the Institute for Apprenticeships and Technical Education (IfATE) Enhanced Clinical Practitioner apprenticeship standard .

Employers

The schema provides the professional community with a minimum set of requirements to support the evolving development of the workforce to utilise skill mix and to enhance service delivery and values-based patient care. Although Level 7 education will be expected to be completed, this will be in conjunction with additional workplace opportunities to allow the application of theory to practice. Supervision will be provided by the employer during the training period and beyond (see the Supervision). Employers should use the schema alongside the employer's guide to the Enhanced Clinical Practitioner apprenticeships.

Practitioners

The schema will provide those training and working at this level of practice with guidance on the clear expectations of education and the capabilities required to provide robust governance in clinical departments. The schema is supportive of career progression, development, and engagement in lifelong learning.

© NHS England 2024

Options for educational delivery

Apprenticeship

The Enhanced Clinical Practitioner apprenticeship standard can be delivered at an educational Level 6 or 7, and where appropriate can offer academic credits (minimum of a postgraduate certificate (PgCert) at FEHQ Level 7)[1] in addition to completion of the end-point assessment (EPA). Where academic credits are included within the apprenticeship delivery, guidance should be sought under the Education and Skills Funding Agency (ESFA) funding regulations. The delivery of any programme would be mapped according to the apprenticeship standard and assessment at the appropriate level of study according to the Framework for Higher Education Qualifications (FEHQ) standards.

Continuing professional development (non-apprenticeship provision)

To ensure equitable access to education and training for roles at an enhanced level of practice, programmes may be developed to access alternative funding options. This schema should be aligned to this provision to ensure alignment and consistency of education and training. It is recommended that the minimum requirement of a programme supporting Enhanced Level Practice is a postgraduate certificate (PgCert) at FEHQ Level 7.[1]

Eligibility criteria for education programmes

It is expected that when training to an enhanced level of practice, individuals will follow either a higher degree apprenticeship pathway or a postgraduate route at Level 7 that is aligned with this schema. Employers will support the trainee to enrol on appropriate educational pathways and facilitate the application of the schema in practice to support the achievement of the capabilities.

For entry onto a postgraduate Level 7 Enhanced Practice programme, regardless of the route used, most education providers normally request the following in line with internal academic principles and regulations alongside the Quality Assurance Agency for Higher Education (QAA) quality code and statutory requirements (if required):

- Professional qualification such as therapeutic radiography at FHEQ Level 6
- Current registration with the relevant regulatory body

[1] College of Radiographers (2022). The Education and Career Framework (4th Edition)

© NHS England 2024

- A defined scope of Enhanced Level Practice within the workplace
- Ability to engage in learning with the full support of workplace management.

Academic programmes should also acknowledge that some trainees can enter the programme with pre-existing knowledge and skills allowing a more accelerated route through training. A suitable recognition of prior learning (RPL) should be considered for entry onto a programme, aligning with the expectations of the philosophy of the educational route followed.

Employer support

Development of the workforce in individual clinical services is the responsibility of the employer, and these roles should be service-driven. It is important to ensure all governance is in place before training commences, to protect the patient, individual, and organisation. The role should be clearly defined with an individual learning plan (ILP), job plan, job description, and enhanced scope of practice. These should align with the service, organisation, and regional workforce plans.

The employer should provide support to guide the trainee on their training pathway. Adequate training time should also be allocated to the trainee and anyone supporting them to allow for successful completion of the programme. Collectively, they will decide the most appropriate academic programme to meet the CiPs for their individual enhanced scope of practice. For further guidance on supervision, please see the Supervision further on in this schema.

A tripartite agreement must be in place between the trainee, employer, and education provider at the admissions stage to the educational programme, to ensure the learning environment is optimal for successful completion of the course. A triangulation feedback support mechanism by the employer, education provider, and the individual should be utilised. Employers should use the schema alongside the employer's guide to the Enhanced Clinical Practitioner apprenticeships.

Less than full-time training

It is possible to train on a part-time basis; however, it should be noted that the minimum number of hours a trainee can work, within the apprenticeship route, needs to align with the IfATE requirements. This is due to the need to gain sufficient experience in practice, while also completing academic work. The duration may be extended at the discretion of the education providers, depending on funding

© NHS England 2024

regulations. For other fees-paid routes, consideration should be given to the amount of time required to embed practice at this level.

Equality, diversity, inclusion, and sustainability

Users of this schema should ensure that they comply with the legislation set out in the NHS Constitution, Equality Act of 2010 and No More Tick Boxes. Anti-discriminatory practices should be followed throughout the recruitment to post, education and training, and beyond. It is expected that full monitoring of equality, diversity, and inclusion should be completed by both the employer and the education provider.

Although a deliverable within the apprenticeship standard, it is expected that equality of opportunity and learning experience are embedded within the ethos of the education and training programmes delivered from this 'blueprint' to protect the individual. The final curriculum aligned to the schema should also apply the ethos of AHPs Deliver (2022).

> The NHS Constitution states that the NHS is for everyone and the NHS will not treat anyone unfairly. In accordance with the Equality Act of 2010, which includes the Public Sector Equality Duty (PSED), it is a responsibility for everyone who works in the NHS to respect the human rights of individuals. The NHS also has a wider social duty to promote equality through the services it provides, paying particular attention to sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.
>
> The Allied Health Professions (AHPs) strategy for England – AHPs Deliver 2022

Across the schema development, the collaborative partnership recognised the importance of inequalities in diversity across the workforce and the opportunities for progression, recognising that methods of delivery should encompass the drive for widening participation and equality of opportunity. The partnership included a wide range of voices from across the professional community.

Sustainability and the appropriate goals from the World Health Organization (WHO) are embedded within the CiPs throughout this schema to allow individuals to apply these principles to themselves and the wider service. Throughout the development of

© NHS England 2024

the schema, the ethos of Delivering a Net Zero NHS (2023) was applied, using virtual meeting platforms and document-sharing to reduce the impact of travel.

Schema capabilities in practice

Capabilities in practice (CiPs) have been developed to describe what is expected of the enhanced level trainee at the end of their training. The descriptors are used as suggestions to define the requirements of education and training to allow the individual to meet the CiPs. Capabilities in practice for those working at this level are divided into three groups: **generic**, **profession-specific**, and **site-/role-specific** CiPs.

The suggested evidence is also defined, as is the way that this will map to the Education and Career Framework 2022 (4th Ed) by the CoR, the apprenticeship standard for this level of practice, and the Aspirant Cancer Career and Education Development (ACCEND) programme. The information within each capability will aid the development of relevant education and training required at this level of practice. The education and training should be responsive, to ensure successful completion across different scopes of practice at an enhanced level of practice, across therapeutic radiography, and to support emerging transformational workforce reform within radiotherapy and oncology. Further support on the learning, teaching, and assessment expected within the programme can be found in the Learning, teaching and assessment section.

It is recognised that there are common requirements across diagnostic and therapeutic radiography schemas at this level of practice. Individuals working at an enhanced level of practice should develop their communication, multi-professional working, behaviours, and other common skills across the professions defined within the **generic** CiPs.

The **profession-specific** CiPs differ across diagnostic and therapeutic radiography schemas. These build upon the foundations of an individual's registration and experience, ensuring the uniqueness of the specific knowledge, skills, and behaviours are not lost and that the professional skills flourish to drive high-quality service delivery and patient care.

Each profession has the challenge of differing healthcare delivery environments, patient populations and areas of expertise that should be recognised and encouraged to aid workforce reform. Therefore, the **pathway-specific** CiP(s) must

© NHS England 2024

be selected relevant to the trainee's role and enhanced scope of practice, refining, and defining their area of specialist practice **(not all pathway-specific CiPs need to be achieved)**. The relevant CiP(s) will be selected within the learning partnership during the first tripartite meeting and detailed within the ILP. This must be completed for all enhanced level trainees to provide clear governance and mitigate risk to the patient, individual, and organisation. Examples of individual training programmes are shown in **Appendix 1**.

Overview of the generic capabilities in practice

(To be demonstrated by **all radiographers** working at an enhanced level.)

1. Be an accountable, autonomous professional acting in the best interest of people, to provide practice that is evidence-based, safe, and compassionate within a defined scope of Enhanced Practice.
2. Use an effective level of communication in challenging environments and situations, applying negotiating and influencing skills.
3. Ethically lead and manage unpredictable and challenging situations, mitigating and managing risk, across the multi-professional team.
4. Foster a culture of lifelong learning through role-modelling to impact the practice of others.
5. Apply and undertake research to influence, improve, and innovate patient care and service delivery at an enhanced level of practice.

Overview of the profession-specific capabilities in practice

(To be demonstrated by **all therapeutic radiographers** working at an enhanced level.)

6. Use professional judgement and evidence-based practice to inform decision-making across the radiotherapy pathway.
7. Use knowledge, skills, and expertise to independently undertake professional decision-making, using a holistic and safe approach acknowledging the whole oncology patient pathway.
8. Promote and maintain a culture of quality improvement, excellence and innovation within the radiotherapy service within the individual's enhanced scope of practice and across the wider team.

© NHS England 2024

9. Champion, advocate, and be involved in research to influence strategic service development in radiotherapy and continuous improvement across the service.
10. Foster a positive learning culture to improve the quality of care delivered before, during, and after radiotherapy, across the wider multidisciplinary team.
11. Utilise national radiotherapy and oncology policy to influence local policy on quality and governance.

Overview of the pathway-specific capabilities in practice

(To be demonstrated by practitioners **within a specific scope of practice** working at an enhanced level.)

12. Core pathway in the clinical pillar (planning prior to radiotherapy treatment): Act autonomously, within a defined enhanced scope of practice, to localise and plan radiotherapy treatment safely and effectively, using professional judgement, decision-making, collaboration and co-production, and meeting quality standards.
13. Core pathway in the clinical pillar (during radiotherapy treatment): Act autonomously, within a defined enhanced scope of practice, to deliver, monitor, adapt, and evaluate the impact of radiotherapy treatment, using enhanced decision-making, collaboration and co-production in the radiotherapy pathway, and meeting quality standards.
14. Core pathway in the clinical pillar (post radiotherapy treatment): Act autonomously, within a defined enhanced scope of practice, to evaluate the impact of oncology treatment and provide effective care, including consideration of the self-management of the oncology patient.
15. Core pathway in the education pillar: Develop, deliver, and evaluate radiotherapy education and training opportunities for learners within own enhanced scope of practice.
16. Core pathway in the leadership pillar: Provide transformational and inclusive leadership, meeting the radiotherapy and oncology service goals within a defined enhanced scope of practice.
17. Core pathway in the research pillar: Lead, innovate, and develop a research culture, role-modelling the impact of research and driving service and people development in oncology services.

© NHS England 2024

The CiPs combine the knowledge, skills, behaviours, and values that are expected at this level of practice. The descriptors are intended to provide guidance to the expectations of the individual and can be used to define indicative content of modules or be used in the clinical environment to develop competency. Innovative ways to evidence the capabilities are encouraged by the education provider, employer, and trainee.

Generic capabilities in practice

Diagnostic and therapeutic radiographers working at an enhanced level will achieve these capabilities, to the Entrustment Level identified in the section on Assessment of capabilities in practice.

Capability in practice (CiP 1)

Be an accountable, autonomous professional acting in the best interest of people, to provide practice that is evidence-based, safe, and compassionate, within a defined scope of Enhanced Practice.

Descriptors

- Demonstrate a critical awareness and
- adherence to legal, ethical, professional, and organisational policies, governance, and procedures with a focus on mitigating risk and upholding safety.
- Comply legally, ethically, and professionally within your Enhanced Practice role, maintaining ongoing registration, being responsible and accountable for own decisions, actions, and omissions.
- Work autonomously, performing in a way that reflects awareness of own ability and capabilities, mitigating and managing risk(s) within your defined scope of Enhanced Practice and the correct procedure(s) for escalation and/or referral to colleagues within the multidisciplinary team.
- Critically appraise evidence and use findings to plan and provide enhanced person-centred care.

© NHS England 2024

- Assimilate, synthesise, and apply complex information to promote and advocate for the best interests of others, upholding the principles of safeguarding and evidence-based practice.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

Suggested evidence

- Successful completion of Level 7 module
- Work-based assessments
- Portfolio of evidence

Pillars of professional practice

- Clinical
- Leadership
- Education
- Research

Apprenticeship KSB mapping

K1, K2, K3, K4, K5, S1, S2, S3, S4, S5, B1, B2, B3

CoR ECF 4th Ed mapping

[EP.K.01], [EP.K.02], [EP.K.03], [EP.K.05], [EP.K.11], [EP.S.05], [EP.S.06], [EP.S.11], [EP.A.01], [EP.A.02], [EP.A.04], [EP.A.06], [EP.A.09], [EP.A.12]

© NHS England 2024

Capability in practice (CiP 2)

Use an effective level of communication in challenging environments and situations, applying negotiating and influencing skills.

Descriptors

- Employ communication models and theories of negotiating and mediating, such as de-escalation and diffusing strategies, in managing conflict and challenge to form a partnership of care.
- Role-model enhanced communication to navigate open and honest discussion, sharing of complex information and ideas, and evaluation and assessment of situations, to promote teamworking.
- Challenge – and be willing to support others who challenge – practice that does not appear to follow legal, ethical, or clinical guidelines or is not in the patient's best interest.
- Use principles and theories of coaching to support others in practice.
- Utilise national and international guidelines, professional judgement, and evidence-based practice to support complex decision-making.

Suggested evidence

- Successful completion of Level 7 module
- Advanced communication skills training
- Work-based assessments
- Portfolio of evidence

Pillars of professional practice

- Clinical
- Leadership
- Education
- Research

© NHS England 2024

Apprenticeship KSB mapping

K13, K17, K18, K19, K27, S13, S17, S18, S19, S27, B1, B2, B2

CoR ECF 4th Ed mapping

[EP.K.01], [EP.K.02], [EP.K.03], [EP.S.03], [EP.S.04], [EP.S.05], [EP.S.06], [EP.S.07], [EP.S.08], [EP.S.09], [EP.S.10], [EP.S.18], [EP.A.04], [EP.A.06], [EP.A.09], [EP.A.12]

Capability in practice (CiP 3)

Ethically lead and manage unpredictable and challenging situations, mitigating and managing risk, across the multi-professional team.

Descriptors

- Lead with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences, demonstrating anti-discriminatory practice for area of service.
- Be adaptable, reliable, and consistent, demonstrating effective healthcare leadership to lead and empower others to safely prioritise and deliver care.
- Implement and support others to fulfil safeguarding duties and procedures in a timely and proactive manner.
- Recognise the impact of planning, prioritising, and directing resources within area of Enhanced Practice, on wider systems.
- Demonstrate effective, inclusive, and supportive leadership in relation to own scope of Enhanced Practice and related team, including the facilitation, delegation, and leadership of others in own team.
- Identify and manage risk(s) to patient safety and others in an unpredictable and complex environment with evidence-based strategies to manage risk(s) in an enhanced scope of practice.

© NHS England 2024

- Actively value the range of people and cultures that present in practice, demonstrating compassion or empathy that is appropriate to the situation and people's needs.
- Show respect and empathy for those you work with, including models and theories of negotiating and mediating, such as de-escalation and diffusing strategies.
- Recognise how to escalate to and engage others when working at the boundaries of your enhanced scope of practice.

Suggested evidence

- Successful completion of Level 7 module
- Work-based assessments
- Portfolio of evidence

Pillars of professional practice

- Clinical
- Leadership
- Education

Apprenticeship KSB mapping

K13, K17, K18, K24, K25, K26, S13, S17, S18, S24, S25, S26, B1, B2, B3

CoR ECF 4th Ed mapping

[EP.K.03], [EP.K.14], [EP.S.04], [EP.S.05], [EP.S.06], [EP.S.07], [EP.S.08], [EP.S.09], [EP.S.10], [EP.S.12], [EP.S.15], [EP.S.16], [EP.A.12]

© NHS England 2024

Capability in practice (CiP 4)

Foster a culture of lifelong learning through role-modelling to impact the practice of others.

Descriptors

- Practise critical self-awareness, self-reflection, and horizon scanning, proactively addressing development needs to enhance performance and continuing professional development.
- Understand and apply evidence-based learning with critical thinking, to be solution focused within an enhanced scope of practice.
- Embed a culture of continued professional development as required by the registration and governing bodies.
- Foster an environment where constructive feedback is welcomed to enhance personal and professional development.
- Provide opportunity for peer learning and constructive feedback to guide, support, motivate, and develop others.
- Role-model lifelong learning across your workplace, showing awareness of the learning needs of those working/training within your team.
- Through role-modelling and supervision, implement measures that assist with the maintenance of health, well-being, and resilience for staff, patients, families, and carers.

Suggested evidence

- Successful completion of Level 7 module
- Work-based assessments
- Portfolio of evidence

Pillars of professional practice

- Education
- Leadership

© NHS England 2024

Apprenticeship KSB mapping

K10, K12, K14, K17, K23, K31, K32, S10, S12, S13, S14, S17, S23, S31, S32, B1, B2, B3

CoR ECF 4th Ed mapping

[EP.K.12], [EP.K.15], [EP.S.12], [EP.S.13], [EP.S.14], [EP.A.6], [EP.A.10]

Capability in practice (CiP 5)

Apply and undertake research to influence, improve, and innovate patient care and service delivery at an enhanced level of practice.

Descriptors

- Critically search, analyse, and critique literature, appraising the findings to embed evidence and values-based practice across the service.
- Identify opportunities to enhance patient care and service design and use resources to identify gaps within the evidence base.
- Understand and apply the principles of service improvement through co-production to support innovation within patient care.
- Develop knowledge to build ethically sound, appropriate research methods.
- Proactively seek advice and collaborative support, to provide evidence for assurance of practice or development.
- Maintain awareness of macro and micro factors that may affect the performance of service delivery, including healthcare policy and practice, evolving population needs, healthcare inequality, and practice guidance and standards.

© NHS England 2024

Suggested evidence

- Successful completion of Level 7 module
- Work-based assessments
- Portfolio of evidence

Pillars of professional practice

- Research

Apprenticeship KSB mapping

K1, K2, K4, K20, K21, K22, K26, K28, K29, K30, S1, S2, S21, S22, S28, S29, S30, B1, B2, B3

CoR ECF 4th Ed mapping

[EP.K.05], [EP.K.07], [EP.K.11], [EP.K.13], [EP.K.15], [EP.K.16], [EP.S.15], [EP.S.18], [EP.A.01], [EP.A.04], [EP.A.08], [EP.A.11], [EP.A.12]

© NHS England 2024

Profession-specific capabilities in practice (therapeutic radiographers)

ALL therapeutic radiographers working at an enhanced level of practice will be expected to meet the CiPs within this section to the entrustment level identified in the section on Assessment of capabilities in practice.

Capability in practice (CiP 6)

Use professional judgement and evidence-based practice to inform decision-making across the radiotherapy pathway.

Descriptors

- Demonstrate knowledge of underpinning anatomy and complex applied physiology, disease, toxicities, treatments, and interventions. Act upon deterioration or distress in mental, physical, cognitive, and behavioural health in own enhanced scope of practice.
- Act as a practitioner under IR(ME)R (where relevant) and use professional judgement and autonomy.
- Assess and act on evidence of unexpected change or patient deterioration within own enhanced scope of practice, considering individual patient factors, including comorbidities, cognitive impairment, frailty, learning disability and autism, and personal preferences.
- Proactively apply, and facilitate others within radiotherapy to apply, the principles of patient, public and professional partnerships, person-centred care, and values-based practice to enhance people's experiences of oncology care and co-create services that meet patients' needs.
- Implement safeguarding duties and procedures for yourself, your peers and across a service where appropriate.
- Use a variety of tools and techniques to systematically search, select, and present evidence to inform knowledge and further develop the radiotherapy service within a defined enhanced scope of practice.
- Direct others to sources of information and evidence, coaching and supporting them in applying information and evidence in complex decision-making.

© NHS England 2024

Suggested evidence

- Successful completion of Level 7 academic work-based learning module
- Work-based assessments

Portfolio of evidence

- Pillars of professional practice:
- Clinical
- Leadership
- Education
- Research

Apprenticeship KSB mapping

K1, K2, K3, K4, K5, K6, K7, K8, K9, K10, K11, K24, S1, S2, S3, S4, S5, S6, S7, S25, B1, B2, B3

CoR ECF 4th Ed mapping

[EP.K.02], [EP.K.03], [EP.K.05], [EP.K.06], [EP.K.11], [EP.S.05], [EP.S.06], [EP.S.11], [EP.A.01], [EP.A.02], [EP.A.04], [EP.A.06], [EP.A.09], [EP.A.12]

ACCEND mapping

A1, A2, A3, A4, A5, A6, A7, A8, A9, B10, B11, B12, C13, C14, C15, C16, C17, C18, C20

© NHS England 2024

Capability in practice (CiP 7)

Use knowledge, skills, and expertise to independently undertake professional decision-making, using a holistic and safe approach acknowledging the whole oncology patient pathway.

Descriptors

- Apply knowledge and principles of radiation physics and radiation protection to ensure increased compliance with contemporary ionising radiation legislation.
- Apply specialist knowledge of anatomy, histology, and physiology within oncology and radiobiology when applying clinical reasoning and professional judgement.
- Underpin clinical decision-making with the values of holistic person-centred care, ensuring a shared approach to decision-making.
- Use the evidence base to collaboratively guide decision-making that is underpinned by specialist oncology knowledge and skills within own scope of Enhanced Practice.
- Critically apply enhanced knowledge of radiotherapy and technology to enable evidence-based practice to reduce and mitigate risk.
- Assess and act upon signs and pathophysiology of deterioration or distress in mental, physical, cognitive, and behavioural health in own enhanced scope of practice.
- Act autonomously within a defined enhanced scope of practice, seeking advice from others if required, to underpin and justify decision-making.

Suggested evidence

- Successful completion of Level 7 module
- Work-based assessments
- Portfolio of evidence

© NHS England 2024

Pillars of professional practice

- Clinical
- Leadership
- Education
- Research

Apprenticeship KSB mapping

K4, K5, K6, K7, K8, K9, K11, K16, K19, K24, S4, S5, S6, S8, S9, S11, S19, S27, B1, B2, B3

CoR ECF 4th Ed mapping

[EP.K.02], [EP.K.03], [EP.K.04], [EP.K.05], [EP.K.06], [EP.K.07], [EP.K.09], [EP.K.11], [EP.S.01], [EP.S.02], [EP.S.03], [EP.S.04], [EP.S.05], [EP.S.11], [EP.A.01], [EP.A.02], [EP.A.03], [EP.A.04], [EP.A.06], [EP.A.08], [EP.A.09], [EP.A.11], [EP.A.12]

ACCEND mapping

A1, A2, A3, A4, A5, A6, A7, A8, A9, B10, B11, B12, C13, C14, C15, C16, C17, C18, C20

© NHS England 2024

Capability in practice (CiP 8)

Promote and maintain a culture of quality improvement, excellence and innovation within the radiotherapy service within the individual's enhanced scope of practice and across the wider team.

Descriptors

- Proactively review the radiotherapy pathway and workflow to identify and implement changes to manage resources, improve efficiency, and reduce waste.
- Contribute to improved service design by identifying and challenging ineffective systems and procedures, applying the principles of change management.
- Apply innovative advancements in technology such as artificial intelligence around digital decision-making, and efficient and effective patient pathways.
- Collaboratively engage in a range of activities to enhance the safety, accuracy, and efficacy of radiotherapy, disseminating the knowledge gained.
- Improve patient experience by actively seeking and acting upon feedback from a variety of sources, encouraging colleagues to do the same.
- Critically appraise evidence, such as local and national quality standards, guidance, and frameworks, within radiotherapy and oncology and apply to own enhanced scope of practice.
- Apply the principles of patient, public and professional partnerships, person-centred care and values-based practice to co-create services that meet patients' needs and enhance inclusivity and equality.
- Undertake service evaluation and improvement to drive innovation and sustainability in practice.

Suggested evidence

- Successful completion of Level 7 leadership/service improvement module
- Equality and diversity training
- Quality improvement training

© NHS England 2024

Pillars of professional practice

- Leadership
- Research

Apprenticeship KSB mapping

K2, K20, K21, K22, S2, S20, S21, S22, B1, B2, B3

CoR ECF 4th Ed mapping

[EP.K.01], [EP.K.02], [EP.K.03], [EP.K.08], [EP.K.10], [EP.K.11], [EP.K.13], [EP.K.14], [EP.S.06], [EP.S.07], [EP.S.15], [EP.S.16], [EP.S.17], [EP.A.01], [EP.A.02], [EP.A.03], [EP.A.04], [EP.A.05], [EP.A.06], [EP.A.07], [EP.A.08], [EP.A.09], [EP.A.11], [EP.A.12]

ACCEND mapping

A1, A2, F21, F23

Capability in practice (CiP 9)

Champion, advocate, and be involved in research to influence strategic service development in radiotherapy and continuous improvement across the service.

Descriptors

- Actively lead clinical audit and service evaluation to support a culture of continuous quality improvement, influencing patient outcomes across the oncology service.
- Contribute to research projects within your enhanced scope of practice.
- Act as a patient advocate in research design and review.
- Measure, evaluate, and act on the outcome of research and audit to improve patient experience.

© NHS England 2024

- Support and encourage others to develop the skills and confidence to participate in research, audit, and service evaluation/development activities.
- Disseminate the outcomes of research, audit, and service evaluation/development to appropriate audiences.

Suggested evidence

- Successful completion of Level 7 module
- Work-based assessments
- Portfolio of evidence

Pillars of professional practice

- Clinical
- Leadership
- Education
- Research

Apprenticeship KSB mapping

K1, K4, K20, K22, K26, K28, K29, K30, S1, S2, S21, S22, S28, S29, S30, B1, B2, B3

CoR ECF 4th Ed mapping

[EP.K.03], [EP.K.05], [EP.K.08], [EP.K.10], [EP.K.11], [EP.K.13], [EP.K.15], [EP.K.16], [EP.S.04], [EP.S.05], [EP.S.06], [EP.S.07], [EP.S.18], [EP.S.19], [EP.A.01], [EP.A.02], [EP.A.04], [EP.A.06], [EP.A.08], [EP.A.11], [EP.A.12]

ACCEND mapping

A1, A2, E22, F23

© NHS England 2024

Capability in practice (CiP 10)

Foster a positive learning culture to improve the quality of care delivered before, during, and after radiotherapy, across the wider multidisciplinary team.

Descriptors

- Understand the impact of self-reflection and actively promote reflective practice within the wider team.
- Understand the principles of mentoring and preceptorship and how these differ from counselling, coaching, and teaching.
- Understand the learning theories to underpin education and development of those working/training within own team and the wider multidisciplinary team.
- Apply the principles of assessment and constructive feedback mechanisms.
- Play an active role in the education of a range of learners within the oncology department.
- Advocate for and participate in supervision in practice.
- Apply the principles of Making Every Contact Count, encouraging healthy living to improve health inequalities within the local population

Suggested evidence

- Successful completion of Level 7 mentoring/coaching module
- Work-based assessments
- Portfolio of evidence

Pillars of professional practice

- Education

Apprenticeship KSB mapping

K10, K15, K16, K23, K31, K32, S10, S12, S15, S16, S26, S23, S31, S32, B1, B2, B3

© NHS England 2024

CoR ECF 4th Ed mapping

[EP.K.08], [EP.K.10], [EP.K.12], [EP.S.11], [EP.S.12], [EP.S.13], [EP.S.14], [EP.S.15], [EP.A.01], [EP.A.02], [EP.A.04], [EP.A.06], [EP.A.07], [EP.A.08], [EP.A.10], [EP.A.11], [EP.A.12]

ACCEND mapping

A1, A2, C17, G24

Capability in practice (CiP 11)

Utilise national radiotherapy and oncology policy to influence local policy on quality and governance.

Descriptors

- Demonstrate knowledge of national and local research governance processes and local infrastructure and personnel available to support Enhanced Practice researchers.
- Respect and uphold the governance requirements of the employer, local services, and national initiatives, exhibiting accountability for actions, transparency, and cultures of professional practice.
- Apply local, regional, and national strategic priorities for oncology services to ensure equal access for all patients.

Suggested evidence

- Successful completion of Level 7 research/service improvement module
- Work-based assessments
- Portfolio of evidence

Pillars of professional practice

- Research
- Leadership

© NHS England 2024

Apprenticeship KSB mapping

K2, K5, K11, K21, K30, K32, S2, S5, S7, S11, S20, S30, B1, B2, B3

CoR ECF 4th Ed mapping

[EP.K.05], [EP.K.08], [EP.K.10], [EP.K.15], [EP.K.16], [EP.S.8], [EP.S.9], [EP.S.10], [EP.S.12], [EP.A.01], [EP.A.02], [EP.A.3], [EP.A.04], [EP.A.06], [EP.A.08], [EP.A.10], [EP.A.5], [EP.A.11], [EP.A.12]

ACCEND mapping

A1, A2, F23

Pathway-specific capabilities in practice

The pathway-specific capabilities in practice should be selected to meet the requirements of the enhanced scope of practice of the individual working at an enhanced level to the entrustment level identified in the section on Assessment of capabilities in practice.

Core pathway in the clinical pillar (planning prior to radiotherapy treatment)

Capability in practice (CiP 12)

Act autonomously, within a defined enhanced scope of practice, to localise and plan radiotherapy treatment safely and effectively, using professional judgement, decision-making, collaboration and co-production, and meeting quality standards.

Descriptors

- Use knowledge and professional judgement of other oncology treatments, disease pathology, frailty, and co-morbidities to ensure safe decision-making.
- Apply clinical assessment skills (within defined enhanced scope of practice) to identify the ability of the patient to withstand the intent of the referral for the radiotherapy treatment.

© NHS England 2024

- Apply extensive understanding of approaches to adaptable communication styles throughout the radiotherapy pathway and beyond, including sensitive and distressing topics, the psychosocial needs of patients, their families and/or carers, showing respect and empathy to all.
- Harness a holistic approach to the assessment of the patient prior to the pretreatment procedure.
- Apply critical thinking within challenging situations with regard to patient position, immobilisation techniques, and methods of tumour localisation.
- Accurately identify and define placement of radiotherapy treatment within a defined enhanced scope of practice.
- Accurately identify and delineate organs at risk within enhanced scope of practice.
- Use clinical expertise and decision-making skills to evaluate dosimetric requirements against treatment parameters and patient dose effects to produce the required dose to international standards.
- Assess and evaluate whether a replan/rescan is justified following dosimetric review of the planned delivery, following a treatment error or changes in patient anatomy and/or shape, in line with ionising radiation policies.
- Provide professional judgement in collaboration with the wider multidisciplinary team when determining the most appropriate compensation method and subsequent patient dose within radiotherapy plans.
- Provide leadership, utilising tools such as audit to evaluate pretreatment and dosimetry practice and improve service delivery.
- Provide education and training to peers and the wider multidisciplinary team, within defined enhanced scope of practice.
- Accurately collect research data, inclusive of clinical trials.

© NHS England 2024

Suggested evidence

- Successful completion of Level 7 work-based learning module
- Work-based assessments (e.g., mini clinical evaluation exercise, case-based discussion, direct observation of radiotherapy planning skills, dosimetry/virtual simulation training, in-house competencies or M-Level module)
- Portfolio of evidence

Pillars of professional practice

- Clinical
- Education
- Research
- Leadership

Apprenticeship KSB mapping

K2, K3, K4, K5, K6, K7, K8, K9, K11, K25, K27, S3, S4, S5, S6, S7, S8, S9, S10, S11, S12, S13, B1, B2, B3

CoR ECF 4th Ed mapping

[EP.K.02], [EP.K.03], [EP.K.04], [EP.K.05], [EP.K.06], [EP.K.07], [EP.K.09], [EP.K.11], [EP.K.14], [EP.K.15], [EP.K.16], [EP.S.01], [EP.S.02], [EP.S.03], [EP.S.04], [EP.S.05], [EP.S.06], [EP.S.07], [EP.S.08], [EP.S.09], [EP.S.10], [EP.S.11], [EP.S.12], [EP.S.13], [EP.A.01], [EP.A.02], [EP.A.03], [EP.A.04], [EP.A.05], [EP.A.06], [EP.A.07], [EP.A.9]

ACCEND mapping

A1, A2, A3, A4, A5, A6, A7, A8, A9, B10, B11, B12, C13, C14, C15, C16, C17, C18, C20

© NHS England 2024

Core pathway in the clinical pillar (during radiotherapy treatment)

Capability in practice (CiP 13)

Act autonomously, within a defined enhanced scope of practice, to deliver, monitor, adapt, and evaluate the impact of radiotherapy treatment, using enhanced decision-making, collaboration, and co-production in the radiotherapy pathway, and meeting quality standards.

Descriptors

- Use and apply knowledge and professional judgement of other oncology treatments, disease pathology, frailty, and comorbidities to ensure safe decision-making during radiotherapy treatment within a defined enhanced scope of practice.
- Understand the patient's history and apply critical thinking to perform an appropriate assessment of the patient and/or radiotherapy treatment imaging, to ensure accurate and effective treatment.
- Harness a holistic approach to the assessment of the patient prior to the treatment procedure.
- Apply extensive understanding of approaches to adaptable communication styles throughout the radiotherapy pathway and beyond, including sensitive and distressing topics, the psychosocial needs of patients, their families, and/or carers, showing respect and empathy to all.
- Utilise coaching skills to educate patients on the impact of treatment and advise them how to live well before, during, and beyond treatment.
- Evaluate and apply the correct available clinical information, tools, and techniques to assess the current situation and support decision-making aligned to national and international guidelines.
- Understand and apply the role of pharmacology in the management of treatment-related toxicities, relative to own scope of Enhanced Practice.
- Demonstrate awareness of appropriate referral pathways to inform the delivery and management of radiotherapy patients and their care plans.

© NHS England 2024

- Use on-treatment imaging and/or wider relevant information to apply decision-making to ensure accuracy and safe delivery of radiotherapy treatment, assessing and evaluating whether a replan/rescan is justified, in line with ionising radiation policies.
- Provide leadership, utilising tools such as audit to evaluate radiotherapy techniques and related toxicities to improve service.
- Disseminate information to educate the local and wider professional community on existing and innovative treatment developments they are supporting for implementation.

Suggested evidence

- Successful completion of Level 7 work-based learning module
- Non-medical prescribing
- Work-based assessments
- Portfolio of evidence (e.g., advanced communication skills training)

Pillars of professional practice:

- Clinical
- Education
- Leadership
- Research

Apprenticeship KSB mapping

K2, K3, K4, K5, K6, K7, K8, K9, K11, K25, K27, S3, S4, S5, S6, S7, S8, S9, S10, S11, S12, S13, B1, B2, B3

CoR ECF 4th Ed mapping

[EP.K.02], [EP.K.03], [EP.K.04], [EP.K.05], [EP.K.06], [EP.K.07], [EP.K.09], [EP.K.11], [EP.K.14], [EP.K.15], [EP.K.16], [EP.S.01], [EP.S.02], [EP.S.04], [EP.S.05], [EP.S.06], [EP.S.07], [EP.S.08], [EP.S.09], [EP.S.10], [EP.S.11], [EP.S.12], [EP.S.13], [EP.A.01], [EP.A.02], [EP.A.03], [EP.A.04], [EP.A.05], [EP.A.06], [EP.A.07], [EP.A.9]

© NHS England 2024

ACCEND mapping

A1, A2, A3, A4, A5, A6, A7, A8, A9, B10, B11, B12, C13, C14, C15, C16, C17, C18, C20

Core pathway in the clinical pillar (post radiotherapy treatment)

Capability in practice (CiP 14)

Act autonomously, within a defined enhanced scope of practice, to evaluate the impact of oncology treatment and provide effective care, including consideration of the self-management of the oncology patient.

Descriptors

- Use knowledge and professional judgement of other oncology treatments, disease pathology, frailty, and comorbidities to ensure safe decision-making.
- Understand the patient's history and symptoms, applying critical thinking to perform an appropriate assessment of the patient.
- Apply extensive understanding of approaches to adaptable communication styles throughout the oncology pathway and beyond, including sensitive and distressing topics, the psychosocial needs of patients, their families, and/or carers, showing respect and empathy to all.
- Harness a holistic approach to the assessment of the patient prior to the procedure.
- Utilise coaching skills to educate patients on the impact of treatment and advise them how to live well.
- Evaluate and apply the correct available clinical information, tools, and techniques to assess the current situation and support decision-making aligned to national and international guidelines.
- Understand the role of pharmacology in the management of treatment-related toxicities, relative to own scope of Enhanced Practice.
- Demonstrate awareness of appropriate referral pathways to support the delivery of a patient's care plan.

© NHS England 2024

- Utilise tools such as audit, while providing leadership in service improvement, to evaluate toxicities and treatments.
- Disseminate information to educate the local and wider professional community on the short- and long-term impact of oncology treatment.

Suggested evidence

- Successful completion of Level 7 work-based learning module
- Non-medical prescribing
- Work-based assessments
- Portfolio of evidence (e.g., advanced communication skills training)

Pillars of professional practice

- Clinical
- Education
- Leadership
- Research

Apprenticeship KSB mapping

K2, K3, K4, K5, K6, K7, K8, K9, K10, K11, K25, K27, S3, S4, S5, S6, S7, S8, S9, S10, S11, S12, S24, B1, B2, B3

CoR ECF 4th Ed mapping

[EP.K.02], [EP.K.03], [EP.K.04], [EP.K.05], [EP.K.06], [EP.K.07], [EP.K.08], [EP.K.09], [EP.K.11], [EP.K.12], [EP.K.14], [EP.K.15], [EP.K.16], [EP.S.01], [EP.S.02], [EP.S.3], [EP.S.04], [EP.S.05], [EP.S.06], [EP.S.07], [EP.S.08], [EP.S.09], [EP.S.10], [EP.S.11], [EP.S.12], [EP.S.13], [EP.A.01], [EP.A.02], [EP.A.03], [EP.A.04], [EP.A.05], [EP.A.06], [EP.A.07], [EP.A.09]

ACCEND mapping

A1, A2, A3, A4, A5, A6, A7, A8, A9, B10, B11, B12, C13, C14, C15, C16, C17, C18, C19, C20

© NHS England 2024

Core pathway in the radiotherapy education pillar

Capability in practice (CiP 15)

Develop, deliver, and evaluate radiotherapy education and/or associated training opportunities for learners within own enhanced scope of practice.

Descriptors

- Identify training and education needs of others in the workplace and use tools and procedures for conducting a training needs analysis within your enhanced scope of practice.
- Empower others to take responsibility for their training and development by identifying learning opportunities and sharing enhanced knowledge while providing and seeking feedback to inform future practice.
- Positively impact on the recruitment, retention, and education of the radiotherapy workforce.
- Apply innovative and collaborative methods of providing educational placements, addressing cultural barriers, and expanding placement capacity.
- Enable others to support positive education and assessment experiences for learners, ensuring colleagues are supported during difficult conversations.
- Use teaching and assessment theories, techniques, innovations, and relevant models to develop synergistic educational activity and facilitate a positive learning environment.
- Understand learning styles, feedback mechanisms, and how to use emotional intelligence.
- Show innovation in educational delivery via other methods such as simulation.
- Apply best principles of mentoring, preceptorship, and coaching to assist in development of colleagues.
- Evaluate and reflect on the effectiveness of training and education activities.
- Collaborate with education providers to ensure comprehensive support for learners.

© NHS England 2024

- Contribute to the development of appropriate training and CPD for students and colleagues across the oncology multidisciplinary team.

Suggested evidence

- Successful completion of Level 7 Clinical Education module
- Practice Educator Accreditation (PEAS)
- Work-based assessment
- Portfolio of evidence (e.g., evidence of clinical supervision training, coaching qualification, clinical and academic teaching and action learning set training, engagement and/or facilitation)

Pillars of professional practice

- Education
- Leadership

Apprenticeship KSB mapping

- K10, K12, K14, K16, K27, K31, S12, S14, S15, S16, S23, S23, S31, S32, B1, B2, B3

CoR ECF 4th Ed mapping

[EP.K.02], [EP.K.05], [EP.K.07], [EP.K.08], [EP.K.12], [EP.K.14], [EP.K.15], [EP.S.02], [EP.S.06], [EP.S.07], [EP.S.08], [EP.S.09], [EP.S.10], [EP.S.11], [EP.S.12], [EP.S.13], [EP.S.14], [EP.S.15], [EP.A.01], [EP.A.02], [EP.A.04], [EP.A.06], [EP.A.09], [EP.A.10]

ACCEND mapping

A1, A2, G24

© NHS England 2024

Core pathway in the leadership pillar

Capability in practice (CiP 16)

Provide transformational and inclusive leadership meeting the radiotherapy and oncology service goals within a defined enhanced scope of practice.

Descriptors

- Demonstrate leadership skills in first-line management, with operational and project responsibilities or responsibility for managing a team to deliver a clearly defined outcome.
- Recognise the impact of leadership and change on the strategic management of the service.
- Provide clear direction, instructions, and guidance to ensure the achievement of set goals within the team.
- Support, manage, and develop team members within the radiotherapy service.
- Lead projects, planning and monitoring workloads and resources, delivering operational plans, resolving problems, and building relationships internally and externally.
- Understand HR systems and legal requirements and performance management techniques, including setting goals and objectives, conducting appraisals, reviewing performance, absence management, providing constructive feedback, and recognising achievement and good behaviour.
- Undertake effective communication to chair meetings, hold challenging conversations, provide constructive feedback, and understand how to raise concerns within the radiotherapy department.
- Support senior leaders in delivering projects, including managing resources, identifying risks and issues and reporting on these, using relevant project management tools.
- Demonstrate self-awareness and understand unconscious bias and inclusivity.

© NHS England 2024

Suggested evidence

- Successful completion of Level 7 clinical leadership module
- Work-based assessments
- Portfolio of evidence. (e.g., NHS Leadership Academy courses – associated projects to develop skills, coaching qualification, and/or quality improvement qualification)

Pillars of professional practice

- Leadership

Apprenticeship KSB mapping

K13, K14, K15, K16, K31, S14, S15, S16, S23, B1, B2, B3

CoR ECF 4th Ed mapping

[EP.K.02], [EP.K.05], [EP.K.07], [EP.K.08], [EP.K.10], [EP.K.13], [EP.K.14], [EP.S.02], [EP.S.06], [EP.S.08], [EP.S.09], [EP.S.10], [EP.S.11], [EP.S.12], [EP.S.13], [EP.S.14], [EP.A.12]. EP.A.01], [EP.A.02], [EP.A.04], [EP.A.06], [EP.A.09], [EP.A.10]

ACCEND mapping

A1, A2, E22, F23

© NHS England 2024

Core pathway in the research pillar

Capability in practice (CiP 17)
Lead, innovate, and develop a research culture, role-modelling the impact of research and driving service and people development in oncology services.
Descriptors • Act as a role model for research and development and innovation in area of specialism. • Actively contribute to and lead research in practice within a collaborative team. • Contribute to the research and development strategy within area of specialism and the wider oncology service. • Provide support to principal investigators, contributing to feasibility considerations, clinical trial set-up and QA processes. • Foster cultural change using quality improvement methodologies and innovative practice. • Effectively liaise with internal and external research stakeholders, including the research and development department, academic and research centres. • Identify gaps in the evidence base and potential areas for research. • Support and supervise staff in conduction of their own research projects, ensuring adherence to research governance guidelines.
Suggested evidence • Successful completion of Level 7 research module • Work-based assessments • Portfolio of evidence (e.g., Good Clinical Practice Guideline (GCP) training, publications and/or research ethics training)
Pillars of professional practice • Research

© NHS England 2024

Apprenticeship KSB mapping K1, K11, K20, K21, K22, K23, K30, S1, S2, S20, S21, S22, S28, S30, B1, B2, B3
CoR ECF 4th Ed mapping [EP.K.02], [EP.K.05], [EP.K.07], [EP.K.10], [EP.K.11], [EP.K.14], [EP.K.15], [EP.K.16], [EP.S.02], [EP.S.06], [EP.S.07], [EP.S.08], [EP.S.09], [EP.S.10], [EP.S.12], [EP.S.13], [EP.A.01], [EP.A.02], [EP.A.04], [EP.A.06], [EP.A.09]
ACCEND mapping A1, A2, E22, F23

© NHS England 2024

Learning, teaching and assessment strategy

Overview

A learning, teaching and assessment (LTA) strategy at an enhanced level of practice should be contemporary and demonstrate responsiveness to political, economic, social, and technological drivers within health and social care provision, both now and for the future, building on the NHS Long Term Workforce Plan (2023). The starting point is the professional regulation standards of knowledge, skills, and behaviours for the practitioner, and this should be used as the foundation to harness the full potential of the individual.

The schema aims to align academic and clinical/professional training for professionals working at an enhanced level of practice in therapeutic radiography. Through a collaborative tripartite partnership between the trainee, employer, and the education provider, the CiPs should be integrated into the education and training of the individual. The module/programme should view its learners from the perspective of being mature, experienced, keen to learn, and highly motivated to develop new ways of thinking and learning.

Throughout the training, the practitioners will be employed to work at an enhanced level within the clinical service and all governance will remain the responsibility of the employer. It is recognised that the employer will be supportive of the development of the trainee, providing valuable learning opportunities throughout training.

The educational provider should engage in support of the implementation of any work-based assessments and provide the theoretical knowledge to allow the trainee to apply these to their specific enhanced scope of practice. Diversity of learning, teaching, and assessment methods should be embedded within the academic programme, providing the learning resources to enable knowledge, skill, and behavioural development in line with the required CiP at the appropriate entrustment level. At the end of the programme of study, the practitioner should be self-aware and a proactive practitioner. They should be keen to work collaboratively, allowing innovation to flourish. In applying their knowledge, they should be reflective and critical thinkers working autonomously within their defined enhanced scope of practice. Finally, they should have a strong sense of professional identity, using their professional skills within their registration to enhance the service provided.

© NHS England 2024

Level 7 academic education

Although the apprenticeship standard for Enhanced Clinical Practice is written at education Level 6, it is recognised that Level 6 is also the entry level to the therapeutic radiography profession. Referring to the Framework for Higher Education Qualifications (FEHQ) standards, it would be appropriate to set the academic requirement as a minimum of a postgraduate certificate, which also aligns with the Education and Career Framework (4th Ed) from the College of Radiographers. Apprenticeships can be delivered at a level above the standard, but it is recommended that education providers check ESFA funding regulations to ensure appropriate funds are applied to the programme. The schema has been designed to also be used as a fee-funded programme or a suite of CPD modules. It is important to promote inclusivity of access to all at this level of education and training. The educational provision is to empower trainees in their enhanced scope of practice, providing underpinning knowledge to be applied within the workplace.

Formal teaching

It is recommended that a blended learning approach be accessed for this schema. Because therapeutic radiography is a small profession, having viable trainee numbers to provide a higher-quality learning experience is imperative. The use of blended learning will allow this to come to fruition.

Within this schema, blended learning is defined as:

- Face-to-face teaching/assessment that can be delivered by the education provider or the clinical department.
- Asynchronous and synchronous teaching that can be provided by the education provider (via distance learning) and/or clinical practice. The teaching strategies used should be inclusive of peer learning, critical thinking, and autonomous practice.

When designing distant learning programmes, it is recommended that a robust delivery model is used to limit challenges in facilitation at this level of practice; for example, the Salmons five-stage model (2004) can be used to create a supportive online learning environment.

Simulation

Simulated scenario-based training can also be provided within the academic programme or clinical training. The schema promotes the use of immersive and

© NHS England 2024

innovative technology to enrich the experience of the learner; this can be via augmented reality (AR) and/or virtual reality (VR).

Examples of areas where simulation can be facilitated to apply learning include:

- Clinical skills
- Communication
- Peer-to-peer learning
- Utilisation alongside clinical practice experience
- Utilisation to build confidence and competency
- Application as an assessment in practice or to assess competency development (depending on skill)
- Utilisation for the application of complexity in a safe environment for scenarios that are not commonly seen.

Technology-enhanced learning

Embedding technology enhanced learning (TEL) within programmes supports facilitation and engagement of the learner to enrich and apply their newfound knowledge, skills, and behaviours. The virtual learning environment (VLE) is used within higher education, facilitating learning with essential high-quality learning materials and other support resources. Within clinical practice, practitioners will work with a wide range of software and technologies; however, they often lack confidence in their digital literacy skills in other environments. Learners should be encouraged to review their digital literacy skills so they can evolve with academic and clinical practice. Accessibility of the resources required for learning should also be reviewed, to ensure inclusivity for the learner. The individual should have access to the hardware and software required to access any element of the programme.

Examples of TEL that can be used within the programme are:

- Presenting and recording online
- Electronic portfolios
- Clinical competency with technical equipment
- Dissemination (innovation podcasts, etc.)
- Publishing

© NHS England 2024

- Networking on social media
- Digital placements
- Service user evaluation
- Using software virtually to facilitate learning (e.g., radiotherapy planning software).

Learning services should be available to all learners to enhance their development within TEL to improve the application of its use and increase confidence in the learner, further enriching their experience.

Independent study and self-directed learning

Trainees at this level of professional practice should be able to advocate for their own learning and development needs. They should be encouraged to embed lifelong learning within their development to ensure currency, competency, and capability of professional practice within their defined enhanced scope of practice. Development of the individual should also be encouraged, to increase confidence in dissemination of learning.

Examples of independent study and self-directed learning are:

- Engaging with the evidence base
- Service improvement and audit
- Learner self-assessment
- Action learning sets
- Peer coaching models
- Well-being and building resilience
- Continuing professional development
- Journal/study clubs.

Communities of practice

Within the learning, teaching and assessment at this level, communities of practice provide additional benefit to the learning experience. As stated by Polanyi,[1] 'we know more than we can tell'. Learning exists not only in explicit knowledge but also in tacit

[1] Polanyi, M. (1966). The tacit dimension. New York: Double Day & Co., Garden City.

© NHS England 2024

knowledge. Tacit knowledge can be found in ‘informal learning processes such as storytelling, conversation and coaching’ that form the cornerstone of communities of practice.[1]

Communities of practice are ‘neutral places’ separate from everyday work pressures (Oldenburg, 2001).[2] They support the HEE Quality Framework (Health Education England, 2021) by fostering inclusive environments, placing a focus on the individual and the value of shared experiences to aid translating, synergising, and deepening learning, bridging the gap between explicit and tacit knowledge.

Communities of practice create an inclusive environment for socialisation, peer support and connection to remove silo learning, maximise engagement, reduce stress and isolation, and support best practice. The focus on people as a key resource supports the enhanced level of knowledge and capabilities expected in Enhanced Level Practice.

Assessment strategy

Learning and assessment should not be seen as exclusive concepts, and both formative (including peer) and summative feedback are used to enhance students’ learning and development. The overall approach should be to ensure that it is not just about measuring performance against a set of criteria, but about the learning that takes place and the development of trainees’ autonomy. Real-world assessment links the process of summative assessment back to everyday practice so that learning can be translated within the practice context and be used to evidence clinical competence and how the practitioner meets the four pillars of professional practice at this level.

Assessments should be designed to assess the achievement of the programme learning outcomes but, importantly, to assess and facilitate the successful achievement of the CiPs specific for the individual’s profession, inclusive of dissemination of research and positively influencing practice. The assessment process should allow them to advocate for themselves, making them accountable for their learning. Individuals should be self-aware and be able to identify areas of further development, embedding time management, accountability, well-being, and lifelong learning as key skills.

[1] Snyder, W. M. (1996). Organization learning and performance: An exploration of the linkages between organization learning, knowledge, and performance. University of Southern California.
[2] Oldenburg, R. (ed.) (2001). Celebrating the Third Place: Inspiring Stories About the Great Good Places at the Heart of Our Communities. Da Capo Press.

© NHS England 2024

Further information on assessment can be found in the Supervision.

Assessment methods

When deciding assessment methods, consideration should be given to the inclusive nature of the assessment; choice and flexibility in the negotiation of the final product would enhance this. Peer learning and feedback should be encouraged, creating a positive environment for collaborative working.

Examples of formative and summative academic assessment types include:

- Negotiated essay
- Competency assessment
- Critical reflection
- Outline business case/service improvement plan
- Self-appraisal and individual learning plans (ILPs)
- Personal and professional development portfolio (PPDP) (E-Portfolio)
- Journal articles
- Posters
- Research project
- Viva
- Podcast development
- Teaching plans.

Examples of workplace-based assessments are:

- Acute care assessment tool (ACAT)
- Coordinating educational supervisor's annual review and report (AR)
- Case-based discussion (CbD)
- Clinical examination procedure (CEP)
- Consultation observation tool assessments (COTs)
- Direct observation of practice (DOP)
- Good clinical practice (GCP)
- Learning log (LL)

© NHS England 2024

- Multiple consultant report (MCR)
- Mini clinical evaluation exercise (Mini-CEX)
- Multi-source feedback (MSF)
- Multiple trainer report (MTR)
- Person satisfaction questionnaires (PSQs)
- Quality improvement projects/audit (QIP)
- Quality improvement project and audit assessment tool (QIPAT)
- Significant event analysis (SEA)
- Teaching observation (TO).

End-point assessment

The education provider delivering the apprenticeship must ensure that the end-point assessment (EPA) is conducted by an end-point assessment organisation (EPAO) approved to deliver the EPA for this apprenticeship standard. Each employer should select an approved EPAO from ESFA's register of end-point assessment organisations (RoEPAO); often this is the education provider delivering the programme. All apprentices must spend a minimum of 12 months on-programme and before commencing the EPA must meet the gateway requirements, which are outlined below.

- The employer must be content that the apprentice is working at or above the occupational standard
- Apprentices must have achieved English and mathematics Level 2. For those with an education, health and care plan or a legacy statement, the apprenticeship's English and mathematics minimum requirement is Entry Level 3. British Sign Language (BSL) qualifications are an alternative to English qualifications for those who have BSL as their primary language.

The EPAO is responsible for confirming all required gateway evidence, and only then can the apprentice start the three-month EPA period. The EPA consists of two discrete assessment methods which can be seen in the table below.

© NHS England 2024

End-point assessment plan for Enhanced Clinical Practitioner apprenticeship standard

On-programme (typically, 18 months)	• Training to develop the knowledge, skills, and behaviours (KSBs) of the occupational standard • Training towards English and mathematics Level 2, if required • Compiling a portfolio of evidence
End-point assessment gateway	The employer must be content that the apprentice is consistently working at, or above, the level of the occupational standard. Apprentices must achieve the following: • Level 2 English and maths Apprentices must also prepare and submit: • The quality improvement proposal's subject, title and scope, which will be agreed between the employer and the EPAO at the gateway. • A portfolio of evidence
End-point assessment (typically takes 3 months)	**End-point assessment method 1:** Quality improvement proposal report with question-and-answer session, graded: • Fail • Pass **End-point assessment method 2:** Professional discussion underpinned by portfolio of evidence, graded: • Fail • Pass • Distinction

© NHS England 2024

Overall EPA/apprenticeship graded:

- Fail
- Pass
- Distinction

Assessment of capabilities in practice

It is important to record the evidence of achievement of the capability which should be reviewed annually, drawing on the evidence presented in the learner's portfolio, and following discussion with their coordinating educational supervisor.

As within some other healthcare education curricula, the term 'entrustment' is used as a method of articulating the supervisor's 'trust' in a practitioner to competently complete a specific task within practice against their enhanced scope of practice. This ensures progression and that support is made available. It is important to note that this is not a one-off assessment but a regular assessment on numerous occasions with a collective discussion with all those involved in the practitioner's training. In each assessment activity knowledge, skills, and behaviours will be assessed, ensuring a well-rounded assessment process.

Entrustable professional activity

"A critical part of professional work that can be identified as a unit to be entrusted to a trainee once sufficient competence has been demonstrated."

A guide to entrustable activities. Royal College of Radiologists, 2021

On completion of the training period, the practitioner will evidence that they are 'trusted' to undertake the tasks within their defined enhanced scope of practice to the entrustment level identified for that level of practice. On completion of training, the practitioner will have achieved **Entrustment Level 3** for the generic CiPs.

© NHS England 2024

Entrustment level descriptors for generic capabilities in practice

- Level 1 – Novice: Requires support and guidance throughout
- Level 2 – Developing: Working towards competency, with some support and guidance needed
- **Level 3 – Capable: Possesses adequate skills to act independently and seeks support and guidance if required**
- Level 4 – Expert: Highly skilled and able to lead and support others

On completion of training, the individual will have achieved **Entrustment Level 2** and be entrusted to act with direct supervision within their enhanced scope of practice for the profession- and pathway-specific CiPs (see Entrustment level descriptors for profession and pathway specific capabilities in practice below).

It is expected that **Entrustment Level 3** will denote advanced-level practice and **Entrustment Level 4** will denote consultant-level practice (see Entrustment level descriptors for profession and pathway specific capabilities in practice below).

Entrustment level descriptors for profession and pathway specific capabilities in practice

- Level 1 – Entrusted to observe only: No provision of direct clinical care
- **Level 2 – Entrusted to act with direct supervision: A clinical supervisor is physically within the hospital or other site of patient care and is immediately available to provide direct supervision**
- Level 3 – Entrusted to act with indirect/minimal supervision: The clinical supervisor may not be physically present within the hospital or other site of patient care but is immediately available by means of telephone and/or electronic media, to provide advice
- Level 4 – Entrusted to act unsupervised: The practitioner is working independently and at a level equivalent to a consultant

© NHS England 2024

Portfolio

A portfolio of evidence should be embedded within the education and training of the trainee. This is a requirement of the apprenticeship standard to evidence the KSBs; however, regardless of the route used, a portfolio should be utilised by all those working at an enhanced level to show currency of competency and training for governance, continued professional development, and lifelong learning. There is no recommended platform for the portfolio currently.

Progression to advanced practice

It is recognised that some of the education delivered during the Enhanced Level Practice programme may be in parallel with advanced-level practice provision. This may include the theory relating to an area of professional practice; for example, Advanced Physical and Assessment and Consultancy Skills (APACS), Advanced Communication Skills, or Researching for Practice. For some of these modules, there is no variation in the level at which they can be taught; therefore, although taught at this educational level, it is the application in practice that denotes the level of practice. However, consideration can be given by the individual educational provider's 'recognition of prior learning' policy if the practitioner moves into advanced practice. It is recommended that only 60 academic credits at Level 7 are considered for recognition of prior credit in a MSc Advanced Clinical Practice programme against the modules available on the programme, and that the imported credits are evidenced in application within the portfolio at an advanced level. It is also recommended that education providers discuss any recognition of modules which come outside of the normal advanced clinical practice programme with the Regional Faculties of Advancing Practice, as this may potentially affect accreditation status.

Each education provider will have regulation on the recognition of prior learning in terms of overall time between when the credits were gained and when they can be recognised within the programme. It is advised that the learner and employer consider this when planning the education and training for their advanced practitioners.

© NHS England 2024

Supervision

Coordinating educational and associate workplace supervision

Each enhanced level trainee will have a coordinating educational supervisor and associate workplace supervisors as required throughout their training. These roles may or may not be completed by the same person and are identified in the workplace prior to the start of training. A coordinating educational supervisor and/or associate workplace supervisor should be a registered professional whose expertise, defined by their enhanced scope of practice, is in the assessment area. Either role can be a clinician, advanced clinical practitioner (with appropriate experience) or a consultant practitioner (with appropriate experience) educationalist, manager or researcher who works closely with the learner. For those who are completing an apprenticeship route, the coordinating educational supervisor may be also termed as the work-based mentor (WBM).

The coordinating educational supervisor should be aware of the training requirements of the individual, be invested in the development of the enhanced level trainee and provide mentorship to develop their knowledge, skills, and behaviours (KSBs) in the workplace, enabling the learner to progress on their individual learning journey. The coordinating educational supervisor will ensure service safety through developing confidence, capabilities, and governance processes, ensuring adherence to the NHS Constitution and professional regulatory expectations. The employer should also ensure that the coordinating educational supervisor has the resources required to successfully fulfil the role. If on an apprenticeship route, the trainee is entitled to protected time for off-the-job learning as part of the ESFA funding rules.

The coordinating educational supervisor will provide an induction and appropriate supervision for the level of training and conduct regular appraisals with the enhanced level trainee. They may also meet with education provider staff and the enhanced level trainee to monitor academic and professional progress, provide effective feedback, and fulfil the supervisory requirements of the apprenticeship programme (if appropriate).

Other associate workplace supervisors may undertake shorter focused periods of training in the workplace. They should be experts in that area and understand the educational requirements.

© NHS England 2024

Further guidance on the training of coordinating educational and associate workplace supervisors and standards of supervision is laid out in the Centre for Advancing Practice's Workplace Supervision for Advanced Clinical Practice. As a wider development for clinical education, the NHS education workforce strategy should also be implemented. Although the document relates to advanced practice, a similar supervision mechanism should be embedded for Enhanced Practice. Additional training for educational and workplace supervisors can be found at www.e-lfh.org.uk/programmes/educator-training-resources/

Progress through training

In line with the tripartite agreement (regardless of the funded route), regular review of the trainee's development and progress should be documented. Constructive feedback is an important development tool and should be given regularly for the trainee. There should also be an opportunity for the trainee to provide constructive feedback on their training to identify any gaps in development.

Identification of concerns for fitness to practice

Professional practice

Any concerns that may be identified in relation to the trainee's competency, professionalism or conduct within their enhanced scope of practice training and/or their current practice should be acted upon. As an employee, it is the employer's responsibility to:

- Immediately raise the concern to the coordinating educational and associate workplace supervisor and trigger a tripartite review
- Document and obtain supporting evidence
- Investigate as per employers' guidance
- When appropriate, take action to mitigate that risk
- Report issues to the organisation and regulator as required.

Academic practice

Any issues around fitness to practice identified within the academic environment or assessment should be immediately shared with the coordinating educational supervisor, investigated via triggering a tripartite review, and reported as required. Academic procedures for fitness to practice should be followed as well as workplace investigation and review.

© NHS England 2024

Quality management

This schema is provided to inform training of practitioners working at an enhanced level within therapeutic radiography. The education provider and the employer are responsible for all the practical and governance arrangements required for safe training delivery. Employers are encouraged to engage with the governance maturity matrix; although primarily for advanced-level practice, this can be a useful resource and relevant for Enhanced Level Practice.

This schema will be reviewed and evaluated as part of the quality management process. Currency of the schema will be reviewed every four years to ensure the education and training requirements are up to date with the requirements of the profession.

To ensure quality of provision of the education developed from this schema, it is strongly recommended that the programmes are approved by the College of Radiographers.

© NHS England 2024

References

1. National Health Service (NHS) England (2023). The Long Term Plan
2. NHS England (2022). The Allied Health Professions (AHPs) strategy for England – AHPs Deliver
3. The College of Radiographers (2022). Education and Career Framework (4th Edition)
4. National Health Service (NHS) England (2019). Interim NHS People Plan
5. Leary, A. (2022). The Principles of Enhanced-Level Practice
6. Institute for Apprenticeships and Technical Education (2021). Enhanced Clinical Practitioner
7. Health Education England (2022). Employer's guide to the Enhanced Clinical Practitioner apprenticeship
8. Health Education England (2023). Aspirant Cancer Career and Education Development (ACCEND)
9. Strudwick, R. (2021). Values-based Practice in Diagnostic & Therapeutic Radiography A Training Template
10. Quality Assurance Agency (2023). The UK Quality Code for Higher Education
11. UK Government (2021). The NHS Constitution for England
12. UK Government (2010). Equality Act
13. Health Education England East of England (2021). No more tick boxes. A review of the evidence on how to make recruitment and career progression fairer
14. World Health Organisation (2015). The 17 Sustainability Development Goals
15. NHS England. Delivering a Net Zero NHS (accessed 13/08/2023)
16. Public Health England (2016). Making Every Contact Count
17. Salmon, G. (2004). The five-stage model (accessed 16/08/2023)
18. Health Education England (2020). Enhancing education, clinical practice, and staff well-being. A national vision for the role of simulation and immersive learning technologies in health and care
19. Polanyi, M. (1966). The tacit dimension. New York: Double Day & Co., Garden City.

© NHS England 2024

20. Snyder, W. M. (1996). Organization learning and performance: An exploration of the linkages between organization learning, knowledge, and performance. University of Southern California.
21. Oldenburg, R. (ed.) (2001). Celebrating the Third Place: Inspiring Stories About the Great Good Places at the Heart of Our Communities. Da Capo Press.
22. Health Education England (2021). HEE Quality Framework
23. Skills for Health (2021). End-point assessment plan for Enhanced Clinical Practitioner apprenticeship standard
24. The Royal College of Radiologists (2021). A guide to entrustable activities. Clinical Radiology Curriculum
25. Joint Royal Colleges of Physicians Training Board (2021). Curriculum for Medical Oncology training
26. Health Education England (2021). Centre for Advancing Practice, Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development.
27. Health Education England (2023). Educator workforce strategy
28. The Centre for Advancing Practice (2023). Governance Maturity Matrix.
29. The College of Radiographers. Programme Approval (accessed 13/08/2023)

© NHS England 2024

Appendices

Appendix 1

Example job plan: On-treatment review

Monday

AM: Combined multidisciplinary team head and neck clinic

PM: Combined multidisciplinary team head and neck clinic

Tuesday

AM: Treatment floor bleep

PM: Treatment floor bleep

Wednesday

AM: Research

PM: Training

Thursday

AM: Treatment floor bleep

PM: Treatment floor bleep

Friday

AM: Emergency head and neck clinic

PM: Admin/CPD

© NHS England 2024

Example of CiPs to be studied: On-treatment review

Generic

1. Be an accountable, autonomous professional acting in the best interest of people, to provide practice that is evidence-based, safe, and compassionate, within a defined scope of Enhanced Practice.
2. Use an effective level of communication in challenging environments and situations, applying negotiating and influencing skills.
3. Ethically lead and manage unpredictable and challenging situations, mitigating and managing risk, across the multi-professional team.
4. Foster a culture of lifelong learning through role-modelling to impact the practice of others.
5. Apply and undertake research to influence, improve, and innovate patient care and service delivery at an enhanced level of practice.

Profession

6. Use professional judgement and evidence-based practice to inform decision-making across the radiotherapy pathway.
7. Use knowledge, skills, and expertise to independently undertake professional decision-making, using a holistic and safe approach acknowledging the whole oncology patient pathway.
8. Promote and maintain a culture of quality improvement, excellence and innovation within the radiotherapy service within the individual's enhanced scope of practice and across the wider team.
9. Champion, advocate, and be involved in research to influence strategic service development in radiotherapy and continuous improvement across the service.
10. Foster a positive learning culture to improve the quality of care delivered before, during, and after radiotherapy, across the wider multidisciplinary team.
11. Utilise national radiotherapy and oncology policy to influence local policy on quality and governance.

© NHS England 2024

Pathway

12. Act autonomously, within a defined enhanced scope of practice, to deliver, monitor, adapt, and evaluate the impact of radiotherapy treatment, using enhanced decision-making, collaboration and co-production in the radiotherapy pathway, and meeting quality standards.

Example job plan: Dosimetry

Monday

AM: Research

PM: Training

Tuesday

AM: NMO outlining

PM: Lead planning

Wednesday

AM: Lead planning

PM: NMO outlining

Thursday

AM: NMO outlining

PM: Lead planning

Friday

AM: Multidisciplinary team peer review

PM: Admin/CPD

Example of CiPs to be studied: Dosimetry

Generic

1. Be an accountable, autonomous professional acting in the best interest of people, to provide practice that is evidence-based, safe, and compassionate, within a defined scope of Enhanced Practice.

© NHS England 2024

2. Use an effective level of communication in challenging environments and situations, applying negotiating and influencing skills.
3. Ethically lead and manage unpredictable and challenging situations, mitigating and managing risk, across the multi-professional team.
4. Foster a culture of lifelong learning through role-modelling to impact the practice of others.
5. Apply and undertake research to influence, improve, and innovate patient care and service delivery at an enhanced level of practice.

Profession

6. Use professional judgement and evidence-based practice to inform decision-making across the radiotherapy pathway.
7. Use knowledge, skills, and expertise to independently undertake professional decision-making, using a holistic and safe approach acknowledging the whole oncology patient pathway.
8. Promote and maintain a culture of quality improvement, excellence and innovation within the radiotherapy service within the individual's enhanced scope of practice and across the wider team.
9. Champion, advocate, and be involved in research to influence strategic service development in radiotherapy and continuous improvement across the service.
10. Foster a positive learning culture to improve the quality of care delivered before, during, and after radiotherapy, across the wider multidisciplinary team.
11. Utilise national radiotherapy and oncology policy to influence local policy on quality and governance.

Pathway

13. Act autonomously, within a defined enhanced scope of practice, to localise and plan radiotherapy treatment safely and effectively, using professional judgement, decision-making, collaboration and co-production, and meeting quality standards.

© NHS England 2024

Example job plan: Education

Monday

AM: Student training

PM: Student training

Tuesday

AM: Staff training

PM: Staff training

Wednesday

AM: Treatment floor bleep

PM: Treatment floor bleep

Thursday

AM: Admin/CPD

PM: Research

Friday

AM: Treatment floor bleep

PM: Treatment floor bleep

Example of CiPs to be studied: Education

Generic

1. Be an accountable, autonomous professional acting in the best interest of people, to provide practice that is evidence-based, safe, and compassionate, within a defined scope of Enhanced Practice.
2. Use an effective level of communication in challenging environments and situations, applying negotiating and influencing skills.
3. Ethically lead and manage unpredictable and challenging situations, mitigating and managing risk, across the multi-professional team.
4. Foster a culture of lifelong learning through role-modelling to impact the practice of others.

© NHS England 2024

5. Apply and undertake research to influence, improve, and innovate patient care and service delivery at an enhanced level of practice.

Profession

6. Use professional judgement and evidence-based practice to inform decision-making across the radiotherapy pathway.
7. Use knowledge, skills, and expertise to independently undertake professional decision-making, using a holistic and safe approach acknowledging the whole oncology patient pathway.
8. Promote and maintain a culture of quality improvement, excellence and innovation within the radiotherapy service within the individual's enhanced scope of practice and across the wider team.
9. Champion, advocate, and be involved in research to influence strategic service development in radiotherapy and continuous improvement across the service.
10. Foster a positive learning culture to improve the quality of care delivered before, during, and after radiotherapy, across the wider multidisciplinary team.
11. Utilise national radiotherapy and oncology policy to influence local policy on quality and governance.

Pathway

15. Develop, deliver, and evaluate radiotherapy education and training opportunities for learners within own enhanced scope of practice.

Example job plan: Leadership

Monday

AM: Treatment floor bleep

PM: Treatment floor bleep

Tuesday

AM: Operational leadership

PM: Operational leadership

© NHS England 2024

Wednesday

AM: Treatment floor bleep

PM: Treatment floor bleep

Thursday

AM: Admin/CPD

PM: Research

Friday

AM: Training

PM: Treatment floor bleep

Example of CiPs to be studied: Leadership

Generic

1. Be an accountable, autonomous professional acting in the best interest of people, to provide practice that is evidence-based, safe, and compassionate, within a defined scope of Enhanced Practice.
2. Use an effective level of communication in challenging environments and situations, applying negotiating and influencing skills.
3. Ethically lead and manage unpredictable and challenging situations, mitigating and managing risk, across the multi-professional team.
4. Foster a culture of lifelong learning through role-modelling to impact the practice of others.
5. Apply and undertake research to influence, improve, and innovate patient care and service delivery at an enhanced level of practice.

Profession

6. Use professional judgement and evidence-based practice to inform decision-making across the radiotherapy pathway.
7. Use knowledge, skills, and expertise to independently undertake professional decision-making, using a holistic and safe approach acknowledging the whole oncology patient pathway.

© NHS England 2024

8. Promote and maintain a culture of quality improvement, excellence and innovation within the radiotherapy service within the individual's enhanced scope of practice and across the wider team.
9. Champion, advocate, and be involved in research to influence strategic service development in radiotherapy and continuous improvement across the service.
10. Foster a positive learning culture to improve the quality of care delivered before, during, and after radiotherapy, across the wider multidisciplinary team.
11. Utilise national radiotherapy and oncology policy to influence local policy on quality and governance.

Pathway

16. Provide transformational and inclusive leadership, meeting the radiotherapy and oncology service goals within a defined enhanced scope of practice.

Example job plan: Research role

Monday

AM: Treatment floor bleep

PM: Treatment floor bleep

Tuesday

AM: Trials clinic

PM: Trials clinic

Wednesday

AM: Training

PM: Admin/CPD

Thursday

AM: Multidisciplinary team

PM: Research

© NHS England 2024

Friday

AM: Treatment floor bleep

PM: Treatment floor bleep

Example of CiPs to be studied: Research role

Generic

1. Be an accountable, autonomous professional acting in the best interest of people, to provide practice that is evidence-based, safe, and compassionate, within a defined scope of Enhanced Practice.
2. Use an effective level of communication in challenging environments and situations, applying negotiating and influencing skills.
3. Ethically lead and manage unpredictable and challenging situations, mitigating and managing risk, across the multi-professional team.
4. Foster a culture of lifelong learning through role-modelling to impact the practice of others.
5. Apply and undertake research to influence, improve, and innovate patient care and service delivery at an enhanced level of practice.

Profession

6. Use professional judgement and evidence-based practice to inform decision-making across the radiotherapy pathway.
7. Use knowledge, skills, and expertise to independently undertake professional decision-making, using a holistic and safe approach acknowledging the whole oncology patient pathway.
8. Promote and maintain a culture of quality improvement, excellence and innovation within the radiotherapy service within the individual's enhanced scope of practice and across the wider team.
9. Champion, advocate, and be involved in research to influence strategic service development in radiotherapy and continuous improvement across the service.
10. Foster a positive learning culture to improve the quality of care delivered before, during, and after radiotherapy, across the wider multidisciplinary team.

© NHS England 2024

11. Utilise national radiotherapy and oncology policy to influence local policy on quality and governance.

Pathway

17. Lead, innovate, and develop a research culture, role-modelling the impact of research driving service and people development in oncology services.

© NHS England 2024

Appendix 2: Mapping against the Enhanced Clinical Practitioner apprenticeship standard

Apprenticeship standard	EP capability in practice
K1: Tools and techniques used to systematically search, select, and present evidence	CiP 1, CiP 5, CiP 6, CiP 9, CiP 17
K2: Techniques to critically appraise evidence such as local and national quality standards and frameworks and ways to relate this to own practice	CiP 1, CiP 5, CiP 6, CiP 8, CiP 11, CiP 12, CiP 13, CiP 14
K3: Requirements of their ongoing professional registration and code of conduct in relation to their scope of practice such as when and how to escalate or refer in line with defined scope of practice	CiP 1, CiP 6, CiP 12, CiP 13, CiP 14
K4: How to appraise the relevance of available tools and techniques to the clinical situation and own scope of practice	CiP 1, CiP 5, CiP 6, CiP 7, CiP 9, CiP 12, CiP 13, CiP 14
K5: Legislation, clinical frameworks, contemporaneous evidence-based practice guidelines, outcomes from clinical audit and algorithms to support decision-making	CiP 1, CiP 6, CiP 7, CiP 11, CiP 12, CiP 13, CiP 14

K6: Anatomy and physiology and pathophysiology to support complex holistic patient assessment, including the underlying psychological, social, and long-term impact of illness	CiP 6, CiP 7, CiP 12, CiP 13, CiP 14
K7: Tools and techniques to critically evaluate clinical information to inform decision-making and care management planning	CiP 6, CiP 7, CiP 12, CiP 13, CiP 14
K8: Underpinning anatomy and complex applied physiology, disease, toxicities, treatments, and interventions which guide the selection of specialist diagnostics	CiP 6, CiP 7, CiP 12, CiP 13, CiP 14
K9: Methods to support complex intervention decision-making aligned to national and international guidelines	CiP 6, CiP 7, CiP 12, CiP 13, CiP 14
K10: Principles and theories of co-production, health coaching, peer support and self-management used to build knowledge, skills, and confidence to enable patient self-management	CiP 4, CiP 6, CiP 10, CiP 14, CiP 15, CiP 16
K11: Diverse sources of information and evidence to underpin decision-making and techniques to interpret and assimilate a diverse range of information and evidence	CiP 6, CiP 7, CiP 11, CiP 12, CiP 13, CiP 14, CiP 17

© NHS England 2024

K12: Principles and theories of coaching used in supporting others in complex clinical decision-making and care delivery	CiP 4, CiP 15, CiP 16
K13: Principles and theories of leadership and role-modelling	CiP 2, CiP 3, CiP 4, CiP 16
K14: Tools and procedures for conducting a training needs analysis	CiP 4, CiP 15, CiP 16
K15: Teaching, learning and assessment theories, techniques, innovations, and models relevant to the educational activity, including ways to facilitate a positive learning environment	CiP 10, CiP 16
K16: Models, tools, and frameworks for receiving and providing constructive feedback	CiP 7, CiP 10, CiP 15, CiP 16
K17: Principles of different communication strategies and theories, communication modes (written, digital, verbal, non-verbal) and clinical communication tools	CiP 2, CiP 3, CiP 4
K18: Models and theories for negotiating and mediating, such as de-escalation and diffusing strategies	CiP 2, CiP 3.

© NHS England 2024

K19: Communication strategies and tools used to share complex information with different audiences and individuals	CiP 2, CiP 7
K20: Principles of change management and co-production to support clinical innovation in the workplace	CiP 5, CiP 8, CiP 9, CiP 17
K21: Local and national approaches and planning processes to support quality improvement	CiP 5, CiP 8, CiP 11, CiP 17
K22: Service evaluation, research, and audit techniques to support quality improvement processes within area of Enhanced Clinical Practice	CiP 5, CiP 8, CiP 9, CiP 17
K23: The role and impact of reflection in improving clinical practice and best-practice methods for clinical supervision	CiP 4, CiP 10, CiP 17
K24: Signs and pathophysiology of deterioration or distress in mental, physical, cognitive, and behavioural health in own scope of practice	CiP 3, CiP 6, CiP 7
K25: Protocols and systems used to plan, prioritise, and direct resources within area of Enhanced Clinical Practice and how to escalate to and engage others when working at the boundaries of scope of practice	CiP 3, CiP 12, CiP 13, CiP 14

© NHS England 2024

K26: Evidence-based strategies to manage clinical risk in Enhanced Clinical Practice	CiP 3, CiP 5, CiP 9
K27: Principles of psychological well-being, the importance of maintaining own and others' well-being, and counselling techniques used within own scope of practice	CiP 2, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
K28: Employer policy and procedures for resource management and reporting	CiP 5, CiP 9
K29: Strategies to plan and prioritise resources and manage immediate and longer-term service requirements	CiP 5, CiP 9
K30: Local, regional, and national strategic priorities for patient populations within area of specialist practice	CiP 5, CiP 9, CiP 17
K31: Principles of mentoring and preceptorship and how these differ from counselling, coaching, and teaching	CiP 4, CiP 10, CiP 15, CiP 16
K32: Local appraisal policy and systems and own responsibility in relation to appraisal of others	CiP 4, CiP 10, CiP 11

© NHS England 2024

S1: Conduct systematic literature searches to source evidence to inform Enhanced Clinical Practice	CiP 1, CiP 5, CiP 6, CiP 9, CiP 17
S2: Critically appraise evidence and use findings to plan and provide enhanced patient-centred clinical care	CiP 1, CiP 5, CiP 6, CiP 8, CiP 9, CiP 17
S3: Provide enhanced clinical care in line with professional registration, code of conduct and defined scope of practice, being responsible and accountable for own decisions, actions, and omissions	CiP 1, CiP 6, CiP 12, CiP 13, CiP 14
S4: Select available tools, technologies and techniques needed to perform complex and holistic assessments	CiP 1, CiP 6, CiP 7, CiP 12, CiP 13, CiP 14
S5: Assimilate, synthesise, and apply complex information to promote and advocate best interests of others, upholding the principles of safeguarding and evidence-based practice	CiP 1, CiP 6, CiP 7, CiP 11, CiP 12, CiP 13, CiP 14
S6: Undertake holistic patient-centred assessments using available tools, technologies, and techniques	CiP 6, CiP 7, CiP 12, CiP 13, CiP 14

© NHS England 2024

S7: Analyse the data arising from the assessment process to inform clinical decision-making	CiP 6, CiP 11, CiP 12, CiP 13, CiP 14
S8: Identify, request, and interpret specialist diagnostics within own scope of practice to inform the delivery and management of specialist care for patients and families	CiP 7, CiP 12, CiP 13, CiP 14
S9: Develop, implement, and evaluate an enhanced care management plan which may include interventions and referral to other members of the multidisciplinary team or other agencies	CiP 5, CiP 7, CiP 12, CiP 13, CiP 14
S10: Prepare and support patients and families to manage their own health and care as independently as possible	CiP 4, CiP 10, CiP 12, CiP 13, CiP 14
S11: Interpret, assimilate, and draw conclusions using diverse sources of information and evidence to inform clinical reasoning	CiP 7, CiP 11, CiP 12, CiP 13, CiP 14
S12: Direct others to sources of information and evidence, coaching and supporting them in applying information and evidence in complex clinical decision-making	CiP 4, CiP 10, CiP 12, CiP 13, CiP 14, CiP 15

© NHS England 2024

S13: Provide leadership within scope of own role and positive role-modelling for others in the multidisciplinary team	CiP 2, CiP 3, CiP 4, CiP 12
S14: Identify training and education needs of others in the workplace	CiP 4, CiP 15, CiP 16
S15: Plan and facilitate the delivery of practice-based education, training, and assessment activities	CiP 10, CiP 15, CiP 16
S16: Evaluate the effectiveness of training and education activities	CiP 10, CiP 15, CiP 16
S17: Use communication strategies suitable for a variety of situations including sensitive and distressing topics	CiP 3, CiP 4
S18: Use strategies to manage conflict and challenge	CiP 2, CiP 3
S19: Discuss complex information with patients, their families, the multidisciplinary team, and other agencies	CiP 2, CiP 7
S20: Challenge ineffective systems and processes and support others to identify the need for change within their area of Enhanced Clinical Practice	CiP 7, CiP 11, CiP 17

© NHS England 2024

S21: Contribute to quality improvement plans and strategies to support a culture of continuous quality improvement within area of Enhanced Clinical Practice	CiP 5, CiP 8, CiP 9, CiP 17
S22: Participate in quality improvement activities, such as audit, service evaluations and research projects within area of Enhanced Clinical Practice	CiP 5, CiP 8, CiP 9, CiP 17
S23: Reflect on own and others' practice using clinical supervision processes	CiP 4, CiP 10, CiP 15, CiP 16
S24: Identify and act on evidence of unexpected change or patient deterioration within own scope of practice	CiP 3, CiP 14, CiP 15
S25: Manage self and others in unpredictable and complex environments, instigating clinical interventions where protocols may not be available	CiP 3, CiP 6
S26: Identify and manage risk to patient safety and others in an unpredictable and complex environment	CiP 3, CiP 11
S27: Counsel patients, family, carers, and others to manage psychological well-being of self and others	CiP 2, CiP 7

© NHS England 2024

S28: Contribute to efficient resource management within the workplace	CiP 5, CiP 9, CiP 17
S29: Plan, prioritise and deliver enhanced clinical care within a defined resource	CiP 5, CiP 9
S30: Contribute to the drafting of business cases or project proposals	CiP 5, CiP 9, CiP 11, CiP 17
S31: Provide mentorship, opportunity for peer learning and constructive feedback to guide, support, motivate and develop others in the multidisciplinary team	CiP 4, CiP 10, CiP 15
S32: Contribute to the appraisal of individuals in the multidisciplinary team	CiP 4, CiP 10, CiP 15
B1: Treat people with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences	CiP 1, CiP 2, CiP 3, CiP 4, CiP 5, CiP 6, CiP 7, CiP 8, CiP 9, CiP 10, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
B2: Show respect and empathy for those you work with	CiP 1, CiP 2, CiP 3, CiP 4, CiP 5, CiP 6, CiP 7, CiP 8, CiP 9, CiP 10, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17

© NHS England 2024

B3: Be adaptable, reliable, and consistent	CiP 1, CiP 2, CiP 3, CiP 4, CiP 5, CiP 6, CiP 7, CiP 8, CiP 9, CiP 10, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17

© NHS England 2024

Appendix 3: Mapping against the Education and Career Framework 4th Edition 2022, College of Radiographers

The following statements identify the knowledge, skills, and attributes (KSAs) expected of those practitioners working at the Enhanced Level of Practice within radiography. This mapping tool may therefore be used to determine current and future development needs. The suggested associated pillar(s) of practice are listed against each KSA. These are 'suggested' as it is recognised there may be overlap between one or more of the four pillars depending on the context of the activity undertaken:

Enhanced Practitioner knowledge An Enhanced Practitioner requires **detailed** knowledge and understanding of the following, unless otherwise stated:	**Suggested pillar(s) of practice**	**Capability in practice**
[EP.K.01] Legal, ethical, and professional responsibility for the Enhanced Practice role, including autonomy, limits of own competence and professional scope of practice	• Clinical • Education • Leadership and management	CiP 1, CiP 2, CiP 8
[EP.K.02] Extensive understanding of approaches to communication in the context of a situation and a person or people's needs, including psychosocial needs of service users, their families and/or carers	• Clinical • Leadership and management	CiP 2, CiP 6, CiP 7, CiP 8, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17

© NHS England 2024

[EP.K.03] Skills for persuading and influencing	• Clinical • Leadership and management	CiP 2, CiP 7, CiP 8, CiP 9, CiP 12, CiP 13, CiP 14
[EP.K.04] Disease processes within own scope of Enhanced Practice	• Clinical	CiP 7, CiP 12, CiP 13, CiP 14
[EP.K.05] Current and emerging technology relative to own scope of Enhanced Practice	• Clinical • Research and development	CiP 1, CiP 5, CiP, 7 CiP 8, CiP 9, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
[EP.K.06] Pharmacology relative to own scope of Enhanced Practice	• Clinical	CiP 7, CiP 12, CiP 13, CiP 14
[EP.K.07] Principles and evidence base underpinning specialist interventions/activities within own scope of Enhanced Practice	• Clinical • Education • Research and development	CiP 7, CiP 8, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17

© NHS England 2024

[EP.K.08] Developing knowledge of NHS issues that may affect the performance of service delivery in own area of practice, including healthcare policy and practice, evolving population needs, healthcare inequality, practice guidance and standards	• Clinical • Leadership and management	CiP 8, CiP 9, CiP 10, CiP 11, CiP 14, CiP 16, CiP 17
[EP.K.09] Current models of care, and awareness of those that are developing, in the context of own scope of Enhanced Practice	• Clinical	CiP 7, CiP 12, CiP 13, CiP 14
[EP.K.10] Anti-discriminatory practice for area of service, including approaches to reduce health inequalities, improve health outcomes and assess and implement change	• Clinical • Leadership and management	CiP 8, CiP 9, CiP 10, CiP 11, CiP 16, CiP 17.
[EP.K.11] Relevant quality assurance (QA) and quality control (QC) measures for own scope of Enhanced Practice	• Clinical • Leadership and management • Research and development	CiP 1, CiP 5, CiP 6, CiP 7, CiP 8, CiP 9, CiP 12, CiP 13, CiP 14.CiP 17

© NHS England 2024

[EP.K.12] Mentoring, coaching and supervision theories underpinning development of those working in own team	• Clinical • Education • Leadership and management	CiP 4, CiP 10, CiP 15, CiP 16
[EP.K.13] Service development and evaluation methods, including patient and service user engagement, and implementation of change for own area of Enhanced Practice	• Clinical • Leadership and management • Research and development	CiP 5, CiP 8, CiP 9, CiP 17
[EP.K.14] Principles underpinning effective healthcare leadership to lead and empower others to safely prioritise and deliver care	• Clinical • Leadership and management	CiP 3, CiP 8, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
[EP.K.15] Developing knowledge of research techniques within and relevant to own scope of Enhanced Practice	• Clinical • Education • Research and development	CiP 4, CiP 5, CiP 9, CiP 11, CiP 12, CiP 13, CiP 14, CiP 17
[EP.K.16] Knowledge of national and local research governance processes and local infrastructures and personnel available to support Enhanced Level Practice researchers	• Clinical • Research and development	CiP 5, CiP 9, CiP 11, CiP 12, CiP 13, CiP 14, CiP 17

© NHS England 2024

Enhanced Practitioner skills An Enhanced Practitioner should be able to:	Suggested pillar(s) of practice	Capability in practice
[EP.S.01] Apply enhanced clinical reasoning skills and professional judgement to act autonomously, while seeking advice and/or the professional skills of others, when necessary, to underpin and justify decision-making for the delivery of timely, safe, and effective patient care	• Clinical • Leadership and management	CiP 7, CiP 12, CiP 13, CiP 14
[EP.S.02] Critically apply enhanced knowledge to enable evidence-based practice in the context of uncertainty or situations of multiple differential diagnosis/treatment pathway options, in own area of practice	• Clinical • Education • Research and development	CiP 7, CiP 12, CiP 13, CiP 14
[EP.S.03] Use enhanced communication skills relevant to own scope of practice to frequently share information, ideas, evaluation, and assessment of situations to form partnerships of care and promote teamworking	• Clinical • Leadership and management	CiP 2, CiP 7, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17

© NHS England 2024

[EP.S.04] Challenge, and be willing to support others who challenge, practice that does not appear to follow legal, ethical, or clinical guidelines or is not in the service user's best interests	• Clinical • Leadership and management	CiP 2, CiP 3, CiP 7, CiP 9, CiP 12, CiP 13, CiP 14
[EP.S.05] In addition to self, facilitate others to implement legal duties, follow ethical procedures and seek or develop guidance to be followed for scope of practice	• Clinical • Education • Leadership and management	CiP 1, CiP 2, CiP 3, CiP 6, CiP 7, CiP 9, CiP 12, CiP 13, CiP 14
[EP.S.06] Proactively review practice to prevent discrimination and remove barriers to support diversity of people and the implementation of fair practice	• Clinical • Education • Leadership and management	CiP 1, CiP 2, CiP 3, CiP 8, CiP 9, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
[EP.S.07] Undertake and facilitate assessment processes as necessary in relation to health and safety and infection prevention and control measures	• Clinical • Leadership and management	CiP 2, CiP 3, CiP 8, CiP 9, CiP 12, CiP 13, CiP 14, CiP 15, CiP 17
[EP.S.08] Implement and support others to fulfil safeguarding duties and procedures in a timely and proactive manner	• Clinical • Education • Leadership and management	CiP 2, CiP 3, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17

© NHS England 2024

[EP.S.09] Efficiently organise/manage workloads and minimise avoidable risk within own scope of practice to facilitate effective teamwork at maximum levels of performance and care in trusted, safe environments	• Clinical • Leadership and management	CiP 2, CiP 3, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
[EP.S.10] Proactively apply, and facilitate others to apply, the principles of patient, public and professional partnerships, person-centred care and values-based practice to enhance people's experiences of care and co-create services that meet service users' needs and preferences	• Clinical • Education • Leadership and management • Research and development	CiP 2, CiP 3, CiP 7, CiP 8, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
[EP.S.11] Practise critical self-awareness: seek feedback and undertake reflection, lifelong learning, clinical supervision and continuing professional development	• Clinical • Education • Leadership and management • Research and development	CiP 1, CiP 7, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
[EP.S.12] Support resilience and self-care through role-modelling and the implementation of measures that assist with the maintenance of health and well-being for staff, service users, patients, families, and carers.	• Clinical • Leadership and management	CiP 3, CiP 4, CiP 10, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17

© NHS England 2024

[EP.S.13] Support the training and development of others in the workplace by seeking out learning opportunities for all, sharing own enhanced knowledge and learning, and providing and seeking feedback to inform future practice and the learning needs of others and self	• Clinical • Education • Leadership and management • Research and development	CiP 4, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
[EP.S.14] Act as a learning mentor, coach, or facilitator, as appropriate, to support a culture of enquiry, learning, and development	• Clinical • Education • Leadership and management • Research and development	CiP 4, CiP 10, CiP 15, CiP 16
[EP.S.15] Demonstrate the ability to improve and enhance quality of care, including through engagement in audit, service evaluation and improvement projects within own scope of Enhanced Practice	• Clinical • Leadership and management • Research and development	CiP 3, CiP 5, CiP 8, CiP 9, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
[EP.S.16] Evaluate own leadership skills in line with national leadership frameworks for healthcare and Enhanced Level Practice, seeking feedback and advice regarding barriers and challenges to leadership development	• Clinical • Leadership and management • Research and development	CiP 3, CiP 8, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17

© NHS England 2024

[EP.S.17] Demonstrate effective leadership in relation to own scope of Enhanced Practice and related team, including to facilitate the delegation and leadership skills of others in own team	• Clinical • Leadership and management	CiP 8, CiP 10, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
[EP.S.18] Effectively manage projects within own scope of practice	• Clinical • Education • Leadership and management • Research and development	CiP 2, CiP 3, CiP 5, CiP 7, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
[EP.S.19] Contribute to research projects within own scope of Enhanced Practice: build research skills and seek advice and collaborative support to achieve research goals to provide evidence for assurance of practice or development	• Clinical • Research and development	CiP 7, CiP 8, CiP 9, CiP 17

© NHS England 2024

Enhanced Practitioner attributes An Enhanced Practitioner should actively demonstrate and/or uphold the following:	**Suggested pillar(s) of practice**	**Capability in practice**
[EP.A.01] Work autonomously, performing in a way that reflects awareness of own ability and capabilities at Enhanced Practice level	• Clinical • Education • Leadership and management • Research and development	CiP 1, CiP 5, CiP 6, CiP, 7 CiP 8, CiP 9, CiP 10, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
[EP.A.02] Respect and uphold the governance requirements of the employer, local services, and national initiatives, exhibiting accountability for actions, transparency, and cultures of professional practice	• Clinical • Leadership and management • Research and development	CiP 1, CiP 6, CiP, 7 CiP 8, CiP 9, CiP 10, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
[EP.A.03] High standards, including at times of high pressure and volumes of work, ensuring safety, security, and assurance for service users	• Clinical	CiP 1, CiP 2, CiP 5, CiP 6, CiP 7, CiP 8, CiP 12, CiP 13, CiP 14

© NHS England 2024

[EP.A.04] Role-model enhanced communication skills that allow for open and honest discussion and sharing of information with service users, public and professionals across a range of situations in own scope of practice	• Clinical • Education • Leadership and management • Research and development	CiP, 7 CiP 8, CiP 9, CiP 10, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
[EP.A.05] Actively value the range of people and cultures that present in clinical practice, demonstrating compassion or empathy that is appropriate to the context and people's needs	• Clinical	CiP 8, CiP 12, CiP 13, CiP 14
[EP.A.06] Act to promote and support the good health and well-being of all people	• Clinical • Education	CiP 1, CiP 2, CiP 4, CiP 6, CiP, 7 CiP 8, CiP 9, CiP 10, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
[EP.A.07] Work collaboratively to achieve shared goals of best care.	• Clinical	CiP 8, CiP 11, CiP 12, CiP 13, CiP 14
[EP.A.08] Proactively develop trust and support in services that value staff, clinical excellence, and care	• Clinical • Education • Leadership and management • Research and development	CiP 5, CiP, 7 CiP 8, CiP 9, CiP 10, CiP 11, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17

© NHS England 2024

[EP.A.09] Act in a manner that provides reassurance through considered, transparent and thoughtful decisions	• Clinical • Leadership and management	CiP 1, CiP 2, CiP 6, CiP 7, CiP 8, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
[EP.A.10] Actively promote a learning culture in own area of practice	• Clinical • Education	CiP 4, CiP 11, CiP 15, CiP 16
[EP.A.11] Champion enquiry, question and critically use the evidence base to inform services and engender learning across the team	• Clinical • Education • Research and development	CiP 5, CiP, 7 CiP 8, CiP 9, CiP 10, CiP 11
[EP.A.12] Actively seek opportunities to develop leadership, service development and research skills	• Clinical • Education • Leadership and management • Research and development	CiP 1, CiP2, CiP 5, CiP 6, CiP, 7 CiP 8, CiP 9, CiP 10, CiP 11

© NHS England 2024

Appendix 4: Mapping against the Aspirant Cancer Career and Educational Development (ACCEND) programme, NHS England and Macmillan

Domains and capabilities	Capability in practice
Domain A: Person-centred collaborative working **1.0 Capabilities:** Professional values and behaviours	CiP 6, CiP 7, CiP 9, CiP 10, CiP 12, CiP 13, CiP 14, CiP 15, CiP 17
Domain A: Person-centred collaborative working **2.0 Capabilities:** Maintaining an ethical approach and fitness to practice/law, ethics, and safeguarding	CiP 6, CiP 7, CiP 9, CiP 10, CiP 12, CiP 13, CiP 14, CiP 15, CiP 17,
Domain A: Person-centred collaborative working **3.0 Capabilities:** Person-centred care	CiP 6, CiP 7, CiP 8, CiP 12, CiP 13, CiP 14
Domain A: Person-centred collaborative working **4.0 Capabilities:** Communication and consultation skills	CiP 6, CiP 7, CiP 8, CiP 12, CiP 13, CiP 14

Domain A: Person-centred collaborative working **5.0 Capabilities:** Personalising the pathway for people living with and affected by cancer (people affected by cancer)	CiP 6, CiP 7, CiP 8, CiP 12, CiP 13, CiP 14
Domain A: Person-centred collaborative working **6.0 Capabilities:** Helping people make informed choices as they live with or are affected by cancer	CiP 6, CiP 7, CiP 8, CiP 12, CiP 13, CiP 14
Domain A: Person-centred collaborative working **7.0 Capabilities:** Providing information to support self-management and enable independence for people living with and affected by cancer	CiP 6, CiP 7, CiP 8, CiP 12, CiP 13, CiP 14
Domain A: Person-centred collaborative working **8.0 Capabilities:** Multidisciplinary, interagency and partnership working	CiP 6, CiP 8, CiP 10, CiP 12, CiP 13, CiP 14, CiP 15, CiP 16, CiP 17
Domain A: Person-centred collaborative working **9.0 Capabilities:** Referrals and integrated working to support transitional care for people living with and affected by cancer	CiP 6, CiP 7, CiP 12, CiP 13, CiP 14

© NHS England 2024

Domain B: Assessment, investigations, and diagnosis **10.0 Capabilities:** History taking	CiP 6, CiP 7, CiP 12, CiP 13, CiP 14
Domain B: Assessment, investigations, and diagnosis **11.0 Capabilities:** Clinical physical and mental health assessment	CiP 6, CiP 7, CiP 12, CiP 13, CiP 14
Domain B: Assessment, investigations, and diagnosis **12.0 Capabilities:** Investigations, diagnosis, and care planning	CiP 6, CiP 7, CiP 12, CiP 13, CiP 14
Domain C: Condition management, treatment and planning **13.0 Capabilities:** Clinical management	CiP 6, CiP 7, CiP 12, CiP 13, CiP 14
Domain C: Condition management, treatment and planning **14.0 Capabilities:** Managing medical and clinical complexity and risk	CiP 6, CiP 7, CiP 12, CiP 13, CiP 14
Domain C: Condition management, treatment and planning **15.0 Capabilities:** Independent prescribing and pharmacotherapy	CiP 6, CiP 7, CiP 12, CiP 13, CiP 14

© NHS England 2024

Domain C: Condition management, treatment and planning **16.0 Capabilities:** Prehabilitation and rehabilitation interventions	CiP 6, CiP 7, CiP 14
Domain C: Condition management, treatment and planning **17.0 Capabilities:** Promoting self-management and behaviour change	CiP 6, CiP 7. CiP 12, CiP 13, CiP 14, CiP 15
Domain C: Condition management, treatment and planning **18.0 Capabilities:** Symptom management	CiP 6, CiP 7, CiP 12, CiP 13, CiP 14
Domain C: Condition management, treatment and planning **19.0 Capabilities:** Late effects	CiP 6, CiP 7, CiP 14
Domain C: Condition management, treatment and planning **20.0 Capabilities:** Palliative and end-of-life care	CiP 6, CiP 7, CiP 12, CiP 13, CiP 14
Domain D: Leadership and collaborative practice **21.0 Capabilities:** Leadership, management, and organisation	CiP 9, CiP 16

© NHS England 2024

Domain E: Developing evidence-based practice and improving quality. **22.0 Capabilities:** Research and evidence-based practice	CiP 9, CiP 17
Domain F: Developing evidence-based practice and improving quality **23.0 Capabilities:** Service evaluation and quality improvement	CiP 9, CiP 16, CiP 17
Domain G: Educating and developing self and others **24.0 Capabilities:** Education	CiP 10, CiP 15

© NHS England 2024

ACCEND Levels of practice descriptors and indicative requirements to work at this level for the cancer workforce (adapted from HEE/Skills for Health 2021)[1]

Career framework level of practice: Enhanced

Level descriptor

Practitioners at this level:

- Require a critical understanding of detailed theoretical and practical knowledge, which can be generalist with a special interest and/or specialist knowledge and have management and leadership responsibilities
- May have specialist knowledge, skills and capabilities related to the sphere of practice
- Consult with patients, their family and the multi-professional team to undertake assessment of patient need and devise and evaluate complex care plans
- Evaluate and analyse clinical problems using their clinical knowledge, seeking out and applying relevant evidence, enhanced techniques, interventions and equipment to make clinical decisions
- Deliver enhanced clinical care in the context of continual change, challenging environments, different models of care delivery, innovation and rapidly evolving technologies using analysis and their underpinning knowledge to manage complex interventions
- Teach and advise patients and their families on how to manage their condition or support the multidisciplinary team to do so
- Participate in clinical audits and research projects and implement changes as required, including the development and updating of practice protocols/guidelines and procedures locally
- Work within national and local protocols where these exist
- Recognise the boundaries of their practice and know when and to whom patients should be referred
- May delegate work to other members of the multidisciplinary team and take accountability for their delegated activity

[1] Health Education England (2023). Aspirant Cancer Career and Education Development (ACCEND)

- Demonstrate initiative and are creative in finding solutions to problems
- Have some responsibility for team performance and service development and consistently undertake self-development

Indicative requirement to work at this level

Current registration with NMC, HCPC, GPhC plus:

- Evidence of achievement of **Fundamentals of Cancer Care** learning outcomes or equivalent
- Evidence of achievement of **capabilities in practice (CiP) at enhanced level**
- Appropriate modules/graduate certificate/post graduate certificate/post graduate diploma and continuing professional development (CPD) that enables the delivery of cancer care in specialist service aligned to the role and scope of practice
- Appropriate practice supervisor/assessor status

Example roles/job

- Registered nurse (all fields)
- Registered pharmacist
- 15 allied health professions regulated by HCPC

© NHS England 2024

ACCEND[1] learning outcomes for postgraduate certificate and diploma

During programme development, the below should be embedded and further expanded upon with additional information in this document to develop a profession-specific programme at this level of practice.

Postgraduate certificate (PgC)

- To provide knowledge and skills for registered nursing and allied health professionals in equipping them with the knowledge and capabilities to provide optimal care for people affected by cancer, based upon the current evidence.
- To provide an in-depth focus of the philosophy, principles, and practices of care for people affected by cancer to enable practitioners to undertake holistic and person-centred assessment and deliver care relevant to their area of practice.
- To support practitioners to continue to develop their clinical expertise in their sphere of practice while acquiring transferable skills.
- To work in collaboration with other practitioners, multi-professional teams and people affected by cancer in order to provide the optimal level of care.

Postgraduate diploma (PgD)

- To provide a comprehensive post-registration, postgraduate learning environment that utilises critical thinking, problem-solving skills and a critical awareness of the research and evidence base to provide care and develop interventions to improve service user outcomes and promote high-quality cancer care practice.
- To facilitate the reflexive acquisition of specialist knowledge in relation to contemporary issues within the student's area of cancer expertise.
- To continue to develop a theoretical knowledge base, comprehensive skills, and the professional attitude to share knowledge through teaching, mentorship and/or coaching, and acting as a role model for others.

[1] Health Education England (2023). Aspirant Cancer Career and Education Development (ACCEND)

© NHS England 2024

NHS England

Enhanced Level Practice schema – paramedic

Developed by the College of Paramedics

The College of Paramedics has been a key partner in the development of the Enhanced Level Practice for paramedics schema, having welcomed the opportunity to work collaboratively with colleagues from NHS England and Sheffield Hallam University to shape post-registration education opportunities for paramedics.

Key members of the college have informed specific areas relating to their expertise; we welcome this clear articulation of the Enhanced Level Practice requirements and are delighted to have been able to capture a progression route for those paramedics that wish to remain in generalist practice.

There will be increasing opportunities for enhanced level paramedics to work across the health and care economy in roles that span the four pillars of practice as we head into the future. This work gives the opportunity to avoid unnecessary and unwarranted variation, thus creating reliable transferability for employers and enhanced level paramedics alike.

Kirsty Lowery-Richardson
Head of Education, College of Paramedics

© NHS England 2024

Collaborative Working Group

The collaborative working group provided guidance and support in the development of the schema, and their input was invaluable.

- Samantha McCabe-Hogan, Senior Lecturer in Paramedic Science, Sheffield Hallam University
- Aimee France, Principal Lecturer in Degree Apprenticeships, Sheffield Hallam University
- Kirsty Lowery-Richardson, Head of Education, College of Paramedics
- Bob Fellows, Associate Head of Education, College of Paramedics
- Els Freshwater, National Education and Training Lead (Paramedics), Centre for AHP Education and Transformation, NHS England
- Simon Froggatt, ACP Lead Yorkshire Ambulance Service
- Tony Spence, Yorkshire Ambulance Service
- Jonathan Miles, Consultant Paramedic, Yorkshire Ambulance Service
- Helen Beaumont-Waters, Head of Clinical Development (Primary and Urgent Care)
- Helen Holt, Education Quality Assessor Yorkshire Ambulance Service
- Tim Millington, Consultant Paramedic, Yorkshire Ambulance Service
- Lesley Butterworth, YAS Mental Health Lead
- Helen McAlinney, Sheffield Teaching Hospitals
- Andy Sharman, Paramedic Workforce Programme Lead, NHS England
- Julie Ormond, Southeast Coast Ambulance NHS Trust
- Josh Golding, Regional Lead, NHS England
- Andy Collen, Southeast Coast Ambulance NHS Trust
- Mark Tappenden, Canterbury University
- Matthew Catterall, Oxford Brookes University
- Fergus Carter-Brazier, Education Manager for Specialist Practice, South Central Ambulance Service
- Louisa Jamieson, Bristol University

© NHS England 2024

- Tim Edwards, Consultant Paramedic, London Ambulance Service
- Dolly McPherson, RCEM Advanced Clinical Practitioner, University Hospital Southampton
- Maria Glover, Mental Health Lead, Yorkshire Ambulance Service
- Ursula Rolfe, Deputy Head of Department, Midwifery and Health Sciences, Bournemouth University

© NHS England 2024

Contents

Introduction

Purpose of the Enhanced Level Practice schema for paramedics

Development of the schema

Who is the schema for?

Eligibility criteria for education programmes

Employer support

Less than full-time training

Equality, diversity and inclusion

Graduate paramedic to Advanced Clinical Practitioner

Schema capabilities in practice

Overview of the generic capabilities in practice

Overview of the profession-specific capabilities in practice

© NHS England 2024

Overview of the pathway-specific capabilities in practice

Generic capabilities in practice

Profession-specific capabilities in practice (paramedics)

Pathway-specific capabilities in practice

© NHS England 2024

Entrustment levels

Teaching, learning and assessment strategy

Level 7 academic education

Formal teaching

Simulation

Technology-enhanced learning

Independent study and self-directed learning

Assessment strategy

Portfolios

End-point assessment

© NHS England 2024

Supervision

- Coordinating educational and workplace supervision
- Progress through training
- Identification of dangerous practice

Quality management

© NHS England 2024

References

Appendices

© NHS England 2024

Introduction

Purpose of the Enhanced Level Practice schema for paramedics

The purpose of this national schema is to support educational institutions to develop bespoke education at this level. It will additionally support paramedics in the wider community in the development, implementation, and standardisation of roles. It is envisioned this schema will be used with the professional body's career framework and the apprenticeship standard for this level of practice. Enhanced Practitioners will evidence their development of the role, ensuring they remain within their scope of practice, safeguarding quality, and standardising education, whilst providing safe and high-quality care.

This schema will include the diverse roles within this Enhanced Level Practice, recognising the importance of the four pillars of practice and how they are embedded by the practitioner. Those working at this level will demonstrate enhanced levels of clinical judgement, underpinned with skills, knowledge and behaviours. This can be applied to a variety of roles in the NHS, not just ambulance trusts. The practitioner's role will be underpinned by the other pillars but their application will be specific to the role; some practitioners may be stronger in particular pillars, but all will meet the expected standards.

The four pillars are:

- Clinical
- Leadership
- Education
- Research.

Development of the schema

A collaborative group was established in early 2023 with invitations sent to stakeholders within the paramedic community, including academic education institutions (AEIs), The College of Paramedics' Head of Education, the National Health Service England (NHSE) Paramedic Lead, ambulance trust education leads and representatives from the devolved nations.

© NHS England 2024

Who is the schema for?

Education providers

The schema will aid the design and delivery of postgraduate education for Enhanced Level Practice, providing guidance on contact and effective learning, teaching and assessment strategies. It is intended to be used in conjunction with the postgraduate curriculum guidance by the professional body and the employer's guide to the Enhanced Clinical Practitioner apprenticeships.

Employers

The schema provides the community of practice with a minimum set of requirements to support the development of the workforce. It is expected that Level 7 education will be completed; it should be supplemented with additional workplace opportunities to allow transfer of theory into practice. Employers should use the schema alongside the employer's guide to the Enhanced Clinical Practitioner apprenticeships.

Practitioners

The schema will provide those working at and to this level of practice with guidance on the clear expectations of education required to provide robust governance in clinical departments. The schema is supportive of career progression and development, and engagement with professional development.

Eligibility criteria for education programmes

The trainee Enhanced Practitioner will have at least three years' post-registration experience in a relevant clinical field prior to starting the education. This will allow the trainee to have cemented their competence from registration and to use this experience to build on the application of this curriculum framework.

For entry onto a Level 7 enhanced programme, regardless of the route used, most academic education institutes request the following:

- A first degree 2:2 or equivalent (a diploma graduate with evidence of continuing professional development (CPD) should be accepted).
- Current registration with their professional regulatory body.
- At least three years post-registration experience, currently working in a relevant clinical area with access to a suitable coordinating education supervisor/work-based mentor.

© NHS England 2024

- Minimum of Level 2 qualification in maths and English.
- To engage in university learning during term time with the full support of workplace management.

Recognition of prior learning

There are clinicians in the workforce who have some Level 7 modules; if these are appropriate to the role, there should be some procedure by the AEIs to accept these modules as recognised prior learning for the postgraduate Enhanced Practice qualification (certificate/diploma).

Employer support

Development of the workforce in individual clinical services is the responsibility of the employer, and the addition of these roles within the workforce should be service-driven. To protect the patient, practitioner, and service, it is important to ensure all governance is in place before training commences. The role should be clearly defined with a job/training plan, job description and scope of practice. This provides a boundary of practice within the competency of the scope of practice to protect the patient, practitioner, and the service via robust clinical governance. These should align with the divisional, Trust and integrated care board workforce plans.

The employer should provide a suitable coordinating educational supervisor who will provide guidance to the trainee on their training pathway. In addition, the trainee may also have associated workplace supervisors who are able to train the practitioner in specific areas of professional practice. Adequate training time should also be allocated to the trainee and the supervisor(s) to allow for successful completion of the programme. Collectively, the employer, supervisors and trainee will then decide the most appropriate academic programme to meet the capabilities in practice (CiPs) for their individual scope of practice.

It is expected that a tripartite agreement will be in place between the trainee, employer, and AEI at the admissions stage to ensure the learning environment is optimal for successful completion of the programme.

Less than full-time training

It is possible for a practitioner training to an enhanced level to train on a part-time basis; however, it should be noted that the minimum number of hours a trainee can work while undertaking a degree apprenticeship is thirty. This is due to the need to gain sufficient experience in practice, while also completing academic work – the

© NHS England 2024

duration of which may be extended at the discretion of the university, depending on funding regulations.

Equality, diversity and inclusion

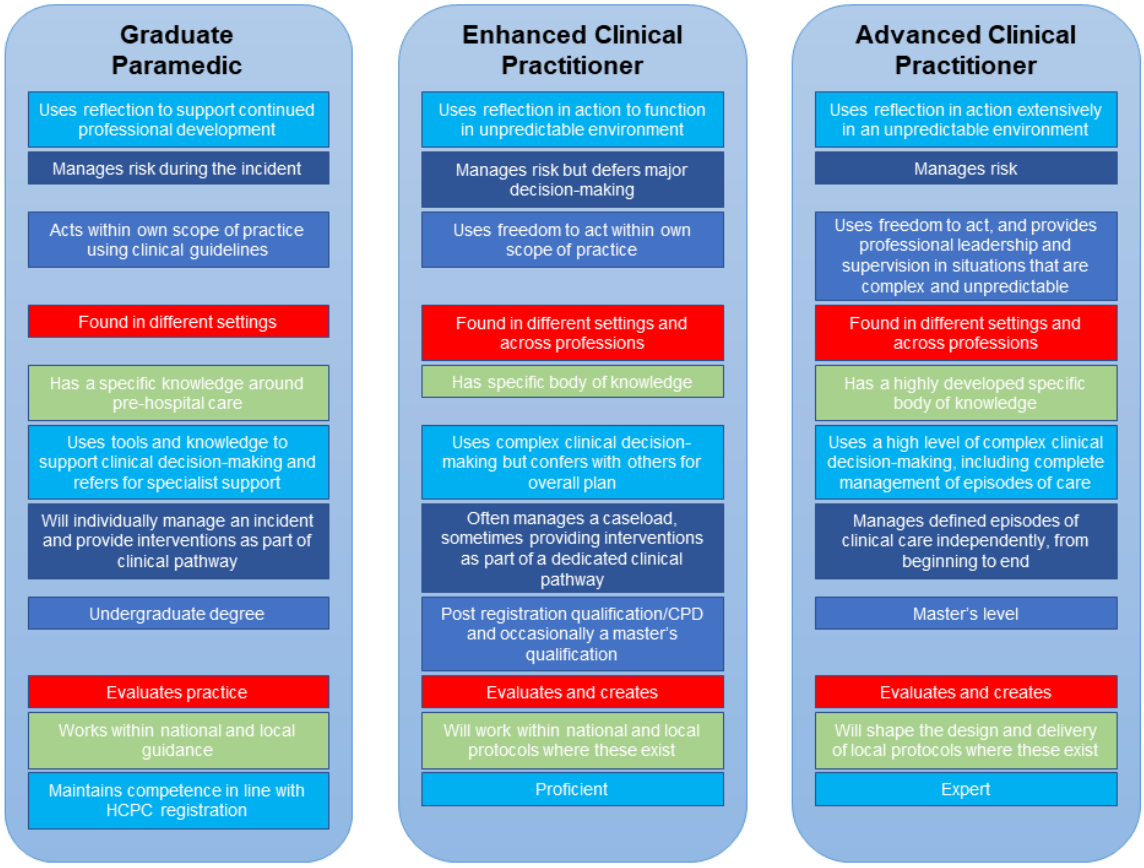
Users of this schema should ensure that organisations (employer and AEI) comply with the legislation set out in the Equality Act of 2010 and No More Tick Boxes. Anti-discriminatory practices should be followed through the recruitment to post, within the AEI and throughout training and beyond. It is expected that full monitoring of equality, diversity and inclusion should be completed by both the employer and the AEI.

Although a deliverable within the apprenticeship standard, it is expected through this schema that safeguarding, PREVENT, British values and the NHS constitution are embedded within the ethos of the education and training programmes delivered from this 'blueprint'.

Sustainability and the appropriate goals from the World Health Organization (WHO) are embedded within the CiPs throughout this schema to allow individuals to apply these principles to themselves and the wider service. Throughout the development of the schema, the ethos of Delivering a Net Zero NHS (2023) was applied, using virtual meeting platforms and document-sharing to reduce the impact of travel.

© NHS England 2024

Graduate paramedic to Advanced Clinical Practitioner



It is important that we create a program that is fit for now and the future. The curriculum will reference use of the Advanced Clinical Practitioner (ACP) framework to reduce the issues that could prevent a student from using the Level 7 credits from the EP course towards the AP Masters. The contexts of EP and ACP are different, however, as illustrated below.

© NHS England 2024

Example from practice of the three levels of competency

During a cardiac assessment, the clinician will assess each of the heart valves to assess any damage.

A graduate paramedic will be able to identify the heart sound and whether it is normal.

An Enhanced Practitioner will be able to not only assess for the abnormality but to identify it (e.g., a valve stenosis); they would be expected to refer to an Advanced Practitioner and specific pathway, remaining within their scope of practice.

An Advanced Clinical Practitioner will be able to identify the abnormality, order specific tests, and refer to a specialist.

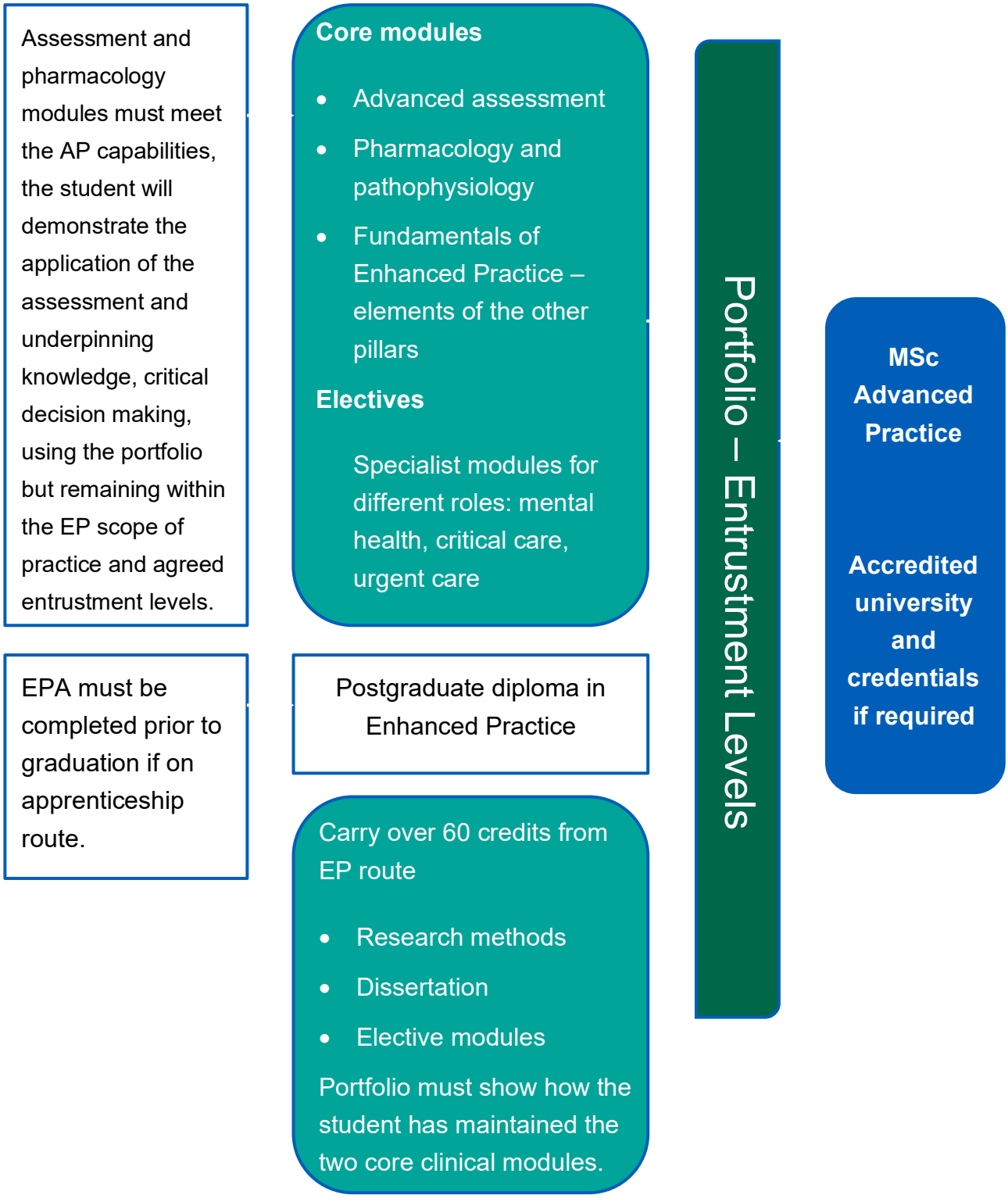
The clinical modules should meet most of the AP clinical pillar and the capability framework, but would not fully meet the pillar from an educational perspective and would need other module(s) to fully meet this. The other three pillars would be where most of the education from EP to AP would need to be completed. The EP route should have some elements of the other three pillars to meet the knowledge, skills and behaviours (KSBs) but it would not meet the AP capability framework.

One of the suggested modules is pharmacology at Level 7; this module should not allow a clinician to prescribe but would provide them with the underpinning knowledge and understanding to support their decision-making and use appropriate pathways.

© NHS England 2024

Road map from Enhanced Practitioner to Advanced Practitioner

Enhanced Practitioner route



© NHS England 2024

Schema capabilities in practice

Capabilities in practice (CiPs) have been developed to describe what is expected of the Enhanced Practitioner at the end of their training. The descriptors are used to define the specific requirements of education and training to allow the practitioner to meet the CiPs. Capabilities in practice for those working at this level are divided into three groups: **generic**, **profession-specific**, and **site-/role-specific**.

The suggested evidence is also defined, together with how this will map to the College of Paramedics Postgraduate Career Guidance and the ECP apprenticeship standard for this level of practice. The information within each capability will aid the development of the relevant education and training required at this level of practice. The education and training should be flexible to ensure their successful completion by the practitioner within a variety of scopes of practice within paramedic practice. Further support on the learning, teaching, and assessment expected within the programme can be found in the relevant section.

It is recognised that there are common requirements across all allied health professions at this level of practice; therefore it is expected that **ALL** healthcare professionals working at an enhanced level of practice should develop their communication, multi-professional working, behaviours and other common skills across the professions defined within the **generic** CiPs. The generic CiPs are therefore the same throughout all the profession-specific schemas at an enhanced level.

The **profession-specific** CiPs allow each professional group to build upon the foundations of their registration and experience, ensuring that the uniqueness of the specific knowledge, skills and behaviours is not lost and that professional skills flourish in driving service delivery.

Each profession has the challenge of differing healthcare delivery environments, patient populations and areas of expertise that should be recognised and encouraged to aid workforce reform. Therefore, the **pathway-specific** CiPs are **selected** relevant to the trainee's role and scope of practice, refining and defining their area of specialist practice. These CiPs will be selected in partnership with the employer, coordinating educational supervisors, trainee Enhanced Practitioner, and AEI.

© NHS England 2024

Guidance should be sought from a robust job description, job plan and scope of practice to ensure it is clear what the service requires from the trainee Enhanced Practitioner. This must be completed for all trainee practitioners to provide clear governance and mitigate risk to the patient, practitioner, and service.

It is therefore expected that an individual's role and scope of practice will be defined prior to the start of training, to provide a clear training pathway, while accepting that both may undergo some changes depending on service need, the development of the role, and the skills of the trainee Enhanced Practitioner.

It is recognised that the Enhanced Practitioner role could meet some elements of the clinical pillar but there would be a need for the practitioner to fully meet the pillar should they progress to Advanced Practitioner level; however, the other three pillars would not be fully met in their role or in the academic study.

Overview of the generic capabilities in practice

(to be demonstrated by ALL practitioners working at an enhanced level)

Be an accountable, autonomous professional acting in the best interest of people, to provide practice that is evidence-based, safe, and compassionate within a defined scope of Enhanced Practice (occupational duty 1).

Use an effective level of communication in challenging environments and situations using applicable persuasive and influencing skills (occupational duty 6).

Provide leadership within their defined scope of practice within their own organisation and the wider multidisciplinary team where required (occupational duties 4 and 8).

Foster a culture of lifelong learning within own practice and role-model to impact the practice of others (occupational duties 4 and 10).

Apply and undertake research to influence improved patient care and service delivery at an enhanced level of practice (occupational duty 9).

© NHS England 2024

Overview of the profession-specific capabilities in practice

(to be demonstrated by ALL practitioners working at an enhanced level)

1. Independently obtain relevant advanced focused history, using system-based holistic, patient-centred assessment, and assimilating complex findings (occupational duty 2).
2. Be able to independently interpret complex clinical findings, undertake interventions and arrange appropriate investigations to establish differential diagnoses (occupational duty 3).
3. Use critical clinical reasoning to independently formulate a management plan, including follow-up and safety netting, within your scope of practice and arranging onward referral as appropriate (occupational duty 3).
4. Independently lead and manage undifferentiated clinical presentations, including the ability to manage risk and deal with uncertainty when there is missing or incomplete information (occupational duty 8).
5. Using the knowledge of pathophysiology and pharmacological understanding, develop the ability to formulate a plan for the management of a patient in complex situations and challenging circumstances (occupational duties 2 and 3).
6. Ethically lead and manage unpredictable and challenging situations, mitigating and managing risk (occupational duty 8).
7. Champion, advocate and be involved in research to influence strategic service development and continuous improvements across people and processes (occupational duties 4 and 9).
8. Contribute to the development, delivery and evaluation of education and training opportunities for others within own scope of practice (occupational duty 5).

© NHS England 2024

Overview of the pathway-specific capabilities in practice

(to be demonstrated by ALL practitioners working at an enhanced level)

This section covers the specific pathways for Enhanced Practitioners to meet the capabilities for specific patient groups such as urgent care, critical care, mental health care, and telehealth. In the future there may be scope to increase these areas.

These may be the suggested practice settings where an Enhanced Practitioner may work.

- Enhanced generalist
- Urgent/emergency care
- Primary care
- Out-of-hospital critical care
- Mental health
- Palliative care and end-of-life care
- Frailty
- Older people
- Telehealth

Future enhancement of the role may include the roles below; these should be considered as part of the workforce as organisations develop their pathways for progression and start to fulfil the other framework pillars:

- Practice educator
- Research leader
- Clinical leader

© NHS England 2024

Generic capabilities in practice

ALL allied health professionals working at an enhanced level will achieve these capabilities.

Capability in practice (CiP1)

Be an accountable, autonomous professional acting in the best interest of people, to provide practice that is evidence-based, safe and compassionate within a defined scope of Enhanced Practice.

Descriptors

- Demonstrate a critical awareness of legal, ethical, professional, and organisational policies, governance, and procedures, with a focus on mitigating risk and upholding safety.
- Meet the standards, legally, ethically, and professionally within their Enhanced Practice role, maintaining ongoing professional registration, being responsible and accountable for own decisions, actions, and omissions.
- Work autonomously, performing in a way that reflects awareness of own ability and capabilities, mitigating and managing risk within their defined scope of Enhanced Practice and the correct procedure for escalation and/or referral to colleagues within the multidisciplinary team.
- Always adhere to local and national confidentiality guidelines.
- Critically appraise evidence and use findings to plan and provide enhanced patient-centred care.
- Assimilate, synthesise, and apply complex information to promote and advocate for the best interests of others, upholding the principles of safeguarding and evidence-based practice.
- Treat people with dignity, respect and empathy, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Be adaptable, reliable, and consistent.

© NHS England 2024

Suggested evidence

- Level 7 academic module
- Work-based assessments
- Management equality and diversity training
- Patient or service user feedback

Pillars of professional practice

- Clinical
- Leadership
- Research

Apprenticeship KSB mapping – occupational duty 1

K1, K2, K3, S1, S2, S3, S4, S5, S6, S25, B1, B2, B3

Capability in practice (CiP2)

Use an effective level of communication in challenging environments and situations, using applicable persuasive and influencing skills.

Descriptors

- Utilise communication methods to support complex intervention decision-making which are aligned to national and international guidelines.
- Use principles and theories of coaching to support others in complex decision-making and care delivery by applying professional judgement and evidence-based practice.
- Employ models and theories of negotiating and mediating such as de-escalation and diffusing strategies in managing conflict and challenge.

© NHS England 2024

- Role-model enhanced communication skills, utilising different strategies and theories, communication modes (written, digital, verbal, non-verbal) and communication tools that enable open and honest discussion and sharing of complex information with service users, public, and professionals across a range of situations, within own scope of practice.

Suggested evidence

- Communication skills training
- Conflict management
- Equality and diversity training
- Level 7 communication module
- Trust level communication and management programmes

Pillars of professional practice

- Clinical
- Leadership
- Education
- Research

Apprenticeship KSB mapping – occupational duty 6

K17, K18, K19, K27, S17, S18, S19, S27, B2

© NHS England 2024

Capability in practice (CiP 3)

Provides leadership within their defined scope of practice within their own organisation and the wider multidisciplinary team, where required.

Descriptors

- Use principles and theories of leadership and role-modelling.
- Utilise protocols and systems to plan, prioritise, and direct resources within area of Enhanced Practice and escalate to and engage others when working at the boundaries of scope of practice.
- Utilise employer policy and procedures for resource management and reporting.
- Use strategies to plan and prioritise resources and manage immediate and longer-term service requirements.
- Provide leadership within scope of own role and positive role-modelling for others in the multidisciplinary team.
- Provide mentorship, opportunity for peer learning, and constructive feedback to guide, support, motivate, and develop others in the multidisciplinary team.
- Contribute to the appraisal of individuals in the multidisciplinary team.

Suggested evidence

- Level 7 leadership module
- Work-based assessments
- 360 feedback tools

Pillars of professional practice

- Leadership

Apprenticeship KSB mapping – occupational duties 4 & 8

K9, K12, K13, K25, K28, K29, S12, S13, B1, B2, B3

© NHS England 2024

Capability in practice (CiP 4)

Fostering a culture of lifelong learning within own practice and role-modelling to impact the practice of others.

Descriptors

- Practise critical self-awareness: seek feedback and undertake reflection, lifelong learning, clinical supervision, and continuing professional development.
- Support resilience and self-care through role-modelling and the implementation of measures that assist with the maintenance of health and well-being for staff, service users, patients, families, and carers.
- Demonstrate the impact of reflection in improving practice and best-practice methods for clinical supervision.
- Demonstrate knowledge of local appraisal policy and systems and own responsibility in relation to appraisal of others.
- Reflect on own and others' practice using clinical supervision processes, including clinical audit.

Suggested evidence

- Coaching qualification
- Level 7 mentoring and coaching module
- Action learning set training

Pillars of professional practice

- Education
- Research

Apprenticeship KSB mapping – occupational duties 4 & 10

K23, K31, K32, S26, S23, S31, S32, B1, B2, B3

© NHS England 2024

Capability in practice (CiP 5)

To apply and undertake research to influence improved patient care and service delivery at an enhanced level of practice.

Descriptors

- Develop knowledge of research techniques (including audit) within and relevant to own scope of Enhanced Practice.
- Demonstrate the principles of change management and co-production to support innovation in the workplace.
- Contribute to research projects within own scope of Enhanced Practice: build research skills and seek advice and collaborative support to achieve research goals to provide evidence for assurance of practice or development.
- Conduct systematic literature searches to source and appraise evidence to inform Enhanced Practice.
- Contribute to quality improvement plans and strategies to support a culture of innovation and continuous quality improvement within area of Enhanced Practice (clinical audits).

Suggested evidence

- Level 7 research/service improvement module
- Ethics training
- Audit training
- E-learning for health modules
- Documentary evidence of audit and/or research reports and publications

Pillars of professional practice

- Research

© NHS England 2024

Apprenticeship KSB mapping – occupational duty 9

K1, K4, K20, K22, K26, K28, K29, K30, S1, S2, S9, S21, S22, S28, S29, S30, B1, B2, B3

Profession-specific capabilities in practice (paramedics)

ALL paramedics working at an enhanced level of practice will be expected to meet the capabilities in practice within this section.

Capability in practice (CiP 1)

To independently obtain a relevant focused history, using system-based holistic, patient-centred assessment, and assimilating complex findings.

Descriptors

- Apply knowledge of anatomy and physiology to support complex holistic and focused patient assessment, including the underlying psychological, social, and long-term impact of illness.
- Utilise clinical frameworks, local and national guidance to support enhanced critical decision-making in the complex patient across the different lifespans.
- Utilise contemporaneous diagnostic tools to support clinical decision-making.
- Select the most appropriate tools, technologies, and techniques to perform complex and holistic assessments.
- Interpret, assimilate, and draw conclusions, using diverse sources of information and evidence to inform clinical reasoning.

Suggested evidence

- Level 7 academic module
- Work-based assessments
- OSCE OSPE

© NHS England 2024

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping – occupational duty 2

K6, S4, S6, S11, B1, B2, B3

Capability in practice (CiP 2)

The ability to independently interpret complex clinical findings, undertake interventions, and arrange appropriate investigations to establish differential diagnoses.

Descriptors

- Meet the standards for legislation, clinical frameworks, contemporaneous evidence-based practice guidelines, outcomes from clinical audit and algorithms to support decision-making.
- Apply underpinning knowledge of anatomy and complex applied physiology, disease, toxicities, treatments, and interventions which guide the selection of specialist diagnostics.
- Demonstrate the application of methods to support complex intervention decision-making aligned to national and international guidelines.
- Utilise diverse sources of information and evidence to underpin decision-making and techniques to interpret and assimilate a diverse range of information and evidence.
- Identify, request, and interpret specialist diagnostics within own scope of practice to inform the delivery and management of specialist care for patients and families.
- Analyse the data arising from the assessment process to inform clinical decision-making.

© NHS England 2024

- Identify, demonstrate understanding of, and use tools and techniques to critically evaluate clinical information to inform decision-making and care management planning.
- Utilise methods to support complex intervention decision-making aligned to national and international guidelines.
- Manage self and others in unpredictable and complex environments, instigating clinical interventions where guidelines may not be available.

Suggested evidence

- Level 7 academic module
- Work-based assessments
- E-learning for health

Pillars of professional practice

- Clinical
- Leadership
- Research

Apprenticeship KSB mapping – occupational duty 3

B1, B2, B3

© NHS England 2024

Capability in practice (CiP 3)

Use critical clinical reasoning to independently formulate a management plan, including follow-up and safety netting, within your scope of practice and arranging onward referral as appropriate.

Descriptors

- Utilise tools and techniques to critically evaluate clinical information to inform decision-making and care management planning.
- Use relevant methods to support complex intervention decision-making aligned to national and international guidelines.
- Utilise diverse sources of information and evidence to underpin decision-making and techniques to interpret and assimilate a diverse range of information and evidence.
- Provide enhanced clinical care in line with professional registration, code of conduct and defined scope of practice, being responsible and accountable for own decisions, actions, and omissions.
- Analyse the data arising from the assessment process to inform clinical decision-making.
- Identify, request, and interpret specialist diagnostics within own scope of practice to inform the delivery and management of specialist care for patients and families.
- Develop, implement, and evaluate an enhanced care management plan which may include interventions and referral to other members of the multidisciplinary team or other agencies.
- Prepare and support patients and families to manage their own health and care as independently as possible.
- Interpret, assimilate, and draw conclusions using diverse sources of information and evidence to inform clinical reasoning.
- Direct others to sources of information and evidence, coaching and supporting them in applying information and evidence in complex clinical decision-making.

© NHS England 2024

Suggested evidence

- Level 7 academic module
- Work-based assessments
- OSCE OSPE
- Clinical performance indicators, individual audit
- Portfolio

Pillars of professional practice

- Clinical
- Leadership
- Research

Apprenticeship KSB mapping – occupational duty 3

K7, K9, K11, S3, S7, S8, S9, S10, S11, S12, B1, B2, B3

Capability in practice (CiP 4)

Independently lead and manage undifferentiated clinical presentations within a defined scope, including the ability to manage risk and deal with uncertainty when there is missing or incomplete information.

Descriptors

- Assimilate, synthesise, and apply complex information to promote and advocate best interests of others, upholding the principles of safeguarding and evidence-based practice.
- Utilise techniques to critically appraise evidence such as local and national quality standards and frameworks and ways to relate this to own practice.

© NHS England 2024

- Demonstrate requirements of their ongoing professional registration and code of conduct in relation to their scope of practice such as when and how to escalate or refer in line with defined scope of practice.
- Draw upon legislation, clinical frameworks, contemporaneous evidence-based practice guidelines, outcomes from clinical audit, and algorithms, to support decision-making.
- Utilise tools and techniques to critically evaluate clinical information to inform decision-making and care management planning.
- Critically appraise evidence and use findings to plan and provide enhanced patient-centred clinical care.
- Assimilate, synthesise, and apply complex information to promote and advocate best interests of others, upholding the principles of safeguarding and evidence-based practice.
- Prepare and support patients and families to manage their own health and care as independently as possible.
- Interpret, assimilate, and draw conclusions, using diverse sources of information and evidence to inform clinical reasoning.
- Direct others to sources of information and evidence, coaching and supporting them in applying information and evidence in complex clinical decision-making.
- Provide leadership within scope of own role and positive role-modelling for others in the multidisciplinary team.
- Discuss complex information with patients, their families, the multidisciplinary team and other agencies.
- Identify and act on evidence of unexpected change or patient deterioration within own scope of practice.
- Identify and manage risk to patient safety and others in an unpredictable and complex environment.
- Plan, prioritise, and deliver enhanced clinical care within a defined resource.

© NHS England 2024

Suggested evidence

- Level 7 academic module
- Work-based assessments
- Development of standards of proficiency/guidelines

Pillars of professional practice

- Clinical
- Leadership
- Research

Apprenticeship KSB mapping – occupational duty 8

K2, K3, K5, K7, S2, S5, S10, S12, S13, S19, S24, S26, S29, B1, B2, B3

Capability in practice (CiP 5)

Using the knowledge of pathophysiology and pharmacological understanding, develop the ability to formulate a plan for the management of a patient in complex situations and challenging circumstances.

Descriptors

- Critically appraise the pathophysiology and disease processes related to potential comorbid presentations.
- Demonstrate knowledge of legislation relating to pharmacology and its application to patients.
- Select and judiciously apply appropriate methods to identify a range of differential diagnoses.
- Critically evaluate the impact of pharmacological interventions upon the patient's continuing health, safety, and well-being.
- Demonstrate knowledge of and develop patient group directions (PGDs).

© NHS England 2024

- Demonstrate knowledge of medicine amendments for schedule 17/19 of the Human Medicine Regulations 2012.
- Demonstrate knowledge of the effects of polypharmacy and how they may present in the patient across the lifespan.

Suggested evidence

- Level 7 academic module
- Work-based assessments
- Development of PGDs

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping – occupational duties 2 & 3

K5, K6, K8, K24, K25, K26, S4, S5, S7, S9, S24, B1, B2, B3

Capability in practice (CiP 6)

Ethically lead and manage unpredictable and challenging situations, mitigating and managing risk.

Descriptors

- Treat people with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences and demonstrating anti-discriminatory practice for area of service. This includes approaches to reduce health inequalities, improve health outcomes, and assess and implement change.
- Be adaptable, reliable, and consistent, demonstrating effective healthcare leadership to lead and empower others to safely prioritise and deliver care.

© NHS England 2024

- Implement and support others to fulfil safeguarding duties and procedures in a timely and proactive manner.
- Efficiently organise/manage workloads and minimise avoidable risk within own scope of practice to facilitate effective teamwork at maximum levels of performance and care in trusted, safe environments.
- Demonstrate effective leadership in relation to own scope of Enhanced Practice and related team, including to facilitate the delegation and leadership skills of others in own team.
- Identify and manage risk to patient safety and others in an unpredictable and complex environment, using evidence-based strategies to manage risk within scope of practice.
- Actively value the range of people and cultures that present in practice, demonstrating compassion or empathy that is appropriate to the contact and people's needs.
- Act to promote and support the good health and well-being of all people.
- Show respect and empathy for those you work with, including models and theories of negotiating and mediating, such as de-escalation and diffusing strategies.
- Demonstrate knowledge of underpinning anatomy and complex applied physiology, disease, toxicities, treatments, and interventions.
- Demonstrate knowledge and understanding of the signs and pathophysiology of deterioration or distress in mental, physical, cognitive, and behavioural health in own scope of practice.
- Use protocols and systems to plan, prioritise, and direct resources within area of Enhanced Level Practice and know how to escalate to and engage others when working at the boundaries of scope of practice.
- Identify and act on evidence of unexpected change or patient deterioration within own scope of practice.
- Manage self and others in unpredictable and complex environments where protocols may not be available.

© NHS England 2024

Suggested evidence

- Level 7 academic module
- Work-based assessments
- Inclusive leadership training

Pillars of professional practice

- Clinical
- Leadership
- Research

Apprenticeship KSB mapping – occupational duty 8

K18, K24, K25, K26, S13, S24, S25, S26, B1, B2, B3

Capability in practice (CiP 7)

To champion, advocate and be involved in research to influence strategic service developments and continuous improvements across people and processes.

Descriptors

- Develop knowledge of NHS issues that may affect the performance of service delivery in own area of practice, including healthcare policy and practice, evolving population needs, healthcare inequality, and practice guidance and standards.
- Systematically search for and critically engage with contemporary literature, conference proceedings and other forms of dissemination of research to inform evidence-based practice.
- Identify opportunities to enhance patient care, service design and use of resources, formulating effective proposals for studies to collect and analyse data to inform change.

© NHS England 2024

- Actively participate in research, audit, and service evaluation/development, demonstrating knowledge of, and applying principles of, appropriate methodologies, methods, and ethical frameworks.
- Support and encourage others to develop the skills and confidence to participate in research, audit, and service evaluation/development activities.
- Disseminate the outcomes of research, audit, and service evaluation/development to appropriate audiences, to strengthen evidence-based practice and contribute to the body of knowledge of the profession, as guided by the College of Paramedics.

Suggested evidence

- Level 7 academic module
- Ethics training
- Audit training
- Good clinical practice certification
- Development research protocols, participation in studies, undertaking audits

Pillars of professional practice

- Clinical
- Leadership
- Research

Apprenticeship KSB mapping – occupational duty 9

K1, K4, K20, K22, K26, K28, K29, K30, S1, S2, S9, S21, S22, S28, S29, S30, B1, B2, B3

© NHS England 2024

Capability in practice (CiP 8)

Contribute to the development, delivery, and evaluation of education and training opportunities for others within own scope of practice (CODH Educational Framework).

Descriptors

- Demonstrate the role and impact of reflection in improving clinical practice and best-practice methods for clinical supervision.
- Demonstrate principles of mentoring and preceptorship and how these differ from counselling, coaching, and teaching.
- Demonstrate knowledge of local appraisal policy and systems and own responsibility in relation to appraisal of others.
- Identify training and education needs of others in the workplace.
- Plan and facilitate the delivery of practice-based education, training, and assessment activities.
- Evaluate the effectiveness of training and education activities.
- Reflect on own and others' practice using clinical supervision processes.
- Provide mentorship, opportunity for peer learning, and constructive feedback to guide, support, motivate, and develop others in the multidisciplinary team.
- Contribute to the appraisal of individuals in the multidisciplinary team.

Suggested evidence

- Level 7 academic module
- Coaching qualification
- Action learning set training
- Teaching certification
- Learner feedback

Pillars of professional practice

- Education

© NHS England 2024

Apprenticeship KSB mapping – occupational duty 5

K23, K31, K32, S14, S15, S16, S23, S31, S32, B1, B2, B3

Pathway-specific capabilities in practice

These capabilities are designed to support the Enhanced Practitioner to meet the requirements of the role in which they are employed.

Urgent care capabilities

1. Interpret and diagnose the health-related needs of a service user presenting with a minor illness or injury.
2. Critically analyse and utilise the knowledge and skills gained to make safe, appropriate, and evidence-based enhanced clinical decisions when managing the service user with minor illness or injury.
3. Synthesise knowledge and theory underpinning the management of service users with minor illness and injury.

Capability in practice (CiP 1)
Interpret and diagnose the health-related needs of a service user presenting with a minor illness or injury.
Descriptors • Use relevant tools to interpret the service user's assessment. • Demonstrate knowledge of diverse sources of information and evidence to underpin decision-making and techniques to interpret and assimilate a diverse range of information and evidence. • Select the most appropriate tools, technologies, and techniques needed to perform complex and holistic assessments.
Suggested evidence • Level 7 academic module • Work-based assessments

© NHS England 2024

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

K4, S4, S6, S8

Capability in practice (CiP 2)

Critically analyse and utilise the knowledge and skills gained to make safe, appropriate, and evidence-based enhanced clinical decisions when managing the service user with minor illness or injury.

Descriptors

- Demonstrate knowledge of legislation, clinical frameworks, contemporaneous evidence-based practice guidelines and the application of this knowledge to support decision-making.
- Apply this knowledge in your clinical decision-making within your scope of practice.

Suggested evidence

- Level 7 academic module
- Work-based assessments

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

S5, S7, K5, K9, K30

© NHS England 2024

Capability in practice (CiP 3)

Synthesise knowledge and theory underpinning the management of service users with minor illness and injury.

Descriptors

- Develop the knowledge and application of appropriate pathways for managing minor illness and injury.
- Critique the theory relating to minor illness and injury, and use this as part of the management of these service users across all age spans.
- Utilise making every contact count in delivering appropriate care and management, and provide care closer to home where relevant.

Suggested evidence

- Level 7 academic module
- Work-based assessments

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

S9, S11

Out-of-hospital critical care capabilities

1. Demonstrate diagnostic and clinical skills in critical and emergency care.
2. Critically evaluate your knowledge, skills, and understanding of care management for the critically unwell service user.
3. Demonstrate autonomous leadership in the critical care environment within your own scope of practice.

© NHS England 2024

Capability in practice (CiP 1)

Demonstrate diagnostic and clinical skills in out-of-hospital critical and emergency care.

Descriptors

- Critically evaluate clinical information to inform decision-making and care management planning.
- Use appropriate diagnostic tools to inform clinical decision-making.
- Utilise methods to support complex intervention decision-making aligned to national and local guidance.
- Use technologies including AI to support clinical decision-making.

Suggested evidence

- Level 7 academic module
- Work-based assessments

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

K7, K9, S9

© NHS England 2024

Capability in practice (CiP 2)

Critically evaluate your knowledge, skills, and understanding of the care management for the critically unwell service user.

Descriptors

- Utilise tools and techniques to plan and deliver care management.
- Demonstrate underpinning knowledge of anatomy and physiology to provide appropriate care management.
- Interpret all information gathered to inform decisions in care management.

Suggested evidence

- Level 7 academic module
- Work-based assessments

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

K8, S8, S9

© NHS England 2024

Capability in practice (CiP 3)

Demonstrate autonomous leadership in the critical care environment within your scope of practice.

Descriptors

- Utilise recognised leadership models to maintain clinical leadership in managing an out-of-hospital critical incident, within your scope of practice, and supporting operational managers where required.
- Apply knowledge and recognised theories to lead where appropriate and support other agencies' teams in decision-making involving complex information.
- Manage self and others in unpredictable and complex environments, instigating clinical interventions where protocol may not be available while remaining in your own scope of practice.
- Identify and manage risk to patient safety and others in an unpredictable and complex environment.

Suggested evidence

- Level 7 academic module
- Work-based assessments
- NARU
- JESSOPs

Pillars of professional practice

- Leadership

Apprenticeship KSB mapping

S13, S19, S25, S26

© NHS England 2024

Frailty in diverse populations

1. Understand the concept of frailty as a long-term condition and recognise all stages from emergencies to end-of-life care.
2. Demonstrate a comprehensive and holistic assessment of frailty and, using a person-centred approach, use appropriate tools and techniques to co-produce a care and support plan that meets the needs and wants of the person.
3. Support the establishment of ongoing integrated working with different organisations in the local area in the management of the person living with frailty.
4. Critically analyse the impact of the different factors that a person living with frailty and their family will be exposed to, and promote living well with frailty.
5. Use key legislation relevant to frailty in the management and support of the person.

Capability in practice (CiP 1)
Understand the concept of frailty as a long-term condition and recognise all stages from emergencies to end-of-life care.
Descriptors • Identify what frailty is and how it can affect any age range. • Understand what long-term conditions are and how they change the physiology of a person. • Critique the stages of the end of life and how they may differ for different ages and sexes.
Suggested evidence • Level 7 academic module • Work-based assessments
Pillars of professional practice • Clinical

© NHS England 2024

Apprenticeship KSB mapping

K6, K8, K11

Capability in practice (CiP 2)

Demonstrate a comprehensive and holistic assessment of frailty and, using a person-centred approach, use appropriate tools and techniques to co-produce a care and support plan that meets the needs and wants of the person.

Descriptors

- Undertake an appropriate holistic assessment for a potential frailty patient.
- Use appropriate tools, technologies, and techniques to perform complex holistic assessments.
- Utilise co-production to create care plans that meet the needs and wants of the patient.

Suggested evidence

- Level 7 academic module
- Work-based assessments

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

S4, S6, S7, S8, S9, K10, K12

© NHS England 2024

Capability in practice (CiP 3)

Support the establishment of ongoing integrated working with different organisations in the local area in the management of the person living with frailty.

Descriptors

- Demonstrate knowledge of the different organisations in the local area and what they offer.
- Support integrated working in the management of a person living with frailty.

Suggested evidence

- Level 7 academic module
- Work-based assessments

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

K2, K5

© NHS England 2024

Capability in practice (CiP 4)

Critically analyse the impact of the different factors that a person living with frailty and their family will be exposed to, and promote living well with frailty.

Descriptors

- Demonstrate knowledge of the different factors impacting frailty and apply this knowledge in the management of a patient with this condition.
- Use health promotion in the management of a person with frailty to improve or maintain their activities of daily living.

Suggested evidence

- Level 7 academic module
- Work-based assessments

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

K7, K11, S2, S5

© NHS England 2024

Capability in practice (CiP 5)
Use key legislation relevant to frailty in the management and support of the person.
Descriptors • Identify all legislation that will affect the management of frailty. • Use the legislation in supporting decision-making in the management of a person living with frailty.
Suggested evidence • Level 7 academic module • Work-based assessments
Pillars of professional practice • Clinical • Leadership
Apprenticeship KSB mapping S5

Mental health

1. Engage with theories, principles, and practices that contribute to improvements in mental health.
2. Critically analyse current legislation, including the Mental Health Act and Mental Capacity Act, that impacts a person with mental ill health and apply this knowledge to support that person in managing their current crisis.
3. Develop insights into innovative responses to meet challenges in the delivery of care for people with mental ill health.
4. Develop knowledge of persons in distress, and independently apply this knowledge in holistic assessment, critical intervention, and the management of their care.

© NHS England 2024

5. Understand the challenges in managing mental ill health in all age ranges, and support the development of pathways in your locality.

Capability in practice (CiP 1)

Engage with theories, principles and practices that contribute to improvements in mental health.

Descriptors

- Critically analyse the theories and principles that contribute to improvements in mental health.
- Demonstrate knowledge and the application of current legislation regarding mental health, including the Mental Health Act and Mental Capacity Act.
- Demonstrate the knowledge and application of the practices of different professions and utilise these in the management of a person with mental ill health.

Suggested evidence

- Level 7 academic module
- Work-based assessments

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

K2, K4, K5, S11, S12

© NHS England 2024

Capability in practice (CiP 2)

Critically analyse current legislation (including MHA and MCA) that impacts a person with mental ill health and apply this knowledge to support that person in managing their current crisis.

Descriptors

- Demonstrate knowledge of the current legislation and appraise how it works in practice in supporting a person in mental health crisis.
- Identify and use appropriate legislation in supporting a person with mental ill health.
- Describe local pathways and utilise the legislations in the management of a person with mental ill health.
- Manage the person from a biopsychosocial model and use established ethical principles to support your shared decision-making.
- Demonstrate the use of appropriate communication approaches and de-escalation methods, including an empathetic, non-judgemental approach.
- Utilise a multidisciplinary team approach in decision-making in the best interests of the person with mental ill health.

Suggested evidence

- Level 7 academic module
- Work-based assessments

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

K2, K5

© NHS England 2024

Capability in practice (CiP 3)

Develop insights into innovative responses to meet challenges in the delivery of care for people with mental ill health.

Descriptors

- Describe current responses and develop other appropriate responses using recognised tools and legislation.
- Support the development of pathways in the management of persons with mental ill health.
- Maintain current pathways and manipulate these to meet the needs of the local community.
- Seek innovation from other professions or regions in the delivery of mental health care.

Suggested evidence

- Level 7 academic module
- Work-based assessments

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

K20, K26, S5, S9

© NHS England 2024

Capability in practice (CiP 4)

Develop knowledge of persons in distress, and independently apply this knowledge in holistic assessment, critical intervention, and the management of their care.

Descriptors

- Describe how distress presents in different mental ill health conditions and age ranges, including self-harm and suicide risks.
- Use recognised tools and techniques in the assessment of a person with mental ill health.
- Perform holistic assessments and appropriate interventions required when managing a person with mental ill health.
- Analyse the data arising from the assessment process to inform clinical decisions.
- Demonstrate knowledge of pharmacological interventions for mental ill health conditions, and their interactions and side effects.
- Demonstrate understanding of the stigma around mental health and knowledge of social/cultural context, and how this can impact the person with mental ill health.

Suggested evidence

- Level 7 academic module
- Work-based assessments

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

S7, S8, S9, K9

© NHS England 2024

Capability in practice (CiP 5)

Understand the challenges in managing mental ill health in all age ranges, and support the development of pathways in your locality.

Descriptors

- Describe the current challenges in the management of mental ill health.
- Support the development, implementation, and evaluation of pathways and utilising other appropriate healthcare professionals to manage people with mental ill health.
- Use recognised risk assessments associated with mental ill health to reduce the distress of the person.

Suggested evidence

- Level 7 academic module
- Work-based assessments

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

S9, K5

Remote clinical decision-maker

1. Apply critical clinical reasoning with evidence-based practice and knowledge in remote areas.
2. Utilise legal and ethical responsibilities in decision-making in the management of a person.
3. Manage frequent or challenging callers.

© NHS England 2024

4. Use interprofessional working with others in making the clinical decisions appropriate for patient outcomes.

Capability in practice (CiP 1)
Apply critical clinical reasoning with evidence-based practice and knowledge in remote areas.
Descriptors • Describe the challenges with remote triage and how they can affect decision-making. • Use evidence-based learning to support the decision-making process. • Demonstrate knowledge and use of appropriate tools in telehealth. • Use a system-based approach to support any clinical decisions.
Suggested evidence • Level 7 academic module • Work-based assessments
Pillars of professional practice • Clinical • Leadership
Apprenticeship KSB mapping K1, K2, K4, K5, K8, K11, S2, S3

© NHS England 2024

Capability in practice (CiP 2)

Utilise legal and ethical responsibilities in decision-making in the management of a person.

Descriptors

- Demonstrate knowledge and application of safety netting.
- Apply the theories regarding all legal and ethical responsibilities in remote triage.
- Support the patients and their family to manage their own health and care as independently as possible.
- Demonstrate knowledge of other pathways and use of these as part of the decision-making in the management of a patient.

Suggested evidence

- Level 7 academic module
- Work-based assessments

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

K2, K4, K5, S5, S10, S12

© NHS England 2024

Capability in practice (CiP 3)

Manage frequent or challenging callers.

Descriptors

- Describe the theories as to why people frequently call and challenging behaviours of callers.
- Demonstrate knowledge of de-escalation techniques and the application of these.
- Demonstrate knowledge of the legislation regarding these types of calls.
- Utilise principles and theories of co-production, health coaching, peer support, and self-management to build patients' knowledge, skills, and confidence to enable self-management.

Suggested evidence

- Level 7 academic module
- Work-based assessments

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

K7, K11, K10, S5, S18

© NHS England 2024

Capability in practice (CiP 4)

Use interprofessional working with others in making the clinical decisions appropriate for patient outcomes.

Descriptors

- Demonstrate knowledge of the role and the responsibilities of remote telehealth.
- Interpret information in clinical reasoning and assimilate the information with other professionals in the management of patients.
- Provide leadership in the management of these patients within your scope of practice and in support of the multidisciplinary team.
- Describe the principles of different communication strategies and theories, communication modes (written, digital, verbal, non-verbal) and clinical communication tools when working with other healthcare professionals.

Suggested evidence

- Level 7 academic module
- Work-based assessments

Pillars of professional practice

- Clinical
- Leadership

Apprenticeship KSB mapping

S11, S13, K17

© NHS England 2024

Entrustment levels

These entrustment levels are designed from the current advanced practice. They are specifically for Enhanced Level Practice, and the clinician should always remain within their scope of practice and seek support from a higher level when the need arises.

As part of these entrustment levels, the EP must also utilise the HCPC standards of conduct, performance and ethics. As the EP develops their knowledge and skills, they must remain within their scope of practice at all times and ensure they are practising safely, lawfully, and effectively.[1]

Entrustment level descriptors for generic capabilities in practice[1]

1. Novice: Requires support and guidance throughout
2. Developing: Working towards competency, with some support and guidance needed
3. Capable: Possesses adequate skills to act independently and seeks support and guidance if required
4. Expert: Highly skilled and able to lead and support others

Entrustment level descriptors for common and profession-specific capabilities in practice[1]

1. Entrusted to observe only – No provision of direct clinical care
2. Entrusted to act with direct supervision – The supervisor is physically with the trainee and is immediately available to provide direct supervision or to intervene
3. Entrusted to act with indirect/minimal supervision – The supervisor may not be physically present but is immediately available by means of telephone and/or electronic media, to provide advice. This may require a top cover professional to offer support in the decision-making process.
4. Entrusted to act unsupervised – The practitioner is working independently and to an Enhanced Practitioner level.

[1] Royal College of Emergency Medicine (RCEM) (2022). Emergency Medicine Advanced Clinical Practitioner. Pg 51.

© NHS England 2024

As you move between the levels of education, there may be times when you will work at a graduate paramedic level for some elements of practice, while you develop your knowledge, skills, and behaviours to an Enhanced Practitioner level. You will always be able to rely on your core education and scope of practice as a registered paramedic.

Teaching, learning and assessment strategy

The schema aims to align academic and clinical/professional training for enhanced paramedics. Through a collaborative tripartite partnership between the trainee, employer, and the academic provider, the CiPs should be integrated into the education and training of the individual. The module/course should view its learners from the perspective of being mature, experienced, keen to learn, and highly motivated to develop new ways of thinking and learning.

Throughout the training, the enhanced level paramedics will be employed within the clinical service, and all governance will remain the responsibility of the employer. It is recognised that the employer will be supportive of the development of the trainee, providing valuable learning opportunities throughout training.

The academic provider should engage in support of the implementation of any work-based assessments and provide the theoretical knowledge to allow the trainee to apply these to their specific scope of practice. Diversity of learning, teaching, and assessment methods should be embedded within the academic programme, providing the learning resources to enable knowledge, skill, and behavioural development in line with the required CiP at the appropriate level. At the end of the programme of study, the practitioner should be self-aware and a proactive practitioner. They should be keen to work collaboratively, allowing innovation to flourish. In applying their knowledge, they should be reflective and critical thinkers working autonomously within their defined scope of practice. Finally, they should have a strong sense of professional identity, using their professional skills within their registration to enhance the service provided.

Level 7 academic education

Although the apprenticeship standard for enhanced clinical practice is written at Level 6, it is recognised that Level 6 is also the entry level to the profession. Referring to the Frameworks for Higher Education Qualifications it would be appropriate to set the academic requirement as a minimum of a postgraduate diploma, and this meets the

© NHS England 2024

College of Paramedics Postgraduate Career Framework. Apprenticeships can be delivered at a level above the standard, but it is recommended that academic providers check Education and Skills Funding Agency (ESFA) funding regulations to ensure appropriate funds are applied to the programme. The schema has been designed to also be used as a fee-funded programme or a suite of CPD modules. It is important to promote inclusivity of access to all at this level of education and training. The educational provision is to empower trainees in their scope of practice, providing underpinning knowledge to be applied within the workplace.

Formal teaching

It is recommended that a blended learning approach be accessed for this schema. It is imperative that the learning experience is of high quality and meets the requirements of the employer. The use of blended learning will allow this to come to fruition.

Within this schema, blended learning is defined as:

- Face-to-face teaching/assessment that can be delivered by the education provider and/or the clinical department.
- Asynchronous and synchronous teaching that can be provided by the academic provider (via distance learning) and/or clinical practice. The teaching strategies used should be inclusive of peer learning, critical thinking, and autonomous practice.

When designing distant learning programmes, it is recommended that a robust delivery model is used to limit challenges in facilitation at this level of practice; for example, the Salmons 5- stage model can be used to create a supportive online learning environment.

Simulation

Simulated scenario-based training can also be provided within the academic programme or clinical training. The schema promotes the use of immersive and innovative technology to enrich the experience of the learner; this can be via augmented reality (AR) and/or virtual reality (VR).

© NHS England 2024

Examples of areas where simulation can be facilitated to apply learning include:

- Clinical skills
- Communication
- Peer-to-peer learning
- Utilisation in place of clinical practice experience
- Utilisation to build confidence and competency
- Application as an assessment in practice or to assess competency development (depending on skill)
- Utilisation for the application of complexity in a safe environment for scenarios that are not commonly seen.

Technology-enhanced learning

Embedding technology-enhanced learning (TEL) within programmes supports facilitation and engagement of the learner to enrich and apply their newfound knowledge, skills, and behaviours. Within clinical practice, practitioners will work with a wide range of software and technologies; however, they often lack confidence in their digital literacy skills in other environments. The Virtual Learning Environment (VLE) is used within higher education, facilitating learning with essential high-quality learning materials and other support resources. Learners should be encouraged to review their digital literacy skills so they can evolve with academic and clinical practice. Accessibility of the resources required for learning should also be reviewed, to ensure inclusivity for the learner. The individual should have access to the hardware and software required to access any element of the programme.

Examples of TEL that can be used within the programme are:

- Presenting and recording online
- Electronic portfolios
- Clinical competency with technical equipment
- Presentation skills
- Dissemination (innovation podcasts, etc.)
- Publishing
- Networking on social media

© NHS England 2024

- Using software virtually to facilitate learning.

Learning services should be available to all learners to enhance their development within TEL to improve the application of its use and increase confidence in the learner, further enriching their experience.

Further information on the use of innovative TEL can be found online.

Independent study and self-directed learning

Trainees at this level of professional practice should be able to advocate for their own learning and development needs. They should be encouraged to embed lifelong learning within their development to ensure currency, competency, and capability of professional practice within their defined scope of practice. Development of the individual should also be encouraged, to increase confidence in dissemination of learning. Examples of independent study and self-directed learning are:

- Engaging with the evidence base
- Service improvement and audit
- Continuing professional development
- Journal/study clubs.

Assessment strategy

Learning and assessment should not be seen as exclusive concepts, and both formative (including peer) and summative feedback are used to enhance students' learning and development. The overall approach should be to ensure that it is not just about measuring performance against a set of criteria, but about the learning that takes place and the development of student autonomy. Real-world assessment links the process of summative assessment back to everyday practice so that learning can be translated within the practice context and be used to evidence clinical competence and how the practitioner meets the four pillars of professional practice at this level.

Assessments should be designed to assess the achievement of the programme learning outcomes but, importantly, to assess and facilitate the successful achievement of the CiPs specific to the individual's profession, inclusive of dissemination of research and positively influencing practice. Assessment strategies should allow practitioners to advocate for themselves, making them accountable for their learning. Individuals should be self-aware and be able to identify areas of further

© NHS England 2024

development, embedding time management, accountability, well-being, and lifelong learning as key skills.

Assessment methods

When deciding assessment methods, consideration should be given to the inclusive nature of the assessment; choice and flexibility in the negotiation of the final product would enhance this. Peer learning and feedback should be encouraged, creating a positive environment for collaborative working.

Examples of formative and summative academic assessment types include:

- Negotiated essay
- Competency assessment
- Critical reflection
- Outline business case/service improvement plan
- Self-appraisal and individual learning plans (ILPs)
- Personal and professional development portfolio (PPDP) (E-Portfolio)
- Journal articles
- Poster
- Research project
- Viva
- Podcast development
- Teaching plans

Examples of workplace-based assessments are:

- Acute care assessment tool (ACAT)
- Coordinating educational supervisor's annual review and report (AR)
- Case-based discussion (CbD)
- Clinical examination procedure (CEP)
- Consultation observation tool assessments (COTs)
- Direct observation of practice (DOP)
- Good clinical practice (GCP)

© NHS England 2024

- Learning log (LL)
- Multiple consultant report (MCR)
- Mini clinical evaluation exercise (Mini-CEX)
- Multi-source feedback (MSF)
- Multiple trainer report (MTR)
- Person satisfaction questionnaires (PSQs)
- Quality improvement projects/audit (QIP)
- Quality improvement project and audit assessment tool (QIPAT)
- Significant event analysis (SEA)
- Teaching observation (TO)

Portfolios

There should be one portfolio that is used for both university and the non-integrated end-point assessment and as the clinician develops their knowledge and skills. Historically, paramedics have used several portfolios to record their learning and CPD; it would therefore be prudent for these clinicians to utilise one portfolio that could then be used for their CPD. In the future, as an Enhanced Practitioner develops, they may want to progress to becoming an Advanced Practitioner; they would be able to demonstrate their continued development through the use of the portfolio.

It will be the responsibility of the clinician to make sure their portfolio meets the required level for the apprenticeship/employer. The portfolio should be used throughout the clinician's learning and to show the employer that they continue to meet the standard as per HCPC proficiency. The portfolio should be seen as an integral part of the role, and should be referred to during all scheduled meetings with the supervisor.

End-point assessment

The AEI delivering the apprenticeship must ensure that the end-point assessment (EPA) is conducted by an end-point assessment organisation (EPAO) approved to deliver EPA for this apprenticeship standard.

Each employer should select an approved EPAO from the Education & Skills Funding Agency's Register of end-point assessment organisations (RoEPAO). All

© NHS England 2024

apprentices must spend a minimum of 12 months on-programme. Before starting EPA, an apprentice must meet the gateway requirements. For this apprenticeship, these are:

- The employer must be content that the apprentice is working at or above the occupational standard.
- Apprentices must have achieved English and mathematics Level 2.
- For those with an education, health and care plan or a legacy statement, the apprenticeship's English and mathematics minimum requirement is Entry Level 3.
- British Sign Language (BSL) qualifications are an alternative to English qualifications for those who have BSL as their primary language.

The EPAO must confirm that all required gateway evidence has been provided and accepted as meeting the gateway requirements. The EPAO is responsible for confirming gateway eligibility. Once this has been confirmed, the EPA period starts. The EPA must be completed within an EPA period lasting typically three months after the EPA gateway. The EPA consists of two discrete assessment methods. The individual assessment methods will have the following grades:

- Assessment method 1: Quality improvement proposal report with question-and-answer session (fail/pass).
- Assessment method 2: Professional discussion underpinned by portfolio of evidence (fail/pass/distinction).

Performance in the EPA will determine the overall apprenticeship standard grade: fail, pass or distinction.

End point assessment summary[1]

On-programme (typically 18 months)

- Training to develop the KSBs of the occupational standard
- Training towards English and mathematics Level 2, if required
- Compiling a portfolio of evidence

[1] End-point assessment plan for Enhanced Clinical Practitioner apprenticeship standard

© NHS England 2024

End-point assessment gateway

The employer must be content that the apprentice is consistently working at, or above, the level of the occupational standard.

Apprentices must achieve the following:

- Level 2 English and maths

Apprentices must also prepare and submit:

- The quality improvement proposal's subject, title and scope, which will be agreed between the employer and the EPAO at the gateway.
- A portfolio of evidence

End-point assessment (which will typically take 3 months)

End-point assessment method 1: Quality improvement proposal report with question-and-answer session, graded:

- Fail
- Pass

End-point assessment method 2: Professional discussion underpinned by portfolio of evidence, graded:

- Fail
- Pass
- Distinction

Overall EPA/apprenticeship graded:

- Fail
- Pass
- Distinction

© NHS England 2024

Supervision

The provision and delivery of high-quality workplace supervision for practitioners developing in Enhanced Practice is crucial for both professional and patient safety.

It requires an integrated approach in which the learner who is developing Enhanced Practice can be supported by multiple uni-professional or multi-professional supervisors. A lead 'coordinating education supervisor' (a term used within advanced practice) should be allocated to support the practitioner throughout their period of development, but there should also be access to a variety of 'associate workplace supervisors'. These associate workplace supervisors should align to support development across all four pillars of practice. In Enhanced Practice, this may align with another professional who can support development within a particular specialty, setting, or pathway of care. It is important that the workplace supervision is responsive to developing individual learning needs, and employers should consider this in strategic business planning. This will take an integrated approach, ensuring that workplace supervisors have the support and development opportunities to be able to fulfil their role.

The capabilities described within the schema inform the curriculum, alongside achievement of the apprenticeship standard and KSBs. In an apprenticeship, the learner will complete an initial learning needs analysis (skills scan) which will help to identify areas for development. A training plan will also be used to highlight opportunities for workplace (off-the-job) learning and the workplace supervisor will help to guide individual learning plans.

To ensure appropriate supervision, the coordinating education supervisor will need to identify the practice context and demands, including the learner's role in the specialty, pathway or setting. They should provide a consistent supervisory relationship throughout the Enhanced Practitioner's development and be able to signpost to or identify associate workplace supervisors who can support the pathway-/setting- /specialty-specific KSBs. They will need to ensure access to sufficient learning opportunities while also ensuring that competency and capability verification is provided by a suitably authorised or approved registered professional. They should also maintain an overview of, and address, professional and public safety.

If the Enhanced Practice schema is delivered as an apprenticeship, then the AEI delivering this would need to consider and adhere to the ESFA funding rules. The learner would be entitled to a minimum of six hours per week of protected time for

© NHS England 2024

off-the-job learning. ‘Off the job’ is anything that is new learning and promotes achievement of the KSBs set out for the Enhanced Clinical Practitioner standard.

As part of an apprenticeship, the employing organisation would have key responsibilities in ensuring that the apprentice is allocated a work-based mentor (WBM). The role of a WBM should be seen as separate from clinical supervision, as the mentor is not directly responsible for observing and/or assessing clinical competence. The WBM will benefit from communicating with the workplace supervisors to be informed of clinical competence, but predominantly the role of a WBM is to support the apprentice to develop their knowledge, skills and behaviours in the workplace and enable the apprentice to progress on their individual learning journey.

The WBM does not have to work alongside the apprentice or be in the same site/location, but regular contact needs to be maintained to ensure monitoring and facilitating of off-the-job learning and evidencing of this and achievement of KSBs. The WBM must attend and contribute to progress reviews every 12 weeks with the apprentice to monitor apprenticeship progress. At this progress review meeting, evidence from the clinical supervision, alongside other apprenticeship key performance indicators, would be monitored and reviewed.[1]

The WBM could be someone from the same or a different profession as the apprentice, but they require an understanding of apprenticeships to be able to effectively facilitate achievement of the KSBs. They do not necessarily require the same or additional levels of clinical experience as the apprentice. The importance of the role is that they can mentor and support the apprentice in their journey for the apprentice to be successfully prepared for the end-point assessment.

Coordinating educational and workplace supervision

High-quality supervision is required to support healthcare professionals as they move into enhanced roles. A supervisor will support the developing confidence and capabilities, and underpins the patient’s and practitioner’s safety.[1]

Each trainee Enhanced Practitioner will have a coordinating educational supervisor and associate workplace supervisors as required throughout their training. These

[1] Health Education England (2022). Employer’s guide to the Enhanced Clinical Practitioner apprenticeship)

© NHS England 2024

roles may or may not be completed by the same person and are identified in the workplace prior to the start of training.

The coordinating educational supervisor should be aware of the training requirements of the individual, be invested in the development of the trainee Enhanced Practitioner, and provide mentorship. The coordinating educational supervisor will ensure service safety through governance processes, ensuring adherence to the NHS constitution and professional regulatory expectations. The employer should also ensure that the coordinating educational supervisor has the resources required to successfully fulfil the role.

The coordinating educational supervisor will provide an induction and appropriate supervision for the level of training, and conduct regular appraisals with the trainee Enhanced Practitioner. They may also meet with academic education institute staff and the trainee Enhanced Practitioner to monitor academic and professional progress, provide effective feedback, and fulfil the supervisory requirements of the apprenticeship programme (if appropriate).

Other associate workplace supervisors may undertake shorter focused periods of training in the workplace. They should be experts in that area and understand the educational requirements.

Should any member of the Enhanced Practitioner's supervision and support team have any concerns or become aware of a clinical incident, this should be immediately reported to the coordinating educational supervisor, who should act upon this and follow local protocol on reporting this to the employer and work with the trainee advanced practitioner to reflect on the issue and provide additional training and support as required.

Progress through training

In line with the tripartite agreement (regardless of the funding route), regular review of the Enhanced Practitioner's development and progress should be documented. Constructive feedback is an important development tool and should be given regularly for the Enhanced Practitioner. There should also be an opportunity for the Enhanced Practitioner to provide constructive feedback on their training, to identify any gaps in development.

© NHS England 2024

Identification of dangerous practice

Professional practice

Any concerns that may be identified in relation to the Enhanced Practitioner's competency, professionalism or conduct within the service should be acted upon. As an employee, it is the employer's responsibility to:

- Immediately raise the concern to the coordinating educational and associate workplace supervisor and trigger a tripartite review.
- Document and obtain supporting evidence.
- Investigate as per employers' guidance.
- When appropriate, take action to mitigate that risk.
- Report issues to the organisation and regulator as required.

Academic practice

Any identification of dangerous practice within academic teaching, learning and assessment should be immediately shared with the coordinating educational supervisor. Academic procedures for fitness to practice should be followed, as well as workplace investigation and review.

Quality management

This schema is provided to inform training of Enhanced Practitioners. The academic provider and the employer are responsible for all the practical and governance arrangements required for safe training delivery. Employers are encouraged to engage with the advanced practice maturity matrix to ensure resources are in place; although primarily for advanced-level practice, this can be a useful resource at an enhanced level as well.

This schema will be reviewed and evaluated as part of the quality management process. Currency of the schema will be reviewed every four years to ensure the education and training requirements are up to date with the requirements of the profession.

© NHS England 2024

References

1. National Health Service (NHS) England (2023). The Long Term Plan
2. Institute for Apprenticeships and Technical Education (2021). Enhanced Clinical Practitioner
3. Royal College of Emergency Medicine (RCEM) (2022). Emergency Medicine Advanced Clinical Practitioner
4. Institute for Apprenticeships and Technical Education. End-point assessment plan for Enhanced Clinical Practitioner apprenticeship standard
5. Health Education England (2022). Employer's guide to the Enhanced Clinical Practitioner apprenticeship

© NHS England 2024

Appendices

Apprenticeship example

Example of a timeline for delivery of suggested modules

18-month course and an additional 3 months for the EPA to occur.

- October 2024 – March 2025: Consultation and assessment skills in Enhanced Practice
- April 2025 – September 2025: Pharmacology and pathophysiology for Enhanced Practice
- October 2025 – March 2026: Elective modules – Minor injury and illness; Mental health critical care
- April 2026 – June 2026: EPA
- Ongoing: Personal and professional development in Enhanced Practice – including portfolio

Diploma example – urgent care practitioner/specialist paramedic in urgent care

- October 2024: Consultation and assessment skills in Enhanced Practice
- January 2025: Pharmacology and pathophysiology for Enhanced Practice
- April 2025: Minor illness and injury in Enhanced Practice
- Ongoing: Personal and professional development portfolio

A student could do these as individual modules and build their knowledge and skills, while maintaining a professional portfolio.

There may be opportunities for more than one university contributing to the Enhanced Practitioner role.

Example

Bristol University (UAE) offers a distance learning module on remote clinical decision-making; a student could utilise this module as part of their learning and development in an enhanced role working within an ambulance trust clinical hub supporting the 999-control centre, providing individualised care for service users or to support clinicians on the front line.

© NHS England 2024

Training plans for apprenticeship

Urgent care role

Monday: Training day

Tuesday: Operational

Wednesday: Operational

Thursday: Operational

Friday: Research and education learning

University week

Monday: Consultation skills development – theory

Tuesday: Specialist areas for assessment – respiratory and cardiac

Wednesday: Self-directed learning

Thursday: Specialist areas for assessment – neurological and digestive

Friday: Professional and personal development – developing coaching skills

© NHS England 2024

NHS England

Enhanced Level Practice schema – osteopathy

Developed in partnership

THE COLLEGE OF OSTEOPATHS

University College of Osteopathy

© NHS England 2024

Contents

The schema at a glance

Explanatory note

Summary of the schema

© NHS England 2024

Introduction

Purpose, scope, and context of this schema

Schema definition and approach

Model curricula: definition and approach

Structure of the schema

Model curricula

Academic level

Academic award

Credit

Mode of attendance and duration

Prerequisites and indicative entry requirements

Equality, diversity and inclusion

Public and patient involvement

Approach to learning

Workplace-based learning

Formal teaching and learning opportunities

Approaches to assessment

Gateway to end-point assessment

End-point assessment

Quality management

© NHS England 2024

References and useful links

Appendix 1: Mapping of coverage of the knowledge, skills and behaviours (KSBs) across the model curricula

Appendix 2: The model curricula

Appendix 3: How this schema was developed

© NHS England 2024

The schema at a glance

Explanatory note

Below is a summary of the schema's key features. The following should be noted about the contents:

- The points are offered as guidance; they are not prescriptive, except where they reflect Enhanced Clinical Practitioner (ECP) apprenticeship requirements and wider apprenticeship rules.
- They particularly focus on delivery of the ECP apprenticeship, while reflecting that Enhanced Level Practice education can be delivered for uptake outside and beyond the ECP apprenticeship.
- More information on points in this summary is provided in the text of the schema document.

Summary of the schema

Intended audience

- **Education providers** wishing to develop and deliver educational provision at Enhanced Practice level, particularly via the ECP apprenticeship, to meet osteopathic workforce development needs.
- **Employers** wishing to develop their osteopathic workforce at Enhanced Practice level, particularly via the ECP apprenticeship, to meet their defined workforce and service delivery needs.
- **Osteopaths** who are:
    - Employed in a relevant clinical role (in the NHS, another part of the public sector, or in the private or charitable sectors) and for whom developing to Enhanced Practice level, particularly via the ECP apprenticeship, fits with their employer's workforce development needs.
    - Self-employed (and employed) osteopaths who wish to develop at Enhanced Practice level through engaging with all or component parts of the schema as continuing professional development.

© NHS England 2024

Aims

- Increase opportunities for osteopathic workforce/professional development at Enhanced Practice level.
- Promote and support delivery and uptake of the ECP apprenticeship for and by osteopaths.
- Strengthen opportunities for osteopaths' development and recognition in line with population health, service delivery, and workforce needs.

Learning outcomes

On successful completion of learning that aligns with this schema, osteopaths will have demonstrated their achievement of the knowledge, skills and behaviours and occupational duties defined by the ECP apprenticeship standard and in line with the following:

- Their individual scope of practice and role
- Workforce development and deployment needs in their practice setting
- Their contribution to meeting defined workforce development priorities within osteopathy
- Capabilities across the four pillars of practice at Enhanced Practice level

Indicative credit rating

A minimum of 60 credits for completion of the ECP apprenticeship, with the potential to gain additional credit through pursuing additional optional learning in line with workforce/professional development needs.

Indicative academic level

Level 7, but with the ECP apprenticeship allowing for delivery/uptake at Level 6 or a mix of Level 6/7 credit if this is in line with workforce/professional development needs.

Indicative academic award

Postgraduate certificate, with the potential progression to a postgraduate diploma in line with workforce/professional development needs.

© NHS England 2024

Typical duration

18 months (minimum of 12 months), with the duration extended to reflect learners' part-time working hours, as appropriate.

Suggested areas of focus

The first three areas, with one or more selected from the other listed areas in line with learners' scope of practice and role and employer development needs:

- Clinical leadership and management
- Quality improvement
- Supporting others' learning and development
- Investigations in managing musculoskeletal conditions
- Rehabilitation and exercise prescription
- Working with older adults
- Child health
- Pain management
- Occupational health

Indicative mode of delivery

A blended learning approach that enables a mix of:

- Learning within learners' job role and 'off-the-job' learning (80%/20% split, supported by apprenticeship learner agreements)
- Online learning (synchronous and asynchronous)
- Face-to-face learning

Indicative approach to learning and teaching

- Structured, supported workplace-based learning
- Academic input, including through online teaching, use of simulation, and individual learner support
- Self-directed, independent learning
- Peer-to-peer learning
- Use of a learning portfolio that supports critical reflection

© NHS England 2024

Indicative approach to assessment

- Formative and summative assessment approaches, focused on testing and demonstrating the knowledge, skills, and behaviours set out in the ECP apprenticeship and supporting learner preparation for the non-integrated end-point assessment
- Delivery of feedback and feed-forward

Recognition of prior learning

In line with education providers' academic regulations and apprenticeship rules

Gateway to apprenticeship end-point assessment

- Attainment of apprenticeship knowledge, skills and behaviours
- Apprentice confirmation of readiness to take the end-point assessment
- Apprentice submission of gateway evidence to end-point assessment organisation

Apprenticeship end-point assessment

- Professional discussion, underpinned by portfolio
- Quality improvement proposal with presentation and Q&A

Apprenticeship funding

£7,000 (including for delivery of the non-integrated end-point assessment)

© NHS England 2024

Introduction

This document sets out the schema and model curricula for Enhanced Level Practice within the osteopathic profession, primarily in support of the delivery and uptake of the Enhanced Clinical Practitioner (ECP) apprenticeship. It explains the relevance of Enhanced Level Practice and the apprenticeship to the profession, the approach taken by the schema and the model curricula, how the materials have been informed and developed, and the priority areas of osteopathic workforce development on which they focus.

While osteopathic Enhanced Level Practice is the material's focus, the schema and model curricula align with a generic approach adopted across and for the allied health professions. This balance between being profession-specific and sharing characteristics with the other allied health professions' schemas and model curricula developed through the NHS England project should enhance the materials' value and utility. This includes for education providers, employers, the public and patients, and the professions themselves.

Purpose, scope, and context of this schema

Schema definition and approach

We are using 'schema' to mean an open-source, profession-specific (i.e., for osteopathy) document that provides an overarching curriculum framework to promote and support delivery of Enhanced Level Practice education for osteopaths. It is particularly designed to support education provision that delivers the ECP apprenticeship.

The schema is offered as indicative guidance. It in no way seeks to prescribe or constrain how education providers design or deliver their curricula to provide post-registration learning opportunities for osteopaths. It is also important to note that it serves as additional guidance to the ECP apprenticeship standard; it in no way usurps the standard. Education providers seeking to deliver the apprenticeship must primarily ensure that they meet the requirements of the standard and generic apprenticeship requirements.

The ECP apprenticeship does not replace existing post-registration education and professional development pathways. Instead, it provides an additional educational route that enables employers to invest in workforce development to enhance their

© NHS England 2024

workforce capability and capacity and to meet their workforce deployment and service delivery needs. It should also help to increase career development opportunities for practitioners and thereby improve recruitment and retention.

This schema focuses on developing Enhanced Level Practice workforce capability and capacity within the osteopathic profession. While directly aligning with the knowledge, skills and behaviours and occupational duties set out in the Enhanced Clinical Practitioner apprenticeship standard, it reflects particular enhanced level capabilities relevant to osteopaths. It therefore promotes and supports the apprenticeship's delivery and uptake within and for osteopathy. It seeks to demonstrate the apprenticeship's relevance and value to the profession (as practitioners and employers) and to support education providers to design curricula to deliver the apprenticeship in response to workforce development priorities within the osteopathic profession.

On successful completion of learning that aligns with the schema, osteopaths will have demonstrated their achievement of the knowledge, skills and behaviours and occupational duties defined by the ECP apprenticeship standard and in line with the following:

- Their individual scope of practice and role
- Workforce development and deployment needs in their practice setting
- Their contribution to meeting defined workforce development priorities within osteopathy
- Capabilities across the four pillars of practice at Enhanced Practice level.

As a guidance document, the schema seeks to provide clarity on the focus, shape and structure of the education provision required to deliver the apprenticeship for osteopaths. It reflects identified priorities in osteopathic professional/workforce development to optimise the profession's value and contribution to meeting population health, system-level, patient care and service delivery needs. More specifically, it does the following:

- Promotes and supports use of the ECP apprenticeship to define and address high-priority osteopathic workforce development and deployment needs.
- Applies the ECP apprenticeship standard to osteopathic workforce development and education at Enhanced Practice level.

© NHS England 2024

- Offers profession-specific guidance to education providers in support of their design of individual programme specifications to deliver the ECP apprenticeship.
- Promotes and supports the sustainable, scalable delivery of the ECP apprenticeship to meet osteopathic workforce development needs and to increase development and progression opportunities within the osteopathic profession.
- Provides an approach that has the flexibility to be kept under review, adapted, updated and added to, with a focus on ensuring responsiveness to changing osteopathic workforce development needs and optimising use of the ECP apprenticeship to address these.

The approach is intended to maximise the value both of a new focus on Enhanced Level Practice within osteopathy and the flexibility afforded by the ECP apprenticeship standard itself. The latter flexibility includes the following characteristics:

- Its defined academic level (Level 6) is the threshold for delivery, meaning that it can be delivered at Level 7. Level 7 is the recommended level of delivery set out in this schema to optimise its relevance to osteopaths.
- It does not define a specific qualification that needs to be attached to the apprenticeship. This schema recommends the apprenticeship being delivered via a postgraduate certificate, or equivalent volume of credit, with the scope for additional learning beyond the completion of the apprenticeship where this fits with workforce/professional development needs.
- The knowledge, skills and behaviours, as well as the operational duties, provide a high level of latitude regarding the professional practice areas on which education can usefully focus. This schema (and the model curricula within it; see below) aligns with the standard requirements while addressing priorities that have been identified for osteopathic workforce development; in turn, this should increase the relevance and value of the apprenticeship's delivery and uptake for and by the profession.

The schema's approach is also intended to optimise opportunities for supporting and promoting osteopathic post-registration education and CPD beyond the delivery of the apprenticeship. This should provide the following benefits:

- Increase its relevance to the profession (across practice environments).

© NHS England 2024

- Ensure its inclusivity and access to members of the profession (across practice environments and including employed and self-employed osteopaths).
- Enable sufficient scale and reach to sustain its delivery (including by enabling its delivery and uptake via employers' use of the apprenticeship levy, as well as on a fees-funded basis).

The schema reflects defined osteopathic workforce development priorities to meet population health, system-level, patient care and service delivery needs. Optimising the flexibility afforded by the ECP apprenticeship, the schema provides a structure for clarifying the focus, shape, and structure of the education provision required to deliver enhanced practice education for osteopaths. While delivery of the ECP apprenticeship is the primary focus, the approach is not restricted to this. The schema supports delivery and uptake in the following ways:

- On a wholly fees-funded basis (e.g., in support of individual osteopaths' CPD).
- On a partly fees-funded basis, through osteopaths being enabled to engage in additional components of learning following their successful completion of the apprenticeship (i.e., through undertaking additional modules of learning, either to meet defined osteopathic workforce development needs or in support of addressing their personal CPD needs and career development plans).
- Enabling the potential for osteopathic education providers to deliver post-registration education as academic education institution (AEI) 'micro-credentials', as defined by the Quality Assurance Agency (2022).
- Optimising the reach, scale, and sustainability of Enhanced Level Practice education for osteopaths, including in support of broadening their practice beyond a musculoskeletal focus and their access to professional development opportunities across a broader range of specialties within NHS-funded services.
- Supporting osteopaths' preparation for advanced practice education, where appropriate.

Model curricula: definition and approach

The schema is underpinned by model curricula. These provide more detailed outlines of components of Enhanced Level Practice education for osteopaths. Again, their focus is on the delivery of education via the ECP apprenticeship and ensuring that

© NHS England 2024

components of learning map to the apprenticeship standard. The model curricula suggest focuses that reflect identified priority areas for osteopathic workforce development. A summary of the model curricula and how they map to the occupational duties and knowledge, skills and behaviours of the apprenticeship is provided in Appendix 1.

The model curricula are presented in a uniform format, using a standardised template. As indicative guidance (designed neither to prescribe nor constrain curriculum and programme design), they should support the following:

- Education providers' design of individual modules within their programme specifications for Enhanced Level Practice osteopathic education provision, including for delivery via the ECP apprenticeship.
- Efficiencies in the development and delivery of education that develops osteopathic Enhanced Level Practice capability and capacity.
- A useful consistency in how priority professional/workforce development needs at Enhanced Practice level within osteopathy are addressed, and therefore how osteopathic workforce capability and capacity can be recognised and drawn upon.

In addition to providing a structure for delivery of the ECP apprenticeship in/for osteopathy, the model curricula could support the creation and delivery of a university 'micro-credential' initiative for the profession. In this way, they could support the supply of small units of credit-rated educational provision that are responsive to specific professional/workforce development needs and provide 'stackable' units of learning that can be accumulated over time.

The model curricula do not form an exhaustive or finite range of Enhanced Level Practice workforce development focuses for osteopaths. Rather, they reflect initial priority areas. Over time, the following is envisaged:

- New priority areas will emerge, with these forming the logical focus for additional model curricula.
- New model curricula will be developed to form additional components within the schema (for delivery via the ECP apprenticeship and/or on a fees-funded basis) to provide additional development opportunities for osteopaths.

© NHS England 2024

- The need for existing model curricula may decline or disappear; for example, in line with decreasing demand arising from changes to models of care, developments in pre-registration education and/or osteopaths' increasing engagement in multi-professional workforce development opportunities.

The ECP apprenticeship does not replace existing post-registration education and professional development pathways. Instead, it provides an additional educational route that enables employers to invest in workforce development to enhance their workforce capability and capacity. The 2019 NHS Long Term Plan and the 2023 NHS Long Term Workforce Plan each have a focus on optimising apprenticeships and their funding model to support and invest in workforce development. This includes to increase career development opportunities for practitioners and improve recruitment and retention.

This schema focuses on developing Enhanced Level Practice workforce capability and capacity within the osteopathic profession. While directly aligning with the knowledge, skills and behaviours and occupational duties set out in the Enhanced Clinical Practitioner apprenticeship standard, it reflects particular enhanced level capabilities relevant to osteopaths. It therefore promotes and supports the delivery and uptake of the apprenticeship within and for osteopathy. It seeks to demonstrate the apprenticeship's relevance and value to the profession (as practitioners and employers) and to support education providers to design curricula to deliver the apprenticeship in response to workforce development priorities within the osteopathic profession.

Structure of the schema

This schema for the delivery of enhanced practice education for osteopaths has a particular focus on supporting members of the profession to develop their capability across the four pillars of practice. This has value for supporting and increasing osteopaths' engagement in multidisciplinary teamworking and optimising the profession's contribution to patient care and service delivery across sectors and settings.

There are also profession-specific components within this schema. These are designed to address specific, high-priority learning needs of osteopaths. While primarily relating to the clinical pillar, these provide further opportunity for osteopaths to develop their capabilities across the four pillars.

© NHS England 2024

The schema also suggests approaches to learning and assessment, including to support learners' preparation to engage with the non-integrated ECP apprenticeship end-point assessment. A flexible approach to the schema's delivery is intended to enable a focus on profession-specific clinical areas that are of direct relevance to individual osteopaths' scope of practice. The suite of 'mix and match' model curricula, in support of module development, enables employers and learners to select what will best meet their workforce/professional development requirements.

Model curricula

The model curricula are designed to support osteopaths' development in line with the knowledge, skills and behaviours defined by the ECP apprenticeship standard. They address priority areas of professional and workforce development need in osteopathy.

Each model curriculum articulates specific Enhanced Level Practice capabilities that osteopaths can usefully develop through their engagement with the ECP apprenticeship. The capabilities map to the knowledge, skills and behaviours and occupational duties of the apprenticeship. It is recognised that individual osteopaths will develop and demonstrate their fulfilment of each of these components in ways that reflect their personal scope of practice, role, practice environment and contribution to meeting population health, patient care and service delivery needs. The schema and model curricula are therefore intended to provide sufficient flexibility to be relevant to the diversity of osteopaths' practice, roles and environments and to respond to the profession's diverse workforce development and deployment needs at Enhanced Practice level.

While the schema is designed to respond to osteopathy-specific professional and workforce development needs, some areas of focus may be applicable to development needs within other allied health professions (AHPs). This can potentially support education providers to deliver the ECP apprenticeship to multi-professional learner groups where this will demonstrably meet defined workforce needs. In such a scenario, the likely appropriate approach would be the delivery of a mix of uni- and multi-professional provision to respond to specific learning needs.

The areas defined by the model curricula reflect priority areas identified in initial stakeholder engagement involving osteopathy employers and practitioners. They reflect the primarily clinical focus of pre-registration osteopathic education to date and the relative lack of focus on the other pillars of professional practice. Over time, it

© NHS England 2024

is projected that priority needs within the profession will change (as in any profession).

Example model curricula

1. Principles and practice of clinical leadership and management – mandatory
2. Principles and practice of clinical audit and quality improvement – mandatory
3. Principles and practice of supporting others' learning and development – mandatory
4. Investigations in managing musculoskeletal conditions – optional
5. Strength, conditioning and exercise prescription in rehabilitation – optional
6. Working with older adults – optional
7. Child health – optional
8. Pain management – optional
9. Occupational health – optional

The model curricula listed as mandatory provide core learning opportunities that are relevant to osteopaths in all practice settings and areas of practice. Education providers intending to use the schema are therefore encouraged to make modules delivering these model curricula mandatory. Learners should complete all the mandatory curricula and be offered a choice of the optional curricula to make up the full apprenticeship award, depending on employers' workforce development priorities and individual practitioners' defined areas of learning needs to fulfil their role. Appendix 1 demonstrates how the model curricula fully map to the ECP apprenticeship standard occupational duties and knowledge, skills and behaviours. Appendix 2 sets out the nine model curricula.

In placing a particular emphasis on developing osteopaths' knowledge, skills and behaviours relating to the non-clinical pillars of practice, the model curricula place a focus on the following aspects of contemporary healthcare service delivery:

- Undertaking quality improvement, clinical audit and service evaluation activity
- Engaging in evidence-based practice and research
- Supporting others' learning and development
- Developing clinical leadership.

© NHS England 2024

More broadly, the model curricula, and particularly those relating directly to clinical practice, place a strong emphasis on embedding prevention and public health within Enhanced Level Practice. The 2019 NHS Long Term Plan emphasises the importance of embedding public health core skills and knowledge across the wider healthcare workforce in order to improve population health. This requires a shift towards prevention and early intervention. Recognised screening tools such as ASSIST-Lite, as well as resources such as the Behaviour Change Development Framework, 'All Our Health' and e-learning modules relating to Making Every Contact Count (MECC) may be useful tools to be considered for inclusion in programmes that result from this schema. This focus also builds on the increasing prominence of these key themes in AHP pre-registration education (see Public Health Content Within the Pre-Registration Curricula for Allied Health Professions, Council of Deans of Health, 2021).

The listed model curricula are provided as indicative guidance for delivering against the apprenticeship knowledge, skills and behaviours. It is recognised that there are many ways in which priority learning needs at Enhanced Practice level within osteopathy can be addressed. This can include addressing the knowledge, skills and behaviours and the four pillars of practice through the prism of a particular area of clinical practice; for example, in relation to particular population groups (e.g., children), particular areas of patient care need (e.g., pain management), particular types of service delivery (e.g., occupational health), and particular roles (e.g., first contact practitioner).

Academic level

It is recommended that the schema is delivered at academic Level 7 (see Qualifications Frameworks, QAA (2014)). This reflects the academic level of most pre-registration education for the osteopathic profession and provides the opportunity for workforce and professional development in ways that directly build on osteopaths' existing knowledge, skills and behaviours. It enables a focus on further developing osteopaths' proficiency in doing the following, in line with Enhanced Level Practice:

- Using initiative and taking professional responsibility
- Solving problems in creative and innovative ways
- Making decisions in challenging situations
- Continuing to learn independently and to develop professionally

© NHS England 2024

- Communicating effectively, with colleagues and a wider audience, in a variety of media.

In line with the apprenticeship standard, it is possible to deliver the schema at Level 6 if this better reflects employer and learner needs (with this duly reflected in the provision's specific learning outcomes and assessment demands).

Academic award

While the schema cannot mandate an academic award, both employers and potential learners interviewed as part of the development of this schema indicated that they would value programmes delivering it leading to an academic award. As such, it is suggested that successful completion would typically result in the minimum award of a postgraduate certificate (presuming that delivery is at Level 7).

Credit

Again, the schema does not and cannot mandate either that academic credits are attached to provision or that it carries a specific number of credits. However, this is likely to be of value from a workforce and professional development perspective and to increase the utility and value of the learning opportunities created. This includes in supporting osteopaths to gain appropriate recognition of their Enhanced Level Practice learning should they engage in further formal learning at a later stage (e.g., to develop further at Enhanced Practice level or to progress to advanced practice learning).

If this schema is delivered through the ECP apprenticeship and is also leading to the award of academic credit and/or an academic award, it is strongly recommended that the award of either or both is subject to the education provider requiring apprentices' successful completion of the non-integrated end-point assessment. This is to avert the risk that learners complete the programme of learning and gain the academic credit and/or award, but do not go through the end-point assessment gateway or complete the end-point assessment. This would carry financial penalties for the education provider under apprenticeship rules.

As part of managing this risk, notional credit (e.g., one credit point) could be attached to completion of the end-point assessment. However, it is recognised that precise arrangements need to be set by individual education providers and in line with their academic regulations and processes.

© NHS England 2024

Mode of attendance and duration

Delivery of this schema should involve a minimum of 20% off-the-job learning, delivered by the education provider. The way in which off-the-job learning is configured is flexible; for example, it can be delivered one day per week or provided on a block-release basis. It is expected that it takes a blended learning approach, delivered through a mix of online (synchronous and asynchronous) and face-to-face learning. This is recognised to enhance the reach, accessibility, flexibility, and sustainability of the apprenticeship's delivery.

Apprentices' learning within their job role and off-the-job learning must be supported by a tripartite learning agreement between them as the learner, their education provider and their employer. In turn, tripartite meetings must be held on a quarterly basis to review apprentices' progress. Apprentices must also maintain a learning portfolio for the duration of the apprenticeship in which they record and evidence their learning, development, and progression.

Prerequisites and indicative entry requirements

To engage with programmes that deliver this schema, learners need to meet the requirements listed below:

- Hold and maintain registration with the General Osteopathic Council (GOsC) as the UK statutory regulator for osteopaths.
- Have an agreed scope of practice that supports their engagement in developing their capability at Enhanced Practice level.
- Have the support of their employer to engage with the schema and to complete the ECP apprenticeship requirements (where appropriate).
- Usually have at least three years' post-registration experience in clinical practice.
- Have evidence of their achievement of Level 2 qualifications in English and maths or be willing to achieve this prior to going through the gateway to engage with the end-point assessment.
- For individuals with an education, health and care plan or legacy statement, the apprenticeship's English and maths minimum requirement is Entry Level 3.
- A British Sign Language (BSL) qualification is an alternative to the English qualification for those whose primary language is BSL.

© NHS England 2024

Equality, diversity and inclusion

Education providers that choose to use the schema need to consider how participants from diverse backgrounds are enabled to engage with the learning opportunity, including to ensure compliance with the legislation set out in the Equality Act (2010). Established policies should be reviewed to ensure that participants with additional needs (learning, social, financial, etc.) are offered support on a one-to-one basis from education providers' student support and welfare services, with reasonable adjustments and support relating to access, learning and assessment put in place, as appropriate (within both academic and workplace-based settings).

Employers, education providers and learners should be cognisant of anti-discriminatory practices and actively participate in equality, diversity and inclusion monitoring processes. Learners should have clear information on how they can escalate their concerns if they are not satisfied that their individual learning needs are met.

Employers and education providers should give particular consideration to how the ECP apprenticeship can be accessed by practitioners whose work pattern (including in their 'significant' role in relation to the apprenticeship) means that they work less than full-time hours; under apprenticeship rules, this means individuals who are employed in a role for fewer than 30 hours per week. For further information on the delivery and uptake of apprenticeships for and by part-time employees, see Apprenticeship funding rules 2023 to 2024.

Public and patient involvement

The schema and model curricula reflect the fundamental importance of workforce development and education provision responding to population and patient care needs. This includes through supporting and promoting the delivery of personalised, holistic care; working in partnership with individuals to identify and meet their needs and goals; and actively seeking to address health inequalities across population groups and communities.

Development of the schema and model curricula has been informed by seeking public and patient feedback on the planned approach (see Appendix 3). The schema and model curricula also take account of broader feedback on people's expectations of osteopaths and osteopathic care. This includes the 2018 findings of the General Osteopathic Council public perceptions survey. This identified that the respondents

© NHS England 2024

cited the following as being most important for their confidence in osteopaths: the quality of osteopaths' advice and treatment; their attainment of recognised levels of education and training; and keeping their knowledge and skills up to date.

It is expected that delivery of the schema and model curricula enables public and patient involvement to optimise the quality of the learning experience and to take a co-production approach. This includes how education provision is designed, delivered, and kept under review.

Approach to learning

This schema of work is designed to be flexible in how it is delivered and taken up. Its focuses are on integrating academic and workplace-based learning and meeting the demands of Enhanced Practice to satisfy individual learners' learning needs, while addressing the needs of the service through which they deliver care.

The approach is intended to support education providers and employers to optimise the way they design and implement their approach to learning and teaching to achieve the following:

Maximise the relevance, quality and value of learning and development opportunities in academic and workplace settings.

Support individuals to integrate their learning across academic and workplace settings.

Support individual learners to integrate their 'off-the-job' learning and development in how they enact their job role.

Support individual learners to optimise the relevance and value of their development to meet workforce needs, as well as their own professional goals.

Learning opportunities should support learners to develop their professional knowledge, skills, and behaviours in line with the demands of Enhanced Level Practice. This includes through enabling learners to engage with a variety of learning approaches and activities across practice settings in their job role and their 'off-the-job' learning. The process should be supported by the following for individual learners (with these forming essential requirements for delivery and uptake of the ECP apprenticeship):

© NHS England 2024

- A learning agreement that supports the learner to engage with the knowledge, skills, and behaviours required of Enhanced Level Practice within their individual scope of practice, role, hours of work, practice setting, and contribution to service delivery.
- Tripartite meetings on a regular (quarterly) basis between the learner and representatives of their employer and education provider to review progress against the learner agreement.
- A learning portfolio, maintained throughout learners' progression through their programme of learning.

The approach to learning requires strong collaboration between education providers, employers, and learners, but with each party having distinct responsibilities. In brief:

- Education providers are responsible for the overall quality of the learning experience and its outcomes and for enabling learners to engage with the learning experience in line with their individual scope of practice, role, and practice setting.
- Employers are responsible for all aspects of clinical governance in the workplace, as well as for ensuring that learners are enabled to engage in on-the-job and off-the-job learning.
- Learners, as registered osteopaths, remain responsible and accountable to GosC for their professional practice and conduct, as well as for actively engaging in the learning experience created for them.

Workplace-based learning

Workplace-based learning should provide the majority of practitioners' experiential learning opportunities, supported by those who take on the supervision or mentoring role within the workplace. Workplace supervision arrangements can usefully be informed by the Guidance for Workplace Supervision produced by Health Education England (now NHS England). However, this needs to be interpreted in the context of Enhanced Level Practice.

Learning in the workplace can valuably include the following types of opportunities:

- Case-/scenario-/simulation-based discussions
- Critical reflection on learning and practice

© NHS England 2024

- Experiential learning and learning from practice, including involvement in clinical audit and quality improvement projects, research projects, and supporting others' learning and development
- Peer learning
- Journal clubs
- Workplace shadowing
- Engagement in meetings (e.g., relating to multidisciplinary teamworking, management, inter-agency collaboration, and wider stakeholder engagement).

Formal teaching and learning opportunities

Osteopaths developing the capabilities required of Enhanced Practice should maximise teaching and learning opportunities provided by their education provider. Opportunities should take a blended approach, optimising the use of online learning (synchronous and asynchronous), simulation, peer-to-peer learning (e.g., action learning sets) and independent, self-directed learning.

The overall approach to teaching and learning should support learners to do the following as registered, accountable practitioners:

- Develop and apply their new learning within their practice.
- Reflect on their learning progression and the value of their new learning in terms of service delivery and patient care benefits.
- Maintain their awareness of their evolving scope of practice as they develop their Enhanced Level Practice capability in new areas.
- Identify ongoing learning needs and safe, effective ways to address these.

Approaches to assessment

The approach taken to assessment should allow learners to demonstrate their fulfilment of the knowledge, skills, and behaviours required of practitioners working at an enhanced level within their scope of practice and related to their role and employer workforce development needs.

Learners must be supported and required to evidence the integration of their academic and workplace-based learning to fulfil the knowledge, skills, and behaviours required of practitioners working at an enhanced level. This includes

© NHS England 2024

managing increasing levels of complexity, ambiguity and risk, and engaging critically with the evidence base. Educational providers must be able to demonstrate how their assessment and grading criteria facilitate this.

Learners must maintain a portfolio of evidence of their learning, development and progress, with their portfolio used as a medium for critical reflection on their learning and practice. Again, this is in line with the demands of Enhanced Practice and Level 6/7 learning (as appropriate to the delivery and take-up arrangements).

A mix of formative and summative assessments should be used that provide learners with feedback and feed-forward guidance to inform their onward learning and development. The approaches should require learners to demonstrate the integration of their academic and workplace-based learning, in line with the demands of Level 6/7 learning (again, as appropriate to the delivery and take-up arrangements).

Delivery of the assessment approach via the ECP apprenticeship must enable the following:

- All parties (the employer, learner, and education provider) to establish that the learner has achieved the knowledge, skills and behaviours such that they are ready to go through the gateway to the (non-integrated) end-point assessment.
- Learners to prepare to engage with the requirements of the end-point assessment; this includes their maintenance of a portfolio to evidence their ‘on-programme’ learning and as the basis for their professional discussion, and their having developed the knowledge, skills, and behaviours to produce, present, and answer questions on a quality improvement proposal.
- Education providers to be confident to confer academic credit and/or an academic award, if this is within their arrangements for the apprenticeship’s delivery (with the recommendation that conferment of this is subject to learners’ completion of the end-point assessment, as set out above).

Approaches to the assessment of learners’ achievement of the knowledge, skills and behaviours must reflect the context of their scope of practice and role and include an appropriate focus on profession-specific requirements of working at Enhanced Practice level. Examples of workplace assessment approaches are listed below:

© NHS England 2024

- Case-based discussions
- Direct observation of procedural skills
- Multi-source feedback (including from colleagues across the multidisciplinary team)
- Patient surveys
- Reflective accounts on practice and learning in practice
- Self-assessment
- Evidence of involvement in local clinical governance arrangements
- Evidence of involvement in business planning, quality improvement, and research projects
- Teaching observation.

Workplace-based assessment should be undertaken in learners' workplace-based settings by experienced practitioners who understand the requirements and demands of Enhanced Level Practice, are experienced in assessing others' learning, and are familiar with the demands of academic learning at Level 6 and Level 7 (see Qualifications Frameworks, QAA (2014)).

To ensure workplace assessments are valid and reliable, those conducting them should demonstrate occupational competence that is recognised by the employer and education provider and be familiar with the selected assessment tools and trained in their use. It is recommended that the assessment process should include at least one osteopath who is currently registered with GOsC. Those undertaking workplace-based assessments should have the role clearly defined in their job role and job plan.

Employers must invest in and support staff to undertake learning and assessment(s) in practice. They need to consider the full implications and value of workforce development for high-quality service delivery, workforce deployment, succession planning, and recruitment and retention. In addition to learners having protected time for their learning (including within their job role and for 'off-the-job' learning), those supervising and coaching should also have protected time to fulfil and develop in this role. The value of this should be factored in to broader plans for developing workforce capability and capacity to meet defined population health, patient care and service delivery needs.

© NHS England 2024

There is a strong need for collaboration and working across professional and organisational boundaries to ensure that learning and assessment in practice delivers practitioners who consistently meet the knowledge, skills and behaviours within their scope of practice, role, and practice setting.

Gateway to end-point assessment

Learners engaging with the ECP apprenticeship need to go through the gateway to undertake the end-point assessment (EPA). Full details on this are provided in the ECP apprenticeship standard and EPA plan; see the Enhanced Clinical Practitioner apprenticeship standard.

Key elements of the gateway criteria are:

- The apprentice's employer needs to be assured that the apprentice has attained the knowledge, skills and behaviours sufficiently to complete the apprenticeship and demonstrate this by engaging with the EPA; while the employer can seek feedback from the education provider on the apprentice's attainment of the knowledge, skills and behaviours, the decision on attainment must be made by the employer.
- The apprentice needs to confirm their readiness to engage with the EPA.
- The apprentice needs to have achieved the required English and maths qualifications to progress to the EPA (if they were unable to provide evidence of this before commencing the apprenticeship).
- The apprentice needs to submit the required gateway evidence to the end-point assessment organisation (EPAO) that will be conducting their end-point assessment.
- The apprentice needs to meet any specific policies and procedures set by the EPAO through which they will be undertaking the end-point assessment.

End-point assessment

Once apprentices have progressed through the gateway and their fulfilment of this is confirmed by the EPAO, they should complete the end-point assessment as quickly as possible.

The end-point assessment requirements for the ECP apprenticeship are set out in the apprenticeship standard and EPA plan; for full details, see the Enhanced Clinical

© NHS England 2024

Practitioner apprenticeship standard. In summary, the two components of the EPA are:

- A professional discussion that provides apprentices with the opportunity to demonstrate their achievement of the knowledge, skills and behaviours, with the discussion underpinned by the portfolio that they have compiled while undertaking the apprenticeship (their 'on-programme' learning).
- Apprentices' submission of a quality improvement proposal, which is used as the basis of a presentation and a question-and-answer (Q&A) session.

Apprentices must pass both components of the EPA to achieve a successful outcome. The potential outcomes are as follows:

- Distinction
- Pass
- Fail.

The arrangements that EPAOs must have in place to conduct the EPA in a robust, consistent, and fair way are set out in the apprenticeship standard and EPA plan.

Quality management

This schema and the model curricula will be kept under regular review to ensure that they remain current, responsive to changing needs, and fit for purpose. The periodic review process will be informed by feedback sought from those who engage in the delivery and uptake of the schema and curricula.

© NHS England 2024

References and useful links

1. Health Education England (2022). Enhanced Clinical Practice Apprenticeship (ECP): An employer's guide to the enhanced clinical practitioner apprenticeship.
2. NHS England (2019). NHS Long Term Plan
3. NHS England (2023). Long Term Workforce Plan
4. Institute for Apprenticeships and Technical Education (2023). Enhanced Clinical Practitioner apprenticeship standard: ST0895
5. Department for Education (2023). Apprenticeship funding rules: August 2023 to July 2024
6. General Osteopathic Council (2018). Public perceptions study
7. Health Education England (2020). Workplace supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development
8. Council of Deans of Health (2021). Public Health Content Within the Pre-Registration Curricula for Allied Health Professions
9. QAA (2014). UK Quality Code for Higher Education

© NHS England 2024

Appendix 1: Mapping of coverage of the knowledge, skills and behaviours (KSBs) across the model curricula

Model curriculum

1. Principles and practice of clinical leadership and management

   Occupational duties: 6, 7, 8

   Knowledge: K13, K17, K18, K20, K25, K26, K28, K29, K30, K32

   Skills: S13, S14, S17, S18, S20, S25, S26, S28, S29, S30, S32

2. Principles and practice of clinical audit and quality improvement

   Occupational duties: 7, 9

   Knowledge: K1, K2, K5, K9, K11, K20, K21, K22, K30

   Skills: S1, S2, S5, S9, S11, S21, S22, S30

3. Principles and practice of supporting others' learning and development

   Occupational duties: 4, 5, 10

   Knowledge: K12, K13, K14, K15, K16, K21, K23, K27, K31, K32

   Skills: S12, S13, S14, S15, S16, S21, S23, S27, S31, S32

Each of the model curricula with a clinical focus (listed below) maps to the following occupational duties and knowledge and skills:

Occupational duties: 1, 2, 3, 4, 6, 7, 8

Knowledge: K3, K4, K5, K6, K7, K8, K9, K10, K11, K12, K17, K19, K24, K26, K27

Skills: S3, S4, S5, S6, S7, S8, S9, S10, S11, S12, S17, S19, S24, S26, S27

© NHS England 2024

The model curricula with a clinical focus are:

4. Investigations in managing musculoskeletal conditions
5. Strength, conditioning and exercise prescription in rehabilitation
6. Working with older adults
7. Child health
8. Pain management
9. Occupational health

Explanatory notes

- The behaviours defined in the ECP apprenticeship [B1–3] are intended to form a focus in all the model curricula and how they are used to design modules. They are therefore not listed under individual curricula.
- In combination, the model curricula fully map to the occupational duties and the knowledge and skills defined in the ECP apprenticeship standard (while all being underpinned by the behaviours; see above).
- A programme that enables learners to undertake modules that deliver model curricula 1–3 (identified as mandatory), plus one model curriculum relating to a particular area of clinical practice (4–9; identified as optional), should ensure that individuals' learning fully covers the ECP apprenticeship occupational duties and KSBs.
- The mapping indicates that a small number of the occupational duties and knowledge and skills are addressed in more than one of the model curricula. This reflects the following:
    - Different points of emphasis within individual apprenticeship standard statements.
    - The logical links between leadership, research/quality improvement and education and how these should be embedded in clinical practice.
    - Recognition that it is for education providers to use their discretion in how they use the model curricula to design their provision to meet the apprenticeship standard requirements.
    - The model curricula are not intended to reflect a siloed approach to learning; learners' use of a portfolio should support critical reflection on

© NHS England 2024

how they integrate the four pillars within their practice and apply their new learning into their practice.

- There is the potential for education providers to devise education provision that cuts across the model curricula identified in this schema. The mapping above and the model curricula should still support education providers' curriculum and programme planning. As an example, an education provider could provide a programme with a specific focus on developing osteopaths' Enhanced Level Practice in child health that also addressed the occupational duties and knowledge and skills covered by the model curricula 1–3 if this seemed a more appropriate way to meet workforce development need (and demand). This approach would mean that all the occupational duties and KSBs would be developed within a learner cohort through the prism of osteopaths' Enhanced Level Practice in child health.
- The structure of the model curricula, including their mapping to the KSBs, should support learning needs analysis. This includes to gauge the relevance of the apprenticeship to prospective individual learners and to plan learners' specific development and pathway through the apprenticeship.
- While the mapping reflects the priorities that have been identified in osteopathic workforce development at Enhanced Practice level, it could also support programme design to address multi-professional workforce development needs across the allied health professions.

© NHS England 2024

Appendix 2: The model curricula

Model curriculum 1 (osteopathy): Principles and practice of clinical leadership and management

Aim

Build on osteopaths' existing professional knowledge, skills, and behaviours to develop their engagement in clinical leadership and management at Enhanced Practice level, within their scope of practice, role, and practice environment.

Intended learning outcomes

On successful completion of learning designed in line with this model curriculum, osteopaths should demonstrate the following at Enhanced Practice level:

- An increased understanding of the principles and practice of clinical leadership and its significance and value for service delivery and patient care.
- Increased awareness of and reflection on the impact of their personal approach to exercising and role-modelling clinical leadership and management in their day-to-day professional practice.
- Strengthened engagement in clinical leadership and management to manage complex issues within their scope of practice, role, and practice environment and within multidisciplinary teams.

Occupational duties

- Communicate in challenging environments and situations with patients, families/carers, and the multidisciplinary team (occupational duty 6).
- Promote and encourage innovative clinical practice to support a culture of excellence within the wider team (occupational duty 7).
- Lead and manage unpredictable and unplanned clinical situations (occupational duty 10).

The key capabilities to be developed through learning that delivers the model curriculum are listed below, along with the ECP apprenticeship standard knowledge and skills to which the capabilities primarily map, and indicative content for the model curriculum's delivery. Useful resources in support of delivery of the model curriculum are also provided.

The key capabilities are mapped to the ECP apprenticeship knowledge and skills that should particularly be developed. It is a given that the capabilities should be developed and

© NHS England 2024

demonstrated in ways that fit with individual osteopaths' scope of practice, role, and practice environment.

The following apprenticeship behaviours should underpin the model curriculum's delivery and expectations of learner engagement:

- Treat people with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Show respect and empathy for colleagues.
- Be adaptable, reliable, and consistent.

Key capabilities

Engage with and apply the principles of clinical leadership and role-modelling, including within a multidisciplinary team.

Mapping to ECP apprenticeship standard knowledge and skills: K13, S13, K20, S20, K31, S31, K32, S32

Indicative content:

- Qualities and behaviours of an effective leader
- Leadership vs. management roles and styles
- Setting team objectives and optimising staff appraisal in support of collaboration and co-production, including within multidisciplinary teams
- Role-modelling
- Resilience and care of self
- Emotional intelligence
- Models of reflection and developing self-awareness, with a focus on personal leadership style
- Followership vs. management
- Developing a culture of psychological safety

Select and deploy appropriate theories and models for negotiating and moderating differences of view, including to de-escalate and diffuse sensitive scenarios

Mapping to ECP apprenticeship standard knowledge and skills: K18, S18

© NHS England 2024

Indicative content:

- Approaches and tools for effective negotiation
- Anticipating and exploring causes of conflict, escalation, and breakdown
- Approaches and tools for seeking to moderate and diffuse differences of view and achieve resolution
- Determinants of results and measuring success

Plan and deploy communication strategies to share complex information with different audiences (including in multidisciplinary contexts and to groups and individuals), demonstrating sensitivity to different needs and appropriate approaches to meeting these.

Mapping to ECP apprenticeship standard knowledge and skills: K17, S17, K19, S19

Indicative content:

- Using and engaging critically with verbal and nonverbal communication
- Effective listening techniques
- Developing and deploying persuasion skills, including to pitch a business case and the case for change
- Understanding an audience and adapting communication approaches
- Managing and responding to challenge

Engage with protocols and systems to plan, prioritise, direct and manage resources, knowing when and how to escalate to and engage others in decision-making, with a focus on delivering safe, effective, and efficient patient care and service delivery.

Mapping to ECP apprenticeship standard knowledge and skills: K25, S25, K26, S26, K28, S28, K29, S29, K30, S30

Indicative content:

- Engaging in national and local requirements, procedures, and processes
- Engaging in human resources processes
- Progressing positive performance management
- Basics of budgeting and financial planning
- Making efficient use of resources
- Delivering and managing change within healthcare systems and settings
- Balancing short- and longer-term priority-setting and planning

© NHS England 2024

Useful resources

- Department of Health and Social Care (2022). Independent report. Leadership for a collaborative and inclusive future
- NHS Leadership Academy. Healthcare Leadership Model
- NHS England (2022). The Allied Health Professions strategy for England: AHPs Deliver
- NHS England (2022). Co-production: an introduction

© NHS England 2024

Model curriculum 2: Principles and practice of clinical audit and quality improvement

Aim

Build on osteopaths' existing professional knowledge, skills, and behaviours to develop their engagement at Enhanced Practice level with:

- Appraising and applying research and evidence-based materials relevant to their scope of practice, role, and practice environment in support of managing complexity in patient care and contributing to service development.
- Clinical audit, service evaluation, and research-related activities in their practice environment.
- Quality improvement initiatives in ways relevant to their scope of practice, role, and practice environment.

Intended learning outcomes

On successful completion of learning designed in line with this model curriculum, osteopaths should demonstrate the following at Enhanced Practice level:

- The skills and confidence to engage critically with research and evidence-based resources relevant to their scope of practice, role, and practice environment and to integrate this approach within their day-to-day practice.
- Engagement in progressing quality improvement activities (including clinical audit, service evaluation, and research projects) in ways that are relevant to their scope of practice, role, and practice environment.
- Readiness to develop a quality improvement proposal in an area of direct relevance to their scope of practice, role, and practice environment.

Occupational duties

- Promote and encourage innovative clinical practice to support a culture of excellence within the wider health and care team (occupational duty 7).

Participate in resource management, strategic service development, planning, and service improvement (occupational duty 9).

Structure of content

Key capabilities to be developed through use of the model curriculum are set out below. These are mapped to the ECP apprenticeship knowledge and skills that should particularly be addressed.

© NHS England 2024

The following apprenticeship behaviours should underpin engagement with the model curriculum:

- Treat people with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Show respect and empathy for colleagues.
- Be adaptable, reliable, and consistent.

It is a given that each capability should be developed and demonstrated in ways that fit with individual osteopaths' scope of practice, role, and practice environment.

Key capabilities

Critically appraise and apply research and evidence-based resources in day-to-day practice to inform clinical reasoning and decision-making in the management of individual patients' care.

Mapping to ECP apprenticeship standard knowledge and skills: K1, S1, K2, S2, K5, S5, K9, S9, K11, S11

Indicative content:

- Literature searching tools and techniques
- Critical appraisal skills
- Engaging with clinical guidelines
- Applying research in clinical practice

Contribute to the planning and progression of structured change management processes and support others to do the same to enhance patient care and service delivery.

Mapping to ECP apprenticeship standard knowledge and skills: K20, S20

Indicative content:

- Engaging with change as a process (present state/transition state/desired state)
- Identifying the need for change
- Engaging in organisational change
- Understanding critical roles in the change process.
- Key current topics (e.g., inclusion, sustainability, optimising use of technologies)

© NHS England 2024

- Understanding and managing responses to change (positive and negative) and resistance to change (causes, dynamics, symptoms)
- Planning and managing change, including through involving others (co-creation/co-production) to achieve ownership of change
- Communicating the impact of change

Engage in quality improvement initiatives, including through contributing to planning and progressing clinical audit, service evaluation, and research projects, with a focus on enhancing the quality, effectiveness, and efficiency of service delivery and individual patient care.

Mapping to ECP apprenticeship standard knowledge and skills: K21, S21, K22, S22, K30, S30

Indicative content:

- Understanding the concept, significance, and value of quality in health care (including in terms of safety, clinical effectiveness, patient experience and outcomes, and cost-effectiveness and return on investment)
- Approaches and tools for project planning and management
- Approaches, methodologies and tools for clinical audit, service evaluation, and quality improvement (e.g., the audit cycle, QI cycles, and defining/using outcome measures)
- Engaging with national and local system-level/employer quality improvement methodologies and resources
- Engaging with and using population health data
- Developing business cases
- Preparing and presenting project proposals

Useful resources

- CASP – Critical Appraisal Skills Programme (casp-uk.net)
- NHS England (2022). Co-production: an introduction
- NHS England (2022). Guidance on PDSA cycle
- NICE. Identifying the evidence: literature searching and evidence submission
- The Health Foundation. Quality Improvement Made Simple
- The King's Fund. Quality improvement

© NHS England 2024

Model curriculum 3 (osteopathy): Principles and practice of supporting others' learning and development

Aim

Build on osteopaths' existing professional knowledge, skills, and behaviours at Enhanced Practice level to support others' learning and development within a multidisciplinary team and develop, deliver, and review education provision in line with their scope of practice, role, and practice environment.

Intended outcomes

On successful completion of learning designed in line with this model curriculum, osteopaths should demonstrate the following:

- The skills and confidence to support others' learning, including on a multidisciplinary basis and by contributing to the design, delivery, and evaluation of formal and informal learning and teaching opportunities.
- The skills and confidence to contribute to others' professional development, including through facilitation, mentorship, clinical supervision, and appraisal, in line with workforce, service delivery, and patient care needs.
- A strengthened integration of their role as an educator, including through engagement in and critical reflection on their ongoing development within this pillar of practice.

Behaviours

The following apprenticeship behaviours should underpin the model curriculum's delivery and expectations of learner engagement:

- Treat people with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Show respect and empathy for colleagues.
- Be adaptable, reliable, and consistent.

Occupational duties

This model curriculum particularly links with fulfilling the following occupational duties:

- Act as an expert resource within their own organisation and for external agencies (occupational duty 4).
- Develop, deliver and evaluate education and training opportunities for others (occupational duty 5).

© NHS England 2024

- Lead, monitor, develop and appraise staff and learners (occupational duty 10).

Structure of content

The key capabilities to be developed through learning that delivers the model curriculum are listed below, along with the ECP apprenticeship standard knowledge and skills to which the capabilities primarily map, and indicative content for the model curriculum's delivery. Useful resources in support of delivery of the model curriculum are also provided.

It is a given that the capabilities should be developed and demonstrated in ways that fit with individual osteopaths' scope of practice, role, and practice environment.

Key capabilities

Contribute to the design, delivery and review of structured workplace learning and teaching provision to meet defined professional, workforce development, service delivery, and patient care needs in ways that promote multidisciplinary collaboration, co-production and continuous quality improvement.

Mapping to ECP apprenticeship standard knowledge and skills: K14, S14, K15, S15, K16, S16, K21, S21

Indicative content:

- Learning and teaching theory, models, and approaches, with a particular focus on workplace learning
- Supporting and promoting multidisciplinary learning
- The educator role in clinical settings
- Designing, delivering, and reviewing education provision
- Defining learning needs and intended outcomes
- Models of clinical supervision and workplace learning and assessment

Exercise an inclusive, collaborative and individualised approach to supporting others' learning and development, taking account of individuals' and groups' learning needs, styles and preferences and upholding the principles of equality, diversity, and inclusion.

Mapping to ECP apprenticeship standard knowledge and skills: K14, S14, K31, S31, K32, S32

Indicative content:

- Approaches and tools for learning needs analysis

© NHS England 2024

- Inclusive approaches to the design and delivery of learning and teaching (including blended learning approaches and optimising use of technology)
- Different learning styles and approaches
- Collaboration and co-production in learning and teaching.

Support others' development in workplace settings by deploying a range of approaches, including learning needs analysis, mentoring, preceptorship, coaching, facilitation, clinical supervision, and appraisal.

Mapping to ECP apprenticeship standard knowledge and skills: K12, S12, K14, S14, K15, S15, K23, S23, K27, S27, K31, S31, K32, S32

Indicative content:

- Using learning needs analysis to inform support for individuals and groups
- Supporting others' learning through mentoring, preceptorship, coaching, facilitation, and clinical supervision
- Providing/receiving constructive feedback and positive challenge
- Approaches to appraisal, including Management by Objectives (MBO), Behaviourally Anchored Rating Scale (BARS) and optimising approaches to 360-degree feedback

Critically reflect on personal strengths and effectiveness in supporting and leading others' learning and development, identifying areas for growth as an integral part of clinical practice, service delivery, and teamworking.

Mapping to ECP apprenticeship standard knowledge and skills: K13, S13, K16, S16, K23, S23

Indicative content:

- Models and structured approaches to critical reflection and their practical application in professional practice
- Quality improvement cycles
- Demonstrating value and impact
- Role development as an educator as an integral part of personal professionalism, workforce development, sustainable/scalable models of service delivery, and upholding high-quality patient care

© NHS England 2024

Useful resources

- Health Education England (2023). Educator Workforce Strategy
- Council of Deans of Health. AHP Educator Career Framework

© NHS England 2024

Model curriculum 4 (osteopathy): Investigations in managing musculoskeletal conditions

Aim

Build on osteopaths' existing professional knowledge, skills, and behaviours to use diagnostic investigations to inform their management of musculoskeletal (MSK) conditions at Enhanced Practice level within their scope of practice, role, and practice environment and to meet the needs of the individual patients and population groups whom they serve.

Intended outcomes

On successful completion of learning designed in line with this model curriculum, osteopaths should demonstrate the following:

- Critical engagement with different diagnostic investigations' role in managing individuals' MSK conditions, including investigations' value and limitations and optimising service delivery through multidisciplinary teamworking and multi-agency collaboration.
- A holistic approach to integrating the use of different diagnostic investigations for assessing individual needs and for formulating, delivering, and evaluating treatment approaches safely, effectively, and efficiently.
- The ability to manage complexity, unpredictability, and unplanned scenarios in the use of diagnostic investigations to uphold patient safety and optimise individuals' experience and outcomes of care.

Behaviours

The following apprenticeship behaviours should underpin the model curriculum's delivery and expectations of learner engagement:

- Treat people with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Show respect and empathy for colleagues.
- Be adaptable, reliable, and consistent.

© NHS England 2024

Occupational duties

This model curriculum particularly links with fulfilling the following occupational duties:

- Act in the best interests of people in providing evidence-based, safe and compassionate complex clinical care as an accountable professional (occupational duty 1).
- Use existing knowledge and expertise and enhanced levels of clinical judgement to independently undertake complex and holistic assessments (occupational duty 2).
- Act independently to plan, deliver, monitor, and evaluate complex care using enhanced clinical assessments, diagnostics, and interventions (occupational duty 3).
- Act as an expert resource in own organisation and for external agencies (occupational duty 4).
- Communicate effectively in challenging environments and situations with patients, their families/carers, and the multidisciplinary team (occupational duty 6).
- Promote and encourage innovative clinical practice to support a culture of excellence within the wider team (occupational duty 7).
- Lead and manage unpredictable and unplanned clinical situations (occupational duty 8).

Structure of content

The key capabilities to be developed through learning that delivers the model curriculum are listed below, along with the ECP apprenticeship standard knowledge and skills to which the capabilities primarily map, and indicative content for the model curriculum's delivery. Useful resources in support of delivery of the model curriculum are also provided.

The capabilities particularly address the following broad themes within Enhanced Level Practice:

- Critical engagement with current research and evidence to meet needs.
- Holistic approaches to patient assessment and diagnosis.
- Managing complexity in clinical decision-making.

They should be developed and demonstrated in ways that fit with individual osteopaths' scope of practice, role, and practice environment.

© NHS England 2024

Key capabilities

Critically engage with and apply relevant legislation, professional frameworks, clinical guidelines and other evidence-based resources to inform their engagement with clinical investigations to support their management of MSK conditions, including to meet the needs of individual patients and different patient groups.

Mapping to ECP apprenticeship standard knowledge and skills: K3, S3, K5, S6

Indicative content:

- Legal, regulatory, ethical and professional frameworks relating to diagnostic investigations (including in relation to osteopathic scope of practice)
- Principles and practicalities of requesting diagnostic investigations in line with safe, effective and efficient patient care, service delivery and the judicious use of resources, including in terms of professional responsibilities and accountability
- Clinical and good practice guidelines relating to requesting, interpreting, and applying diagnostic investigations in clinical assessment and decision-making

Gather, synthesise and analyse complex data to inform clinical decision-making in the management of MSK conditions, drawing on different types of clinical investigation to understand, assess and respond to the needs of individual patients.

Mapping to ECP apprenticeship standard knowledge and skills: K6, S6, K7, S7, K8, S8

Indicative content:

- Understanding and evaluating the benefits and limitations of patient data to be gained from specific diagnostic investigations (including different types of imaging and blood tests)
- Reviewing and interpreting the results of diagnostic investigations to inform clinical reasoning, assessment, and decision-making, including their significance, benefits, and limitations for understanding different pathologies, presentations, and conditions

Demonstrate a holistic, individualised approach to assessing individuals' needs relating to their MSK condition, including by selecting and using available tools, technologies and techniques available within clinical investigations to inform the assessment and diagnostic process and being able to explain and account for investigation requests, assessments and diagnostic decisions.

Mapping to ECP apprenticeship standard knowledge and skills: K3, S3, K4, K6, S6, K7, S7, K8, S8, K9, K11, S11

© NHS England 2024

Indicative content:

- Critically applying the results of diagnostic investigations in individual patient care assessments to inform clinical reasoning and diagnostic decisions

Plan, deliver and evaluate osteopathic treatment approaches to manage MSK conditions, based on the clinical assessment of individual patients, underpinned by the judicious use of clinical investigations to explore and understand individual needs, and with a focus on optimising the clinical effectiveness and outcomes of patient care.

Mapping to ECP apprenticeship standard knowledge and skills: K9, S9, K10, S10, K17, S17, S19, K27, S27

Indicative content:

- Using the results of diagnostic investigations to inform individual care planning
- Shared decision-making and care planning

Engage with complexity, uncertainty and unpredictability in delivering osteopathic pain management and care, managing risk and challenging situations and upholding patient safety and interests by seeking advice, escalating issues and making referrals, as appropriate.

Mapping to ECP apprenticeship standard knowledge and skills: K3, K9, S9, S11, K12, S12, K24, S24, K26, S26

Indicative content:

- Self-awareness of scope of practice, professional responsibilities and accountability in requesting diagnostic investigations and interpreting and applying their results
- Risk management, escalating issues and making patient referrals
- Working within the multidisciplinary team and across agencies to uphold patient safety and quality and outcomes of care

Communicate effectively with patients, colleagues in the multidisciplinary team and across agencies, sharing complex, sensitive and potentially distressing information with patients, their families and carers to deliver safe, personalised care and optimise individuals' independence, health and well-being.

Mapping to ECP apprenticeship standard knowledge and skills: K18, S18, K19, S19, K27, S27

© NHS England 2024

Indicative content:

- Communicating the need, benefits, limitations and results of diagnostic investigations with individual patients, their families and carers
- Communicating and collaborating with members of the multidisciplinary team and on a multi-agency basis on diagnostic investigations

Useful resources

- General Osteopathic Council. Supporting decision making with patients
- Clinical and good practice guidelines relating to diagnostic investigations; for example, NICE guidelines NG226, NG65, CG146, NG219, NG38
- Screening tools relating to specific conditions; for example:
  - SPondylArthritis Diagnosis Evaluation (SPADE) tool
  - Psoriasis Epidemiology Screening (PEST) tool.

© NHS England 2024

Model curriculum 5 (osteopathy): Strength, conditioning and exercise prescription in rehabilitation

Aim

Build on osteopaths' existing professional knowledge, skills and behaviours to develop their clinical practice in rehabilitation and exercise prescription to Enhanced Practice level within their scope of practice, role, and practice environment and to meet the needs of the population and patient groups whom they serve.

Intended outcomes

On successful completion of learning designed in line with this model curriculum, osteopaths should demonstrate the following:

- Critical engagement with principles, models, current research and evidence base relating to rehabilitation and exercise prescription, with a focus on inclusive models of care and service delivery, providing individuals and groups with timely access to rehabilitation and exercise prescription services, and optimising care through multidisciplinary teamworking and multi-agency collaboration.
- A holistic approach to assessing individuals' needs and formulating, delivering, and evaluating service delivery approaches in response to individual needs, goals, and priorities.
- The ability to manage complexity, unpredictability, and unplanned scenarios in their delivery of rehabilitation and exercise prescription, with a focus on upholding patient safety and making referrals, as appropriate.

Behaviours

The following apprenticeship behaviours should underpin the model curriculum's delivery and expectations of learner engagement:

- Treat people with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Show respect and empathy for colleagues.
- Be adaptable, reliable, and consistent.

© NHS England 2024

Occupational duties

This model curriculum particularly links with fulfilling the following occupational duties:

- Act in the best interests of people in providing evidence-based, safe, and compassionate complex clinical care as an accountable professional (occupational duty 1).
- Use existing knowledge and expertise and enhanced levels of clinical judgement to independently undertake complex and holistic assessments (occupational duty 2).
- Act independently to plan, deliver, monitor, and evaluate complex care using enhanced clinical assessments, diagnostics, and interventions (occupational duty 3).
- Act as an expert resource in own organisation and for external agencies (occupational duty 4).
- Communicate effectively in challenging environments and situations with patients, their families/carers, and the multidisciplinary team (occupational duty 6).
- Promote and encourage innovative clinical practice to support a culture of excellence within the wider team (occupational duty 7).
- Lead and manage unpredictable and unplanned clinical situations (occupational duty 8).

Structure of content

The key capabilities to be developed through learning that delivers the model curriculum are listed below, along with the ECP apprenticeship standard knowledge and skills to which the capabilities primarily map, and indicative content for the model curriculum's delivery. Useful resources in support of delivery of the model curriculum are also provided.

The capabilities particularly address the following broad themes within Enhanced Level Practice:

- Critical engagement with current research and evidence to meet needs.
- Holistic approaches to patient assessment and diagnosis.
- Managing complexity in clinical decision-making.

They should be developed and demonstrated in ways that fit with individual osteopaths' scope of practice, role, and practice environment.

© NHS England 2024

Key capabilities

Critically engage with and apply relevant legislation, professional frameworks, clinical guidelines and other evidence-based resources to inform their delivery of personalised osteopathic advice and care with a focus on rehabilitation and exercise prescription, including to meet the needs of individual patients, different patient groups and at different life stages, in line with clinical service context and need.

Mapping to knowledge and skills of ECP apprenticeship: K3, S3, K5, S6

Indicative content:

Legal, ethical, and professional frameworks relating to rehabilitation and exercise prescription

Clinical guidelines

Clinical assessment and outcome measures

Evaluating the physiological, psychological, and sociological factors linked with participation and compliance with exercise interventions

Health inequalities and the social determinants of health and engagement in physical activity

Gather, synthesise and analyse complex information to inform clinical decision-making in the design and delivery of rehabilitation and exercise prescription approaches, using different tools and techniques to understand, evaluate and respond to individual patients and patient groups.

Mapping to knowledge and skills of ECP apprenticeship: K6, S6, K7, S7, K8, S8

Indicative content:

- Managing complex data to inform the design and delivery of rehabilitation and exercise prescription, including with a focus on strength and conditioning
- Addressing the needs of individuals and groups in safe, effective and efficient ways
- Stratifying patient care needs

Demonstrate a holistic, individualised approach to assessing individuals' rehabilitation and exercise prescription needs, including by selecting and using different tools, technologies and techniques within the assessment and diagnostic process and being able to explain clinical reasoning and account for assessment and diagnostic decisions.

Mapping to knowledge and skills of ECP apprenticeship: K3, S3, K4, K6, S6, K7, S7, K8, S8, K9, K11, S11

© NHS England 2024

Indicative content:

- Personalised risk assessment
- Selecting and using assessment tools
- Life stage and lifestyle factors

Plan, deliver and evaluate osteopathic treatment approaches focused on rehabilitation and exercise prescription based on the clinical assessment of individual patients' and patient groups' needs, working in partnership with patients to meet their individual needs, priorities and goals, and with a focus on health and wellness promotion, illness prevention, behaviour change and supported self-management and liaising with the multidisciplinary team and other agencies to optimise the quality and outcomes of care.

Mapping to knowledge and skills of ECP apprenticeship: K9, S9, K10, S10, K17, S17, S19, K27, S27

Indicative content:

- Shared decision-making and goal-setting
- Motivational interviewing
- Co-production in rehabilitation and exercise planning
- Exercise prescription and social prescribing
- Selecting and using outcome measures

Engage with complexity, uncertainty and unpredictability in delivering osteopathic care within a focus on rehabilitation and exercise prescription, managing risk and challenging situations and upholding patient safety and interests by seeking advice, escalating issues and making referrals, as appropriate.

Mapping to knowledge and skills of ECP apprenticeship: K3, K9, S9, S11, K12, S12, K24, S24, K26, S26

Indicative content:

- Psychological, cultural, and social factors impacting on individuals' engagement with rehabilitation and exercise
- Managing risk, escalating issues and making appropriate referrals

© NHS England 2024

Communicate with patients and others in appropriate ways, sharing complex, sensitive and potentially distressing information with patients, their families and carers to deliver safe, personalised care and optimise individuals' independence, health and well-being.

Mapping to knowledge and skills of ECP apprenticeship: K18, S18, K19, S19, K27, S27

Indicative content:

- Communicating with patients and their families and carers, taking account of cognition and changes relating to this
- Addressing additional needs relating to physical, mental, psychological, culture, degenerative, social factors, etc.
- Addressing safeguarding issues

Useful resources

- Office for Health Improvement and Disparities (2022). Physical activity: applying All Our Health
- NICE public health guidelines relating to physical activity (e.g. NG157, QS206)
- General Osteopathic Council. Supporting decision making with patients

  British Orthopaedic Association. NICE Trauma and Orthopaedic Guidelines
- NHS exercise guidelines
- Public Health England (2016). Making every contact count (MECC)
- Torbay and South Devon NHS Foundation Trust. Shoulder Exercise Programme

  Escape-PAIN protocol

© NHS England 2024

Model curriculum 6 (osteopathy): Working with older adults

Aim

Build on osteopaths' existing professional knowledge, skills and behaviours to develop their clinical practice in working with older adults to Enhanced Practice level within their scope of practice, role, and practice environment.

Intended outcomes

On successful completion of learning designed in line with this model curriculum, osteopaths should demonstrate the following:

- Their critical engagement with current research and the evidence base relating to older people's care, models of service delivery and multidisciplinary teamworking to optimise individuals' access, experience and outcomes within and across different groups within the older population.
- A holistic approach to assessing patients' needs and formulating, delivering, and evaluating treatment approaches to meet individuals' needs, goals, and priorities.
- The ability to manage complexity, unpredictability, and unplanned scenarios relating to their practice in working with older adults.

Behaviours

The following apprenticeship behaviours should underpin the model curriculum's delivery and expectations of learner engagement:

- Treat people with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Show respect and empathy for colleagues.
- Be adaptable, reliable, and consistent.

Occupational duties

This model curriculum particularly links with fulfilling the following occupational duties:

- Act in the best interests of people in providing evidence-based, safe and compassionate complex clinical care as an accountable professional (occupational duty 1).
- Use existing knowledge and expertise and enhanced levels of clinical judgement to independently undertake complex and holistic assessments (occupational duty 2).

© NHS England 2024

- Act independently to plan, deliver, monitor, and evaluate complex care using enhanced clinical assessments, diagnostics, and interventions (occupational duty 3).
- Act as an expert resource in own organisation and for external agencies (occupational duty 4).
- Communicate effectively in challenging environments and situations with patients, their families/carers, and the multidisciplinary team (occupational duty 6).
- Promote and encourage innovative clinical practice to support a culture of excellence within the wider team (occupational duty 7).
- Lead and manage unpredictable and unplanned clinical situations (occupational duty 8).

Structure of content

The key capabilities to be developed through learning that delivers the model curriculum are listed below, along with the ECP apprenticeship standard knowledge and skills to which the capabilities primarily map, and indicative content for the model curriculum's delivery. Useful resources in support of delivery of the model curriculum are also provided.

The capabilities focus on the following themes within enhanced level osteopathic practice in working with older adults:

- Critical engagement with current research and evidence to meet needs.
- Holistic approaches to patient assessment and diagnosis.
- Managing complexity in clinical decision-making.

They should be developed and demonstrated in ways that fit with individual osteopaths' scope of practice, role, and practice environment.

Key capabilities

Critically engage with and apply relevant legislation, professional frameworks, clinical guidelines and other evidence-based resources to inform working with older adults and patient groups with specific clinical needs and deliver personalised osteopathic care based on partnership-working.

Mapping to knowledge and skills of ECP apprenticeship: K3, K5, K6

© NHS England 2024

Indicative content:

- Legal frameworks and issues relating to older adults, including in relation to mental capacity, power of attorney and safeguarding
- NICE guidelines
- Clinical assessment tools and outcome measures
- Principles of shared decision-making
- Health prevention and illness prevention
- Principles of palliative and end-of-life care
- Health inequalities
- Understanding pharmacology and common medical management approaches in older adult care

Gather, synthesise and analyse complex information to inform clinical decision-making, using different tools and techniques to understand, evaluate and respond to older adults' health and well-being needs and act in individual patients' best interests, including from safeguarding and advocacy perspectives.

Mapping to knowledge and skills of ECP apprenticeship: K6, S6, K7, S7, K8, S8

Indicative content:

- Clinical assessment tools
- Common diagnostic investigations in the care of older adults
- Principles of shared decision-making

Demonstrate a holistic, person-centred approach to assessing individual patient needs, including by selecting and using different assessment tools, technologies and techniques within the assessment and diagnostic process and being able to explain clinical reasoning and account for assessment and diagnostic decisions.

Mapping to knowledge and skills of ECP apprenticeship: K3, S3, K4, K6, S6, K7, S7, K8, S8, K9, K11, S11

© NHS England 2024

Indicative content:

- Clinical assessment tools
- Outcome measures
- Common conditions and their management (including frailty)
- Assessment of pain in older adults
- Multimorbidities and their interactions and impact on care needs

Plan, deliver and evaluate treatment approaches based on the assessment of individual patient needs, working in partnership with individuals, their families and carers to meet their needs, priorities and goals, promoting and supporting patient self-management and independence and liaising with the multidisciplinary team and other agencies to optimise the quality and outcomes of patient care.

Mapping to knowledge and skills of ECP apprenticeship: K3, S3, K4, K6, S6, K7, S7, K8, S8, K9, K11, S11

Indicative content:

- Falls prevention
- Frailty management
- Shared decision-making and goal-setting
- Supporting patient self-management and behaviour change
- Exercise prescription

Engage with complexity, uncertainty and unpredictability in delivering care to older adults, managing challenging situations within scope of practice and upholding the safety and interests of individuals through seeking advice, escalating issues and making referrals, as appropriate.

Mapping to knowledge and skills of ECP apprenticeship: K3, K9, S9, S11, K12, S12, K24, S24, K26, S26

Indicative content:

- Partnership working within the multidisciplinary team and across multi-agency working
- Personal scope of practice and self-awareness

© NHS England 2024

Communicate complex, sensitive and potentially distressing information to patients, their families and carers, to deliver safe, personalised care and to optimise their health, independence and well-being

Mapping to knowledge and skills of ECP apprenticeship: K18, S18, K19, S19, K27, S27

Indicative content:

- Communicating with patients and their families and carers, taking account of cognition and changes relating to this
- Addressing additional needs relating to physical, mental, psychological, culture, degenerative, social, and other factors
- Addressing safeguarding issues
- Addressing ethical issues relating to older adult care

© NHS England 2024

Useful resources

- General Osteopathic Council. Supporting decision making with patients
- NICE clinical guidelines relating to older adult care (e.g., NG226, CG146, NG22, NG32, CG261)
- National Institute for Health and Care Research (2021). Multiple long-term conditions (multimorbidity): making sense of the evidence
- Clinical assessment tools; for example:
  - FRAX tool
  - Comprehensive geriatric assessment
  - Falls risk assessment tool
  - Berg balance scale
  - Functional gait analysis
  - GP assessment of cognition
  - Mini mental state examination
  - Montreal cognitive assessment
  - General depression scale
  - Barthel index
  - Nottingham extended activity of daily living index
  - Clinical frailty scale

© NHS England 2024

Model curriculum 7 (osteopathy): Child health

Aim

Build on osteopaths' existing professional knowledge, skills and behaviours to meet the health needs of children at Enhanced Practice level within their scope of practice, role, and practice environment.

Intended outcomes

On successful completion of learning designed in line with this model curriculum, osteopaths should demonstrate the following:

- Critical engagement with current research and the evidence base relating to child health, with a focus on inclusive models of care and service delivery, providing children and their families and carers with access to safe, timely and effective services, and optimising individuals' care through engaging in multidisciplinary teamworking and multi-agency collaboration.
- A holistic approach to assessing the needs of individual children and formulating, delivering and evaluating treatment approaches in response to their needs.
- The ability to manage complexity, unpredictability, and unplanned scenarios relating to their practice child health, with a focus on upholding patient safety and interests.

Behaviours

The following apprenticeship behaviours should underpin the model curriculum's delivery and expectations of learner engagement:

- Treat people with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Show respect and empathy for colleagues.
- Be adaptable, reliable, and consistent.

Occupational duties

This model curriculum particularly links with fulfilling the following occupational duties:

- Act in the best interests of people in providing evidence-based, safe and compassionate complex clinical care as an accountable professional (occupational duty 1).
- Use existing knowledge and expertise and enhanced levels of clinical judgement to independently undertake complex and holistic assessments (occupational duty 2).

© NHS England 2024

- Act independently to plan, deliver, monitor, and evaluate complex care using enhanced clinical assessments, diagnostics, and interventions (occupational duty 3).
- Act as an expert resource in own organisation and for external agencies (occupational duty 4).
- Communicate effectively in challenging environments and situations with patients, their families/carers, and the multidisciplinary team (occupational duty 6).
- Promote and encourage innovative clinical practice to support a culture of excellence within the wider team (occupational duty 7).
- Lead and manage unpredictable and unplanned clinical situations (occupational duty 8).

Structure of content

The key capabilities to be developed through learning that delivers the model curriculum are listed below, along with the ECP apprenticeship standard knowledge and skills to which the capabilities primarily map, and indicative content for the model curriculum's delivery. Useful resources in support of delivery of the model curriculum are also provided.

The capabilities particularly address the following broad themes within Enhanced Level Practice:

- Critical engagement with current research and evidence to meet needs.
- Holistic approaches to patient assessment and diagnosis.
- Managing complexity in clinical decision-making.

They should be developed and demonstrated in ways that fit with individual osteopaths' scope of practice, role, and practice environment.

Key capabilities

Critically engage with and apply relevant legislation, professional frameworks, clinical guidelines and other evidence-based resources to inform their delivery of personalised osteopathic care to children, their families and carers, specific paediatric patient groups and at particular life-stage points.

Mapping to knowledge and skills of ECP apprenticeship: K3, S3, K5, S5

© NHS England 2024

Indicative content:

- Legal frameworks relating to children, including in relation to consent and safeguarding
- Ethical frameworks relating to child health
- Clinical guidelines relating to the care of children
- The application of professional frameworks in practice with children

Gather, synthesise and analyse complex information to inform clinical decision-making, using different tools and techniques to understand, evaluate and respond to individual children's health and well-being needs and act in children's best interests, including from safeguarding and advocacy perspectives.

Mapping to knowledge and skills of ECP apprenticeship: K6, S6, K7, S7, K8, S8

Indicative content:

- Use of assessment tools
- Use of outcome measures

Demonstrate a holistic, individualised approach to assessing children's healthcare needs, including by selecting and using different assessment tools, technologies and techniques within the assessment and diagnostic process and being able to explain clinical reasoning and account for assessment and diagnostic decisions.

Mapping to knowledge and skills of ECP apprenticeship: K3, S3, K4, K6, S6, K7, S7, K8, S8, K9, K11, S11

Indicative content:

- Common infant, child, and adolescent conditions
- Understanding additional needs (e.g., relating to physical, mental, psychological, social factors)

Plan, deliver and evaluate osteopathic treatment approaches based on the assessment of individual patient care needs, working in partnership with children, their families and carers to meet their needs, priorities and goals, promoting and supporting independence and liaising with the multidisciplinary team and other agencies to optimise the quality and outcomes of care.

Mapping to knowledge and skills of ECP apprenticeship: K9, S9, K10, S10, K17, S17, S19, K27, S27

© NHS England 2024

Indicative content:

- Working with children, their families and carers in planning, enacting, and reviewing treatment plans
- Shared decision-making in working with children, their families and carers

Engage with complexity, uncertainty and unpredictability in delivering osteopathic care to children, managing risk and challenging situations and upholding children's safety and interests through seeking advice, escalating issues and making referrals, as appropriate.

Mapping to knowledge and skills of ECP apprenticeship: K3, K9, S9, S11, K12, S12, K24, S24, K26, S26

Indicative content:

- Scope of practice
- Risk identification and management in working with children, their families, and carers

Communicate with children in appropriate ways, sharing complex, sensitive and potentially distressing information with their families and carers to deliver safe, personalised care and to optimise children's health and well-being.

Mapping to knowledge and skills of ECP apprenticeship: K18, S18, K19, S19, K27, S27

Indicative content:

- Adapting communication approaches in working with children and their families and carers, including in the context of development stage and mental capacity

Useful resources

- General Osteopathic Council. Supporting decision making with patients
- NICE clinical guidelines (e.g., NG38)
- NHS England (2015). Care and Treatment Review: Policy and Guidance
- NHS England. Healthy Child Programme Schedule of Interventions Guide

© NHS England 2024

Model curriculum 8 (osteopathy): Pain management

Aim

Build on osteopaths' existing professional knowledge, skills and behaviours to develop their clinical practice in pain management and care to Enhanced Practice level within their scope of practice, role, and practice environment and to meet the needs of the population and patient groups whom they serve.

Intended outcomes

On successful completion of learning designed in line with this model curriculum, osteopaths should demonstrate the following:

- A developed understanding of contemporary concepts, principles, practices and models of care in pain management and a critical engagement with current research and the evidence base underpinning pain management.
- A holistic approach to patient assessment, the formulation, delivery, and evaluation of pain management strategies and the provision of personalised, collaborative care in response to individual needs, goals, and priorities.
- The ability to manage complexity, unpredictability, and unplanned scenarios in their clinical practice.

Behaviours

The following apprenticeship behaviours should underpin the model curriculum's delivery and expectations of learner engagement:

- Treat people with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Show respect and empathy for colleagues.
- Be adaptable, reliable, and consistent.

Occupational duties

This model curriculum particularly links with fulfilling the following occupational duties:

- Act in the best interests of people in providing evidence-based, safe and compassionate complex clinical care as an accountable professional (occupational duty 1).
- Use existing knowledge and expertise and enhanced levels of clinical judgement to independently undertake complex and holistic assessments (occupational duty 2).

© NHS England 2024

- Act independently to plan, deliver, monitor, and evaluate complex care using enhanced clinical assessments, diagnostics, and interventions (occupational duty 3).
- Act as an expert resource in own organisation and for external agencies (occupational duty 4).
- Communicate effectively in challenging environments and situations with patients, their families/carers, and the multidisciplinary team (occupational duty 6).
- Promote and encourage innovative clinical practice to support a culture of excellence within the wider team (occupational duty 7).
- Lead and manage unpredictable and unplanned clinical situations (occupational duty 8).

Structure of content

The key capabilities to be developed through learning that delivers the model curriculum are listed below, along with the ECP apprenticeship standard knowledge and skills to which the capabilities primarily map, and indicative content for the model curriculum's delivery. Useful resources in support of delivery of the model curriculum are also provided.

The capabilities particularly address the following broad themes within Enhanced Level Practice:

- Critical engagement with current research and evidence to meet needs.
- Holistic approaches to patient assessment and diagnosis.
- Managing complexity in clinical decision-making.

They should be developed and demonstrated in ways that fit with individual osteopaths' scope of practice, role, and practice environment.

Key capabilities

Critically engage with and apply relevant legislation, professional frameworks, clinical guidelines and other evidence-based resources to inform their delivery of personalised osteopathic advice and care relating to pain management, including to meet the needs of individual patients and different patient groups.

Mapping to knowledge and skills of ECP apprenticeship: K3, S3, K5, S6

Indicative content:

- Legal, ethical, and professional frameworks relating to pain management and care
- Clinical and good practice guidelines relating to pain management and care

© NHS England 2024

- Wider evidence base for/current issues relating to non-pharmacological pain management strategies

Gather, synthesise and analyse complex information to inform clinical decision-making in delivering osteopathic pain management and care, using different tools and techniques to understand, evaluate and respond to individual patients and patient groups.

Mapping to knowledge and skills of ECP apprenticeship: K6, S6, K7, S7, K8, S8

Indicative content:

- Selecting and using patient assessment tools in line with individuals' presenting symptoms, clinical history and underlying conditions

Demonstrate a holistic, individualised approach to assessing individuals' pain management and care needs, including by selecting and using different tools, technologies and techniques within the assessment and diagnostic process and being able to explain clinical reasoning and account for assessment and diagnostic decisions.

Mapping to knowledge and skills of ECP apprenticeship: K3, S3, K4, K6, S6, K7, S7, K8, S8, K9, K11, S11

Indicative content:

- Chronic pain and its management and care
- Common and complex pain conditions (including neuropathic pain, central sensitisation and changes at synaptic level, fibromyalgia, inflammatory conditions)
- Differential diagnosis

Plan, deliver and evaluate osteopathic treatment approaches focused on pain management and care, based on the clinical assessment of individual patients' and patient groups' needs, working in partnership with patients to meet their individual needs, priorities and goals, and with a focus on health and wellness promotion, supported behaviour change and self-management, and liaising with the multidisciplinary team and other agencies to optimise the quality and outcomes of care.

Mapping to knowledge and skills of ECP apprenticeship: K9, S9, K10, S10, K17, S17, S19, K27, S27

Indicative content:

- Selecting and using outcome measures
- Shared decision-making and goal-setting

© NHS England 2024

- Motivational interviewing and other approaches to supporting individuals to address barriers to pain management
- Supporting patient self-management and behaviour change
- Physical activity and exercise prescription
- Social prescribing

Engage with complexity, uncertainty and unpredictability in delivering osteopathic pain management and care, managing risk and challenging situations and upholding patient safety and interests by seeking advice, escalating issues and making referrals, as appropriate.

Mapping to knowledge and skills of ECP apprenticeship: K3, K9, S9, S11, K12, S12, K24, S24, K26, S26

Indicative content:

- Understanding comorbidities/multimorbidities and their impact on individuals' experience and management of pain
- Engaging with the psychological and social impacts of pain for individuals
- Understanding when and how to escalate issues and make referrals

Communicate effectively with patients, colleagues in the multidisciplinary team and across agencies, sharing complex, sensitive and potentially distressing information with patients, their families and carers to deliver safe, personalised care and optimise individuals' independence, health and well-being.

Mapping to knowledge and skills of ECP apprenticeship: K18, S18, K19, S19, K27, S27

Indicative content:

- Adapting communication approach in line with individual needs and context
- Engaging in collaborative/co-production approaches to optimise the quality and outcomes of pain management approaches
- Engaging in multidisciplinary teamworking and multi-agency collaboration to optimise the accessibility, timeliness and responsiveness of care to individual needs

© NHS England 2024

Useful resources

- NICE guidelines (e.g., NG193)
- The British Pain Society (2013). Guidelines for Pain Management Programmes for adults
- Faculty of Pain Medicine. Clinical Guidelines
- Principles of 'Explain Pain' by David Butler
- Pain Detect (2013). Pain Questionnaire
- Public Health England (2016). Making every contact count (MECC)
- General Osteopathic Council. Supporting decision making with patients

© NHS England 2024

Model curriculum 9 (osteopathy): Occupational health

Aim

Build on osteopaths' existing professional knowledge, skills and behaviours to contribute to occupational health services at Enhanced Practice level within their scope of practice, role, and practice environment and to meet the needs of the population groups and service delivery model that they serve.

Intended outcomes

On successful completion of learning designed in line with this model curriculum, osteopaths should demonstrate the following:

- Critical engagement with current research and the evidence base relating to occupational health, with a focus on inclusive models of care and service delivery, providing individuals and groups with timely access to services, and optimising care through multidisciplinary teamworking and multi-agency collaboration.
- A holistic approach to assessing individuals' needs, including in an organisational context, and formulating, delivering and evaluating treatment approaches in response to individual and organisational needs, goals, and priorities.
- The ability to manage complexity, unpredictability, and unplanned scenarios relating to their practice in contributing to occupational health services.

Behaviours

The following apprenticeship behaviours should underpin the model curriculum's delivery and expectations of learner engagement:

- Treat people with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy, and preferences.
- Show respect and empathy for colleagues.
- Be adaptable, reliable, and consistent.

Occupational duties

This model curriculum particularly links with fulfilling the following occupational duties:

- Act in the best interests of people in providing evidence-based, safe and compassionate complex clinical care as an accountable professional (occupational duty 1).

© NHS England 2024

- Use existing knowledge and expertise and enhanced levels of clinical judgement to independently undertake complex and holistic assessments (occupational duty 2).
- Act independently to plan, deliver, monitor, and evaluate complex care using enhanced clinical assessments, diagnostics, and interventions (occupational duty 3).
- Act as an expert resource in own organisation and for external agencies (occupational duty 4).
- Communicate effectively in challenging environments and situations with patients, their families/carers, and the multidisciplinary team (occupational duty 6).
- Promote and encourage innovative clinical practice to support a culture of excellence within the wider team (occupational duty 7).
- Lead and manage unpredictable and unplanned clinical situations (occupational duty 8).

Structure of content

The key capabilities to be developed through learning that delivers the model curriculum are listed below, along with the ECP apprenticeship standard knowledge and skills to which the capabilities primarily map, and indicative content for the model curriculum's delivery. Useful resources in support of delivery of the model curriculum are also provided.

The capabilities particularly address the following broad themes within Enhanced Level Practice:

- Critical engagement with current research and evidence to meet needs.
- Holistic approaches to patient assessment and diagnosis.
- Managing complexity in clinical decision-making.

They should be developed and demonstrated in ways that fit with individual osteopaths' scope of practice, role, and practice environment.

Key capabilities

Critically engage with and apply relevant legislation, professional frameworks, clinical guidelines and other evidence-based resources to inform their delivery of personalised osteopathic advice and care within occupational health services, including to different service user groups and at particular life-stage points, in line with clinical service context and need.

Mapping to knowledge and skills of ECP apprenticeship: K3, S3, K5, S6

© NHS England 2024

Indicative content:

- Legal frameworks relating to occupational health and workplace health and safety
- Ethical issues in occupational health
- Professional practice in occupational health (including from a multidisciplinary team perspective)
- NICE guidelines

Gather, synthesise and analyse complex information to inform clinical decision-making in occupational health, using different tools and techniques to understand, evaluate and respond to individual, group and organisational service delivery needs.

Mapping to knowledge and skills of ECP apprenticeship: K6, S6, K7, S7, K8, S8

Indicative content:

- Clinical assessment tools in workplace settings
- Managing information/data relating to the interaction between health and well-being, work activity and environment, and wider inter-related factors (social, economic, environmental, etc.) for individuals, groups, and organisations
- Health inequalities and social determinants of health

Demonstrate a holistic, individualised approach to assessing individuals' occupational health needs, including by selecting and using different assessment tools, technologies and techniques within the assessment and diagnostic process and being able to explain clinical reasoning and account for assessment and diagnostic decisions.

Mapping to knowledge and skills of ECP apprenticeship: K3, S3, K4, K6, S6, K7, S7, K8, S8, K9, K11, S11

Indicative content:

- Using clinical assessment tools
- Optimising use of available technologies
- Workplace assessments and diagnostic investigations

© NHS England 2024

Plan, deliver and evaluate osteopathic treatment approaches based on the clinical assessment of individual, group and organisational needs, working in partnership with service users to meet their needs, priorities and goals, with a focus on health and wellness promotion, illness prevention, behaviour change and supported self-management, liaising with the multidisciplinary team and other agencies to optimise the quality and outcomes of care.

Mapping to knowledge and skills of ECP apprenticeship: K9, S9, K10, S10, K17, S17, S19, K27, S27

Indicative content:

- Motivational interviewing
- Shared decision-making and goal-setting
- Supporting self-management and behaviour change
- Promoting physical activity and well-being activities at work
- Social prescribing
- Optimising use of technologies

Engage with complexity, uncertainty and unpredictability in delivering osteopathic care within an occupational health focus, managing risk and challenging situations and upholding service users' safety and interests through seeking advice, escalating issues and making referrals, as appropriate.

Mapping to knowledge and skills of ECP apprenticeship: K3, K9, S9, S11, K12, S12, K24, S24, K26, S26

Indicative content:

- Understanding and addressing factors working against behaviour change and self-management
- Risk escalation
- Making referrals
- Partnership working within the multidisciplinary team

Communicate with service users in appropriate ways, sharing complex, sensitive and potentially distressing information with their individuals to deliver safe, personalised care and to optimise their independence, health and well-being.

Mapping to knowledge and skills of ECP apprenticeship: K18, S18, K19, S19, K27, S27

© NHS England 2024

Indicative content:

- Communication needs and style
- Patient confidentiality
- Occupational health reporting
- Optimising use of technologies

Useful resources

- NICE guidelines (e.g., NG13)
- Public Health England (2016). Making every contact count (MECC)
- General Osteopathic Council. Supporting decision making with patients

© NHS England 2024

Appendix 3: How this schema was developed

The Institute of Osteopathy (iO), as the UK professional body, led a collaboration of partners to develop this schema. This included education providers that design and deliver osteopathic pre-registration and post-registration education (including at Levels 6 and 7), NHS employers, expert osteopaths and patient representatives.

Through co-design and co-creation, this innovative partnership developed the osteopathy-specific Enhanced Practice schema and model curricula. The focus was on reflecting the breadth of the profession's scope of practice, creating standardised units of learning relevant to these practice areas, and strengthening osteopathic workforce development opportunities to meet professional development, service delivery and patient care needs.

Development of the schema and model curriculum took place between February and June 2023.

Project Board

The Project Board consisted of the members listed below.

- Matthew Rogers, Institute of Osteopathy (professional body) – Project manager
- Dr Kerstin Rolfe, BCNO Group (AEI) – Team member
- Julia Craig, College of Osteopaths (AEI) – Team member
- Fiona Hamilton, London School of Osteopathy (AEI) – Team member
- Mark Waters, University College of Osteopathy (AEI) – Academic lead
- Dr Sally Gosling – Consultant

The project manager was responsible for engaging with Health Education England/NHS England. This included engagement in HEE/NHS England project partner meetings; completing governance, reporting and contract documentation; planning and coordinating project board and team meetings; writing up minutes of meetings; sourcing stakeholders for engagement; and providing other administrative support.

The project team members were responsible for advising on the development of the schema and model curricula.

The academic lead was responsible for advising on, editing, and agreeing the schema and model curricula.

© NHS England 2024

Dr Sally Gosling is a lay council member of the iO and provided advisory input to the project in this capacity.

Other key stakeholders

Engagement with other stakeholders in the spirit of co-creation was sought as part of the quality review process, including:

- NHS osteopath employers to gain their sense of how the ECP apprenticeship could be used to fulfil their priorities within osteopathic workforce development.
- NHS-employed osteopaths to gain their sense of workforce/professional development needs to progress to Enhanced Level Practice.
- NHS osteopathic patients to ensure that patients remain at the centre of how the ECP apprenticeship is used to develop the osteopathic workforce to Enhanced Practice level.
- The GosC; as the professional regulator for osteopathy, the GosC was kept informed of the project and developments at regular intervals. It should be noted that regulating osteopathic education to the point of registration is a duty of the GosC but that this responsibility does not extend to post-registration training. As such, GosC will not get involved with the regulation or legislation of this programme.

Partnership criteria

Each of the education provider project partners contributed the following:

- The pedagogic expertise and experience to oversee the schema's development, including from the perspective of producing a delivery method that takes a blended learning approach.
- Expertise in osteopathy-specific education at pre-registration and post-registration levels.
- The ability to provide a variety of different approaches to capture the full breadth and potential of osteopathic practice.

Project methodology

1. Semi-structured interviews were conducted with NHS employers who were at the time employing osteopaths in their teams, to obtain their insight on their osteopathic workforce development needs at Enhanced Practice level.

© NHS England 2024

2. Semi-structured interviews were conducted with NHS-employed osteopaths who were at the time already working in NHS teams to gain their insights on their and colleagues' development needs at Enhanced Practice level.
3. Transcript summaries of these interviews were written up and anonymised.
4. Thematic analysis of these transcripts was conducted to identify common emerging themes. This was reviewed by the project team and informed the development of the model curricula. These data were triangulated against the emerging multi-professional advanced practice credentials and employment opportunities being advertised for osteopaths in the NHS at the time as key points of reference.
5. The draft schema and model curricula were tested with the above-mentioned stakeholders and NHS patients, and appropriate amendments made.

Timescale

1. Contract award: 25 January 2023
2. Legal advice on contract. Contracts signed between HEE and iO. Contracts signed between iO and AEIs: February 2023
3. Service commencement date: 31 January 2023
4. AEIs apply to become graduate apprenticeship provider: February–June 2023
5. Project team meetings (c. 1x per month, mix of face-to-face/virtually supported by email follow-up) to develop schema and model curricula, Chaired by iO: February–June 2023
6. Co-creation focus groups and/or semi-structured interviews with NHS employers, specialist osteopaths and patient representation groups (cost relates to patient expenses, interviews, transcription and thematic analysis): February–April 2023
7. HEE commission mobilisation meeting: 14 February 2023
8. Contribute to/participate in Salford/Coventry collaboration ECP innovative partnership and project overview: 28 February 2023
9. Project Initiation Document and Gantt (confirmed timeframe, resource matrix, comms/engagement plan) – draft: 1 March 2023
10. Draft schema to share with core HEE governance team including confirmation that developed schema can be delivered in a blended learning approach: 31 March 2023
11. Two-week window to test draft schema and model curricula with stakeholders, including patients: 30 April–13 May 2023

© NHS England 2024

12. Refinement and publication of final schema and model curricula document: 30 June 2023
13. AEIs build blended learning delivery method: March–September 2023
14. Disseminate learning and communications: October 2023

© NHS England 2024

Enhanced Level Practice schema – speech and language therapy

© NHS England 2024

Contents

Enhanced level practice schema and profession-specific curricula

Acknowledgements

1.0 Introduction

1.1 What is enhanced practice?

2.0 Enhanced level practice – model curriculum for speech and language therapy

2.1 Outline of the enhanced practice model curricula

2.2 Understanding and using the curricula

2.3 Current national frameworks and capabilities referenced

3.0 Enhanced level practice in speech and language therapy

3.1 Enhanced level practice domains

4.0 References

© NHS England 2024

1.0 Introduction

What is enhanced practice?

The Long Term Plan (LTP)[1] and the AHP strategy for England – AHPs Deliver [2] identified the need for improved career pathways for staff with associated funding for education and training. Enhanced practice education is seen as a key part of this improved career pathway for allied health professions (AHPs) and will realise the full potential of the skill mix found within the health and social care workforce. There is acknowledgement that a large proportion of this multi-professional workforce provides complex care to patients and manages much of the day-to-day risk of services (AHP - Website Content - The principles of enhanced level practice.pdf - All Documents (sharepoint.com))[3]. Allied health professionals have a range of unique skills to meet the needs of complex populations and work autonomously within multi-professional teams. However, there is a lack of career structure between preceptorship and advanced practice roles. Providing meaningful career pathways and progressing the development of profession-specific skills is essential to retain our valued staff.

"Enhanced Clinical Practice is a level of practice evident in the healthcare workforce. It is delivered by experienced, often registered professionals who practice with autonomy and independently. They do complex work and manage day to day risk, including risks on behalf of or with patients." The Principles of Enhanced Level Practice. Health Education England, 2022

Figure 1: Definition of enhanced practice

Enhanced practice is a level of practice that already exists within the AHP workforce. It is delivered by established clinicians, who are autonomous professionals, making a significant impact on patient care and clinical services. Through use of profession-specific knowledge and skills, they make autonomous decisions within a defined area of practice, mitigating and managing risk to the patient, themselves, others and the service. There are no 'generic' enhanced practitioner roles; they are post-qualification/registration, have experience and a recognised body of *profession-specific* knowledge. Enhanced level practice will drive cultural change and provide a positive impact on services.

© NHS England 2024

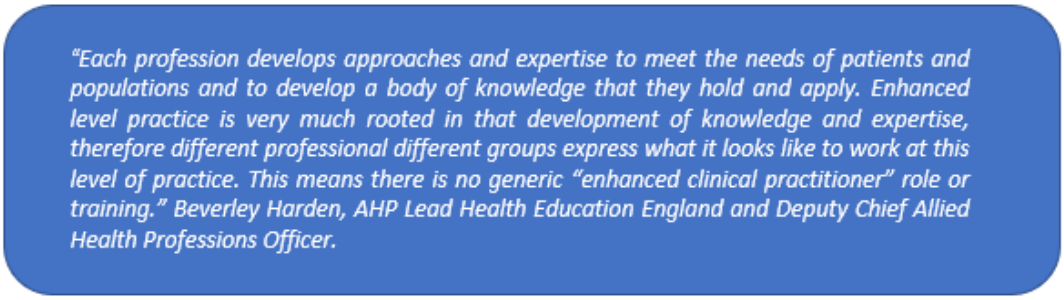


Figure 2: Value of enhanced practice

Practitioners who work at an enhanced level practice do not have to include the term 'enhanced' in their job title. They work autonomously as part of a multidisciplinary team or independently and are proficient within their area of practice, being able to apply their skills, experience and education to substantially contribute to episodes of care. This level of practice occupies the space after novice and before advanced practitioner and may be a destination in itself, or as a precursor to advanced practice. Enhanced level practice contributes significantly to person-centred care, quality, safety and efficiency within services.

2.0 Enhanced level practice – model curriculum for speech and language therapy

2.1 Outline of the enhanced practice model curricula

The curricula framework is set out across eight core enhanced level practice domains, which are aligned to the four pillars of professional practice. Each profession-specific curricula uses these as a foundation with the inclusion of additional profession-specific domains to reflect enhanced practice within that profession. Each domain is mapped against the enhanced clinical practitioner apprenticeship standard occupational duties[4] and knowledge, skills and behaviours and describes the level of practice.

Clinical practice	To be able to demonstrate safe and effective person-centred care with a particular focus on clinical reasoning, decision making and risk management and care management planning.

© NHS England 2024

Clinical practice	To be able to demonstrate the delivery of enhanced level care, using the application of anatomy, physiology and psycho-social factors within assessment and diagnostic processes, providing interventions and utilising appropriate equipment within your scope of practice.
Leadership	To be able to evaluate the impact of own leadership behaviours to be a confident, inclusive and supportive leader contributing to a culture of continuous improvement.
Leadership	To be able to use critically informed evidence-based approaches to advocate and lead operational and transformational change in complex situations and systems.
Education	To be able to achieve a critical understanding of the principles and theories of education to an enhanced level; to develop, deliver and evaluate effective learning opportunities for all stakeholders.
Education	To be able to act as an expert resource, promote, lead and monitor effective education in challenging environments for specialist and non-specialist audiences, encouraging the use of education to inform innovative clinical practice to enhance the wellbeing of others.
Research	To be able to construct appropriate research design and audit techniques to evaluate practice to identify quality improvement processes to enhance service provision.

Figure 3: Enhanced level practice domains

Enhanced level practice descriptors

These are the key requirements that describe the level of practice within each specific domain and can be considered as multi-professional knowledge, skills and behaviours aligned to working within the defined scope of practice as a Health and Care Professions Council (HCPC) registrant. These are tailored to but are not unique to a particular profession.

© NHS England 2024

Profession-specific descriptors

These are reflective of the unique practice at an enhanced level and describe profession-specific practice principles, skills and practice when working to this level of practice within the scope of HCPC registration, adhering to professional standards of proficiency and standards of conduct, performance and ethics.

Pathway-specific descriptors

These are indicators for consideration to meet the workforce priorities of the profession that were agreed in collaboration with stakeholders and professional bodies. In developing these they are aligned to existing development multi-professional frameworks and capabilities. The specific areas provided are indicative examples and reflect the current workforce priorities. These should be tailored as the professional priorities evolve and respond to national and local workforce training need. They are by no means the only areas to consider but are indicators for education providers to include in any development of pathway curricula to ensure that profession-specific educational needs are meet within multi-professional provision and can be achieved through a combination of work-based learning and academic modules.

2.2 Understanding and using the curricula

The curricula framework is set out across 10 enhanced level practice domains, which are aligned to the four pillars of professional practice. Each domain is mapped against the enhanced clinical practitioner apprenticeship standard occupational duties, knowledge, skills and behaviours, and describes the level of practice for speech and language therapists.

Clinical practice	To be able to demonstrate application of population health approaches to the identification, assessment and management of communication and swallow needs in addressing health inequalities.
Clinical practice	To be able to demonstrate safe and effective person-centred care with a particular focus on clinical reasoning, decision making and risk management and care management planning.

© NHS England 2024

Clinical practice	To be able to demonstrate the delivery of enhanced level care, using the application of anatomy, physiology and psycho-social factors within assessment and diagnostic processes, providing interventions and utilising appropriate equipment within your scope of practice.
Leadership	To be able to evaluate the impact of own leadership behaviours to be a confident, inclusive and supportive leader contributing to a culture of continuous improvement.
Leadership	To be able to use critically informed evidence-based approaches to advocate and lead operational and transformational change in complex situations and systems.
Education	To be able to achieve a critical understanding of the principles and theories of education to an enhanced level; to develop, deliver and evaluate effective learning opportunities for all stakeholders.
Education	To be able to act as an expert resource, promote, lead and monitor effective education in challenging environments for specialist and non-specialist audiences, encouraging the use of education to inform innovative clinical practice to enhance the wellbeing of others.
Research	To be able to construct appropriate research design and audit techniques to evaluate practice to identify quality improvement processes to enhance service provision.
Research	To demonstrate the ability to systematically search, gather and select and critically appraise data, to inform professional practice, decision making and service design.
Research	To be able to advocate for the inclusion of equitable approaches to research within speech and language therapy to evidence the impact of services to support communication and swallowing disorders.

Figure 4: Enhanced level practice domains for speech and language therapy

© NHS England 2024

These are indicators for consideration to meet the workforce priorities of the profession that we agreed in collaboration with stakeholders and the Royal College of Speech and Language Therapists. In developing these they are aligned to existing development multi-professional frameworks and capabilities. The specific areas provided are indicative examples and reflect the current priorities. These should be tailored as the professional priorities evolve and respond to national and local workforce training need. They are by no means the only areas to consider but are indicators for education providers to include in any development of pathway curricula to ensure that profession-specific educational needs are met within multi-professional provision and can be achieved through the combination of work-based learning and academic modules.

The model curriculum should be used in conjunction with the NHSE AHP Schema and Model Curricula[5], which sets out the principles of enhanced practice curriculum development and delivery considerations.

2.3 Current national frameworks and capabilities referenced

Eating, drinking and swallow

https://www.rcslt.org/members/get-involved/current-rcslt-projects/dysphagia-eating-drinking-and-swallowing-eds-guidance-resources-and-competency-framework-update/#section-3

Laryngectomy

https://www.rcslt.org/wp-content/uploads/2023/11/Laryngectomy-Competency-Framework-RCSLT-2023.pdf

Endoscopic

https://www.rcslt.org/wp-content/uploads/2023/05/RCSLT_Endoscopy-competency-framework.pdf

Fibreoptic endoscopic evaluation of swallowing

https://www.rcslt.org/wp-content/uploads/media/RCSLT_FEES-Competency-framework_2020_12.pdf

Paediatric video fluoroscopic swallow study

https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/vfs-compentencies-paediatric.doc

© NHS England 2024

Tracheostomy

https://www.rcslt.org/wp-content/uploads/2022/10/tracheostomy-competency-framework-June-2022.pdf

Critical care

https://ICSAHPframework.ics.ac.uk

Neonatal

https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/neonatal-dysphagia-competency-framework-2018.docx

Dysphagia

https://www.rcslt.org/wp-content/uploads/2025/04/SLT-eating-drinking-and-swallowing_competency-framework_March25.docx

Trans voice

https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/rcslt-trans-and-gender-diverse-voice-comm-therapy-2019.pdf

Dementia

https://www.skillsforhealth.org.uk/wp-content/uploads/2021/01/Dementia-Core-Skills-Education-and-Training-Framework.pdf

Progressive neurology

https://www.parkinsons.org.uk/sites/default/files/2020-11/2020%20update%20Allied-Health-Professionals-Competencies-Neuro-Conditions.pdf

Practice-based research

https://advanced-practice.hee.nhs.uk/our-work/research/multi-professional-practice-based-research-capabilities-framework/

Digital capabilities

https://digital-transformation.hee.nhs.uk/building-a-digital-workforce/digital-literacy/digital-capabilities-frameworks#digital1

Educator capabilities

https://learninghub.nhs.uk/catalogue/AHPEDUCATORCAREERFRAMEWORK

© NHS England 2024

3.0 Enhanced level practice in speech and language therapy

As a speech and language therapist, I will have developed a proficient level of clinical skills and knowledge to support individuals with complex communication, swallowing and feeding needs. I will apply person-centred, evidence-based interventions that promote inclusion and address the diverse cultural, social and personal needs of various populations. I am autonomous and demonstrate the ability to assess, manage and provide interventions for individuals with complex medical, psychological and social needs, ensuring that care is holistic and tailored to each individual. I will take responsibility for driving evidence-informed practice and contribute to improving services through leadership, collaboration and ongoing professional development. In my leadership role, I will support

The graduate statement captures the purpose of a speech and language therapist and the range of services within this context of time for those working at an enhanced level of practice. It outlines the composite knowledge, attributes, values,

© NHS England 2024

3.1 Enhanced level practice domains

Enhanced level practice domains (Clinical)

To be able to demonstrate application of population health approaches to the identification, assessment and management of communication and swallowing needs in addressing health inequalities.

Mapped to enhanced clinical practitioner occupational standard:

Occupational duties: 1, 2, 3 and 6

Enhanced practice descriptors:

- To be cognisant of the ongoing professional registration and professional standards requirements in relation to your scope of practice as a speech and language therapist.
- To take active professional accountability developing your defined scope of practice to create and embed new ways of working, including understanding your professional boundaries.
- To understand the complexity of human beings through applied anatomy and physiology, pathophysiology and psychosocial theories and their influences on health and wellbeing.
- To be able to select appropriate tools and techniques to critically evaluate clinical information to inform professional reasoning and approaches to speech and language therapy interventions.
- To be able to apply a range of technologies within practice to meet differing groups needs.
- To be able to draw and interpret diverse sources of information and evidence as part of the speech and language therapy reasoning process to underpin decision making.
- To be able to apply diverse range of techniques to interpret and assimilate a varied range of information and evidence in managing complexity.

© NHS England 2024

- To be able to apply a range of expert communication strategies, theories and modes within speech and language therapy practice to meet differing group needs.
- To treat all individuals with dignity, embracing and respecting their diverse backgrounds, beliefs, cultures, needs, values, privacy and preferences.
- To show respect and empathy for those you work with, valuing their unique identities and experiences.
- To be adaptable, reliable and consistent.

Profession-specific descriptors:

- To evaluate the implications of population needs within a defined service and how to address health inequalities including access to care, engagement and outcomes to support people with communication and swallowing disorders.
- To consider the impact of the wider determinants of health in equity of access to support in addressing speech and swallowing issues advocating for change.
- To implement population-health based principles within speech and language practice making changes that effect local and population needs within specific service contexts.
- Plan, prioritise and implement practices that are underpinned by robust evidence to address identified determinants of health and social disadvantage for people across the life span including areas such as childhood educational attainment, employment, mental health and the justice sector.
- To be able to utilise tools and techniques to appraise, interpret and assimilate a diverse range of information, evidence and quality standards in demonstrating the impact of speech and language to address health inequalities.
- To use inclusive communication to develop public health strategies and messages with service users, carers and families to enable effective partnerships within specific context of practice within speech and language therapy.
- To embed health improvement approaches within everyday practice to deliver personalised health promotion advice to through sensitive inclusive and adaptive communication methods.

© NHS England 2024

- To support others to embed sensitive inclusive and adaptive communication methods to everyday practice in providing health promotion and health protection guidance.
- Actively value the range of people and cultures that present in clinical practice, demonstrating compassion or empathy that is appropriate to the context and needs of patients.
- Be able to use health informatics and health literacy approaches to produce relevant public health materials within practice and expert guidance to others to do so.

Suggested evidence:

- Work-based learning
- Profession-specific module
- Personalised care e-learning resources
- E-learning resources from NHSE and RCSLT
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Portfolio evidence
- Case-based learning and discussion
- Reflection and learning logs

Pillars of professional practice:

- Clinical practice
- Research

Professional development framework:

Professional practice

- P2, P4, P5, P6, P10a-c, P13, P16, P17a, P18, P24, P25

© NHS England 2024

Facilitation of learning

- F14, F15, F21,

Evidence, research and innovation

- E1-4, E6, E7, E16, E18

Leadership and management

- L2, L3, L5, L8, L9, L10, L13, L16, L18, L25, L26, L27, L30

Apprenticeship KSB mapping:

- Knowledge: K3, K6, K7, K8, K10, K11, K17, K19, K27
- Skills: S3, S5, S6, S7, S9, S10, S11, S17, S19, S27
- Behaviours: B1, B2, B3

Enhanced level practice domains (Clinical)

To be able to demonstrate safe and effective person-centred care with a particular focus on clinical reasoning, decision making and risk management and care management planning.

Mapped to enhanced clinical practitioner occupational standard:

Occupational duties: 1, 2, 3, 6

Enhanced practice descriptors:

- To be cognisant of the ongoing professional registration and professional standards requirements in relation to your scope of practice as a speech and language therapist.
- To understand and respect the cultural, religious and ethnic backgrounds of all people.
- To actively work to eliminate any biases or discriminatory practices, ensuring equity of care for those who access services regardless of their background or identity.

© NHS England 2024

- To recognise unique perspectives, experiences and values of those who access services and to ensure their autonomy, dignity and privacy are upheld throughout their care journey.
- To be able to draw and interpret diverse sources of information and evidence to underpin decision making.
- To be able to select and apply techniques to interpret and assimilate a diverse range of information and evidence within complex practice to support positive risk management and care planning in speech and language therapy.
- Apply evidence-based strategies to manage complexity and risk within speech and language therapy practice, to deliver personalised safe compassionate care.
- Implement and support others to fulfil safeguarding duties and procedures in a timely and proactive manner in speech and language therapy practice and your workplace.
- To be able to apply a range of communication theories, strategies and modes within speech and language therapy practice to meet differing group needs.
- Work within legislative, national and local policy, frameworks, standards and procedures relevant to speech and language therapy and your defined practice to support professional decision making.
- Develop, implement and evaluate an enhanced care management plan, which may include interventions and referral to other members of the multidisciplinary team or other agencies.
- To treat people with dignity, respecting individuals' diversity, beliefs, culture, needs, values, privacy and preferences.
- To show respect and empathy for those you work with, valuing their unique identities and experiences.
- To be adaptable, reliable and consistent.

Profession-specific descriptors:

- Apply clinical reasoning principles in complex practice drawing on appropriate evidence, technology and data to support decision making in speech and language therapy practice.

© NHS England 2024

- Be able to recognise and challenge the contextual influence of your practice setting within the process of clinical reasoning and decision making to promote personalised care.
- Be able to apply appropriate methods of information gathering and assessment within your reasoning process and challenge where resources may present barriers to effective care.
- Be able to apply clinical expertise in the context of uncertainty or situations of multiple differential diagnosis and related treatment pathway options in speech and language therapy.
- Plan, prioritise and deliver speech and language therapy personalised assessments and management plans with service users that are underpinned by evidence to promote dignity, self-respect and preferences in everyday day life (impairment, activity, participation and wellbeing).
- Exercise expert professional judgement in your practice to identify and manage risk, acting in a manner that provides reassurance through considered, transparent and thoughtful decisions.
- Know how to escalate to and engage others when working at the boundaries of your scope of practice within speech and language therapy, including negotiation, diffusing strategies and de-escalation skills.

Suggested evidence:

- Work-based learning
- Profession-specific module
- Shared decision-making e-resources
- E-learning resources from NHSE and RCSLT
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Portfolio evidence including clinical examinations
- Case-based learning and discussion
- Reflection and learning logs

© NHS England 2024

- Personal development plans
- Observation of practice

Pillars of professional practice:

- Clinical practice
- Leadership

Professional development framework:

- Professional practice
- P1a-c, P2, P3, P4, P5, P8, P9a-c, P12, P13, P14, P18c, P19, P20, P22, P23, P24

Leadership and management

- L4, L18, L25, L27, L28, L30

Apprenticeship KSB mapping:

- Knowledge: K2, K3, K4, K5, K7, K11, K18, K27
- Skills: S1. S2, S3, S4, S5, S6, S7, S8, S9, S10, S11, S17, S18. S19. S27
- Behaviours: B1, B2, B3

Enhanced level practice domains (Clinical)

To be able to demonstrate the delivery of enhanced level care, using the application of anatomy, physiology and psychosocial factors within assessment and diagnostic processes, providing interventions and utilising appropriate equipment within your scope of practice.

Mapped to enhanced clinical practitioner occupational standard:

Occupational duties: 1, 2, 3

Enhanced practice descriptors:

- To be cognisant of the ongoing professional registration and professional standards requirements in relation to your scope of practice as a speech and language therapist.

© NHS England 2024

- To be able to draw and interpret diverse sources of information and evidence to underpin assessment and intervention approaches in speech and language therapy.
- To understand the complexity of human beings through applied anatomy and physiology, pathophysiology, and psychosocial factors to support assessment and diagnostic processes in speech and language therapy practice.
- To work within legislative, national and local policy, frameworks, standards and procedures relevant to speech and language therapy and your defined practice.
- To develop, implement and evaluate speech and language therapy practice at enhanced level, including recognition of multi-professional and interagency working for the benefit of those accessing services.
- To treat all individuals with dignity, embracing and respecting their diverse backgrounds, beliefs, cultures, needs, values, privacy and preferences.
- To show respect and empathy for those you work with, valuing their unique identities and experiences.
- To be adaptable, reliable and consistent.

Profession-specific descriptors:

- Be able to recognise and appropriately undertake differential assessment, identifying and ensuring where relevant onward referral to specialist speech and language therapy or multidisciplinary team is undertaken.
- To be able to recognise incongruence in normal patterns of diagnosis and assessment of dysphagia and when to escalate to specialists.
- To be able to recognise the limitation of assessment approaches in the diagnosis of complex swallowing disorders and when to escalate to specialists.
- To be able to gain experience within a breadth of aetiology of swallow presentations to support diagnostic reasoning.
- To be able to gain experience in the use of technology and tools to enhance assessment and diagnostic approach for swallowing disorder.

© NHS England 2024

- To actively contribute to the decolonisation of speech and language therapy assessment and diagnostic approaches to ensure practice is reflective of diverse cultures and people.
- To work in partnership with parent/carers in the assessment and diagnostic process of complex speech, language and communication needs (SLCN) and swallowing disorders to underpin treatment planning.
- To be able to integrate within practice sensitivity to parents'/carers' wishes and acknowledgement of them as an expert on their own child/relative with SLCN.
- To be able to lead through co-practice to support children and young people with complex SLCN.
- To be able to advocate for others with complex SLCN to ensure that their wishes and preferences are considered as part of the assessment, diagnostic and treatment process.

Suggested evidence:

- Work-based learning
- Profession-specific module
- Shared decision-making e-resources
- E-learning resources from NHSE and RCSLT
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Portfolio evidence
- Case-based learning and discussion
- Reflection and learning logs

Pillars of professional practice:

- Clinical practice
- Research

© NHS England 2024

Professional development framework:

Professional practice

P1a-c, P3, P4, P7, P9a-c, P10a-c, P14, P19,

Evidence, research and innovation

E1, E2, E3, E4, E6,

Apprenticeship KSB mapping:

Knowledge: K1, K2, K3, K4, K5, K6, K7, K8, K10, K11

Skills: S1, S2, S3, S4, S5, S6, S7, S8, S9, S10, S11

Behaviours: B1, B2, B3,

Enhanced level practice domains (Leadership)

To be able to evaluate the impact of own leadership behaviours to be a confident, inclusive, and supportive leader contributing to a culture of continuous improvement.

Mapped to enhanced clinical practitioner occupational standard:

Occupational duties: 1 4, 8 and 10

Enhanced practice descriptors:

- To be cognisant of the ongoing professional registration and professional standards requirements in relation to your scope of practice as a speech and language therapist.
- Use and select principles and theories of leadership, coaching and mentorship to support others.
- Make judicious use of protocols and systems to plan, prioritise and direct resources within areas of enhanced practice in speech and language therapy.

© NHS England 2024

- Know how to escalate to and engage others when working at the boundaries of your scope of practice within speech and language therapy.
- Apply evidence-based strategies to manage complexity and risk within speech and language therapy practice, fostering inclusivity and supporting others in unpredictable and complex working environments.
- Implement and support others to fulfil safeguarding duties and procedures in a timely and proactive manner in speech and language therapy practice and your workplace.
- Review and enhance speech and language therapy services as part of a team drawing on practice outcomes and evidence to influence change.
- Actively and effectively lead quality improvement change and developments within your area of practice.
- Applying best-practice methods for clinical supervision, mentoring and preceptorship.
- Take a lead role in student training, preceptorship and mentoring of new staff.
- Recognise and influence changes in culture where needed taking an active role in anti-discriminatory practice for continuous improvement.
- To treat all individuals with dignity, embracing and respecting their diverse backgrounds, beliefs, cultures, needs, values, privacy and preferences.
- To show respect and empathy for those you work with, valuing their unique identities and experiences.
- To be adaptable, reliable and consistent.

Profession-specific descriptors:

- Provide leadership and support within scope of own role as a speech and language therapist, acting as a positive role model for others in the multidisciplinary team to promote the profession.
- Conduct anti-discriminatory practice in speech and language therapy, promoting social justice for inclusion, equity and equality of access to speech and language

© NHS England 2024

therapy, to reduce health inequalities and improve outcomes of intervention for the benefit of those who access services.

- Use person-centred and compassionate leadership principles underpinning speech and language therapy to empower others to safely prioritise and deliver care, fostering a culture of inclusivity and respect.
- Recognise your leadership qualities and level of influence as a speech and language therapist through critical reflection and ongoing professional development for yourself and others.

Suggested evidence:

- Work-based learning
- Multi-professional or profession-specific module
- Portfolio evidence
- 360 leadership review
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice:

- Leadership
- Research

Professional development framework:

© NHS England 2024

Leadership and management

- L2, L3, L4, L5, L7, L9, L11, L19, L20, L21, L22, L23, L24, L25, L26, L27, L28, L30, L31

Evidence, research and innovation

- E2, E5, E6, E7, E16, E18

Apprenticeship KSB mapping:

- Knowledge: K3, K12, K13, K23, K25, K26, K31, K32
- Skills: S3, S12, S13, S23, S25, S26, S31, S32
- Behaviours: B1, B2, B3,

Enhanced level practice domains (Leadership)

To be able to use critically informed evidence-based approaches to advocate and lead operational and transformational change in complex situations and systems.

Mapped to enhanced clinical practitioner occupational standard:

Occupational duties: 4, 5, 7, 8, 9

Enhanced practice descriptors:

- Identify, appraise, select and apply principles and theories of leadership, coaching and mentorship to support others in managing change in complex situations and systems.
- Embrace inclusive practices that recognise and accommodate the diverse needs and preferences of individuals, families and carers of those who access services.
- Know how to escalate to and engage others when working at the boundaries of your scope of practice in leading change within complex situations and integrated care.
- Contribute to the judicious use of policy, protocols and systems to strategically plan and prioritise resources managing short- and long-term service level requirements in speech and language therapy.

© NHS England 2024

- Contribute to the effective and efficient management of resources at an individual and service level context to deliver enhanced level care.
- Apply evidence-based strategies within alignment to national and international guidelines to support the leadership of transformational change within speech and language therapy practice.
- Challenge complacency, actions and ways of thinking that may not be in the best interests of others, including those who access services drawing on evidence-based strategies to manage risk and safety of others in complex environments.
- Role model actively challenging ineffective systems and processes, taking a proactive approach to seek and respond appropriately to feedback in leading change at an enhanced level.
- Work collaboratively to develop innovation and enterprise approaches in speech and language therapy including contributing to business cases for change.
- Actively and effectively delegate to others including support workers and the wider team to ensure effective operational delivery within your area of practice.
- To treat all individuals with dignity, embracing and respecting their diverse backgrounds, beliefs, cultures, needs, values, privacy and preferences.
- To show respect and empathy for those you work with, valuing their unique identities and experiences.
- To be adaptable, reliable and consistent.

Profession-specific descriptors:

- Support and inspire others to understand the value of communication in health and wellbeing when designing and leading operational and transformational change (including new technologies, digital resources, social media and online networks).
- Provide leadership and support within the scope of your role as a speech and language therapist, acting as a positive role model for others in the multidisciplinary team by fostering an inclusive and collaborative environment to enact transformational change.

© NHS England 2024

- Facilitate co-production within your operational and organisational transformational change of speech and language therapy provision through effective use of service improvement methodologies.
- Support the transition into leadership and management roles within the speech and language therapy profession.
- Advocate for change in the profession and populations you serve.
- Support system-wide change by leading with flexibility and resilience in response to challenges.
- Reflect critically on leadership practices, engaging in self-management and professional development.

Suggested evidence:

- Work-based learning
- Multi-professional or profession-specific module
- Portfolio evidence
- 360 leadership review
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice:

- Leadership
- Education

Professional development framework:

© NHS England 2024

Leadership and management

- L1, L2, L3, L4, L5, L6, L8, L10, L11, L12, L13, L14, L15, L16, L17, L18, L29

Facilitation of learning

- F1, F2, F3, F4, F5, F8

Apprenticeship KSB mapping:

- Knowledge: K9, K13, K16, K20, K21, K22, K25, K26, K29, K30
- Skills: S13, S16, S20, S21, S22, S26, S28, S29, S30
- Behaviours: B1, B2, B3,

Enhanced level practice domains (Education)

To be able to achieve a critical understanding of the principles and theories of education to an enhanced level; to develop, deliver and evaluate effective learning opportunities for all stakeholders.

Mapped to enhanced clinical practitioner occupational standard:

Occupational duties: 5, 6, 7, 10

Enhanced practice descriptors:

- Facilitate positive inclusive learning cultures where all are encouraged to reflect and grow with support to receive and give constructive feedback.
- Identify, appraise, select and apply principles, theories and models of education to support your own and others' professional practice.
- To contribute to the ongoing review of education and training within your role as a speech and language therapist and context of practice.
- Identify, appraise, select and apply principles, theories of communication, supporting others in managing in complex care situations and systems.
- To be able to apply a range of communication strategies, theories and tools of communication within speech and language therapy practice to meet differing group needs.

© NHS England 2024

- Distinguish differing principles of education to develop your skills of mentoring counselling, coaching and teaching, applying this to specific contexts such as preceptorship and practice-based learning.
- Plan and facilitate the delivery of practice-based education, training and assessment.
- Distinguish differing principles of education to develop your skills of mentoring counselling, coaching and teaching, applying this to specific contexts such as preceptorship and practice-based learning.
- To treat all individuals with dignity, embracing and respecting their diverse backgrounds, beliefs, cultures, needs, values, privacy and preferences.
- To show respect and empathy for those you work with, valuing their unique identities and experiences.
- To be adaptable, reliable and consistent.

Profession-specific descriptors:

- Support and inspire others through educational approaches about the value and importance of effective communication and its impact on health and wellbeing.
- Empower individuals and teams to recognise the significance of speech and language therapy in promoting health and quality of life.
- Demonstrate anti-discriminatory practice in speech and language therapy, promoting social justice for inclusion, equity and equality in creating an inclusive culture of learning and development for yourself and others.
- Know how to engage others when using educational approaches in speech and language therapy, including negotiation, diffusing strategies and de-escalation skills.
- Facilitate co-production within speech and language therapy to develop and deliver effective learning strategies for all stakeholders within your scope of practice, inclusive of those with diverse needs.

Suggested evidence:

- Work-based learning
- Multi-professional or profession-specific module

© NHS England 2024

- Portfolio evidence
- Formal and informal teaching practices
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice:

- Education
- Clinical practice

Professional development framework:

Facilitation of learning

- F1, F3, F5, F6, F7, F8, F9, F10, F12, F13, F14, F15, F16, F18, F19, F20, F21, F23, F24, F27

Professional practice

- P1a, P1b, P1c, P2, P3, P4, P5, P6

Apprenticeship KSB mapping:

- Knowledge: K14, K15, K16, K17, K18, K19, K20, K23, K27, K31, K32
- Skills: S14, S15, S16, S18, S19, S23, S31, S32
- Behaviours: B1, B2, B3

Enhanced level practice domains (Education)

© NHS England 2024

To be able to act as an expert resource, promote, lead and monitor effective education in challenging environments for specialist and non-specialist audiences, encouraging the use of education to inform innovative clinical practice to enhance the wellbeing of others.

Mapped to enhanced clinical practitioner occupational standard:

Occupational duties: 4, 6, 7, 10

Enhanced practice descriptors:

- To evaluate principles, theories of communication in managing in complex care situations.
- To be able to apply a range of communication strategies, theories and modes within speech and language therapy practice that are appropriate to the context of care and multi-professional working.
- Support and inspire others to understand and apply principles personalised care and adapt approaches to communication in managing in complex care situations.
- Apply evidence-based strategies within alignment to national and international guidelines to support complex communication in practice working with others.
- Utilise evidence informed approaches to support your own and others' psychological wellbeing considering diverse perspectives, experiences, and backgrounds.
- Role model strategies for psychological and physical self-care to promote self-awareness in maintaining professional standards and safe working practices for self and others.
- Contribute to effective communication and collaboration through supervision, mentorship and appraisal to support self and others to maintain their health and wellbeing.
- Contribute to the evaluation of education, mentoring, counselling, coaching and teaching to lead forward improvement in the delivery of preceptorship and practice-based learning.
- Evaluate and implement changes in the delivery of practice-based education, training and assessment to enhance learning.

© NHS England 2024

- To treat all individuals with dignity, embracing and respecting their diverse backgrounds, beliefs, cultures, needs, values, privacy and preferences.
- To show respect and empathy for those you work with, valuing their unique identities and experiences.
- To be adaptable, reliable and consistent.

Profession-specific descriptors:

- Educate and empower others by showcasing the value and impact of speech and language therapy in improving patient care and communication outcomes – emphasising the importance of addressing communication difficulties across health and social care settings.
- Demonstrate and champion inclusive practices in speech and language therapy, ensuring that educational approaches are free from bias and are responsive to the diverse backgrounds and communication needs of patients and colleagues.
- Influence change through education about the economic impact of communication difficulties and the role of speech and language therapy in mitigating these challenges.
- Support and inspire others in speech and language therapy to develop a deeper understanding of their role in complex situations.
- Recognise and address the barriers to inclusion and the impact of communication difficulties on socially isolated or vulnerable groups, integrating strategies to manage these barriers in complex care situations.
- Contribute to networking and influencing initiatives within the speech and language therapy profession to showcase the value of education, clinical expertise and collaborative working across healthcare services.

Suggested evidence:

- Work-based learning
- Multi-professional or profession-specific module
- Portfolio evidence

© NHS England 2024

- Formal and informal teaching practices
- E-learning resources
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

Pillars of professional practice:

- Education
- Leadership

Professional development framework:

Facilitation of learning

- F1, F2, F3, F4, F5, F6, F11, F12, F13, F14, F15, F16, F17, F22, F25, F26

Leadership and management

- L1, L4, L7, L8, L11, L13, L14, L26, L27, L28

Apprenticeship KSB mapping:

- Knowledge: K9, K12, K13, K17, K22, K23, K27, K31
- Skills: S12, S13, S19, S23, S27, S31
- Behaviours: B1, B2, B3

Enhanced level practice domains (Research)

To be able to construct appropriate research design and audit techniques to evaluate practice to identify quality improvement processes to enhance speech and language therapy provision.

© NHS England 2024

Mapped to enhanced clinical practitioner occupational standard:

Occupational duties: 1, 4, 7, 9

Enhanced practice descriptors:

- To be cognisant of the ongoing professional registration and code of conduct requirements in relation to your scope of practice as a speech and language therapist.
- Critically appraise, translate, apply and present evidence to inform your own and others' speech and language therapy practice.
- To be able to draw and interpret diverse sources of information and evidence as part of quality improvement processes.
- To apply range of techniques to interpret and assimilate a diverse range of information and evidence in managing complexity in speech and language therapy provision.
- Distinguish the role and purpose of service evaluation, research and audit techniques to support quality improvement processes to enhance your practice as a speech and language therapist.
- Adopt an intersectional lens in research, audit and quality improvement and challenge factors that perpetuate inequalities in the creation, utilisation and dissemination of evidence.
- Use culturally appropriate tools and approaches in evaluating practice, being mindful of cultural nuances, health literacy levels and language barriers.
- To design, participate in and co-ordinate appropriate research and audit activities to evaluate speech and language therapy practice.
- To synthesise findings from small-scale research, audit or quality improvement projects to demonstrate the impact of speech and language therapy.
- Embed principles and theories of co-production within service improvement methodologies to evaluate the impact of speech and language therapy provision.

© NHS England 2024

- Work collaboratively to evaluate speech and language therapy practice contributing to business cases for change.
- Collaborate and disseminate research, audit and service improvements locally and nationally to contribute to the development of practice-based evidence.
- Contribute to research and service improvement outputs that have a positive impact on policy, practice and social change, addressing health inequalities and promoting inclusive and equitable outcomes.
- To treat all individuals with dignity, embracing and respecting their diverse backgrounds, beliefs, cultures, needs, values, privacy and preferences.
- To show respect and empathy for those you work with, valuing their unique identities and experiences.
- To be adaptable, reliable and consistent.

Profession-specific descriptors:

- Demonstrate leadership as a speech and language therapist within your own scope of practice and act as a positive role model to provide a culture promoting research design and audit techniques that influence a speech and language therapy service provision.
- Demonstrate the ability to critically reflect on your role as a speech and language therapy researcher and your skills in audit techniques and quality improvement to address specific issues arising from practice and use this appraisal to inform service improvement, development and redesign.
- Recognise situations where the effectiveness, efficiency and quality of a speech and language therapy service are compromised and, with guidance, take appropriate action to challenge the situation in a professional manner.
- Identify, select and apply research and audit technology and techniques in complex a speech and language therapy practice with an appreciation of related ethical considerations, to enhance speech and language therapy provision.
- Engage with stakeholders to understand local, regional and national strategic priorities for patient populations within area of speech and language therapy practice.

© NHS England 2024

- Support and direct others to actively engage in the critical use of evidence to promote and demonstrate personalised, safe and effective care.

Suggested evidence:

- Work-based learning
- Multi-professional or profession-specific module
- Portfolio evidence
- Formal and informal research activities
- Formal and informal dissemination opportunities in practice
- Participation in conference and networking

Pillars of professional practice:

- Research
- Leadership

Professional development framework:

Evidence, research and innovation

- E4, E5, E7, E8a, E8b, E8c, E9, E10, E11, E12, E13, E14, E15, E16, E17

Leadership and management

- L2, L3, L7, L8, L10, L11, L12, L13, L14, L16, L26, L27, L28

Enhanced level practice domains (Research)

To demonstrate the ability to systematically search, gather and select, and critically appraise data, to inform professional practice, decision making and service design.

Mapped to enhanced clinical practitioner occupational standard:

Occupational duties: 1, 4, 7, 9, 10

Enhanced practice descriptors:

© NHS England 2024

- To be cognisant of the ongoing professional registration and code of conduct requirements in relation to your scope of practice as a speech and language therapist.
- To be able to systematically search gather and interpret diverse sources of information and evidence as part of the speech and language therapy process to support decision making and evaluation of practice.
- Ensure inclusivity by considering lived experiences in as part of critical appraisal process.
- Critically appraise, translate, apply and present evidence to inform your professional judgment and decision making in speech and language therapy.
- To apply range of techniques to interpret and assimilate a diverse range of information and evidence in evaluating complexity in speech and language therapy provision.
- Apply evidence-based strategies within alignment to national and international guidelines to professional practice, decision making and service design within speech and language therapy practice.
- Work collaboratively with multi-professional teams and across agencies to develop evidence informed approaches in speech and language therapy through critical appraisal and creation of evidence from diverse sources.
- Challenge complacency, actions and ways of thinking through evidence-based strategies to inform your practice as a speech and language therapist.
- To treat all individuals with dignity, embracing and respecting their diverse backgrounds, beliefs, cultures, needs, values, privacy and preferences.
- To show respect and empathy for those you work with, valuing their unique identities and experiences.
- To be adaptable, reliable and consistent.

Profession-specific descriptors:

- Promote a culture of evidence-based practice within speech and language therapy.

© NHS England 2024

- Challenge professional thinking and action to create opportunities to generate new insights, perspectives and knowledge to further speech and language therapy within your specialist area(s).
- Utilise evidence to inform speech and language therapy practice, ensuring reflection and evaluation of effectiveness and outcomes.
- Translate and transfer evidence from adjacent domains when there are gaps in the evidence base, exercising critical caution.
- Support others to access, understand, appraise and translate evidence into speech and language therapy practice.
- Collaborate with the wider multidisciplinary team to develop or inform local evidence-based guidance.

Suggested evidence:

- Work-based learning
- Multi-professional or profession-specific module
- Portfolio evidence
- Formal and informal research activities
- Formal and informal dissemination opportunities in practice
- Participation in conference and networking
- E-learning resources from NHSE and RCSLT
- Peer review and feedback
- Mentor feedback
- Supervision and reflection
- Reverse mentoring
- Practice education experiences
- Line management responsibilities

© NHS England 2024

Pillars of professional practice:

- Research
- Clinical practice

Professional development framework:

Evidence, research and innovation

- E1, E2, E3, E6, E9, E12, E13, E14, E16, E18

Professional practice

- P10a, P10b, P10c, P12, P24, P25

Apprenticeship KSB mapping:

- Knowledge: K1, K2, K3, K9, K12, K23, K29, K30
- Skills: S1, S2, S3, S12, S13, S20, S21, S23, S31
- Behaviours: B1, B2, B3

Apprenticeship KSB mapping:

- Knowledge: K1, K2, K3, K9, K20, K21, K22, K29, K30
- Skills: S1, S2, S3, S12, S13, S20, S21, S22, S30
- Behaviours: B1, B2, B3

© NHS England 2024

4.0 References

1. The NHS Long Term Plan (2019) NHS Long Term Plan

2. The Allied Health Professions for England: AHP's Deliver (2022) The Allied Health Professions (AHP)for England: 2022 to 2027 AHPs Deliver

3. The Principles of Enhanced Level Practice. Health Education England (2022) AHP - Website Content - The Principles of Enhanced Level Practice.pdf - All Documents (sharepoint.com)

4. The Enhanced Clinical Practitioner Apprenticeship Standard (2021) Enhanced clinical practitioner / Institute for Apprenticeships and Technical Education

5. Allied Health Professions Enhanced Level Practice Schemas with Model Curricula (2024) NHSE AHP Enhanced Practice Schemas with Model Curricula

© NHS England 2024