**SWANSEA UNIVERSITY**

**SCHOOL OF HEALTH AND SOCIAL CARE**

**SHN3106 Return to Practice**

**Recognition of Prior Experiential Learning (RPL)**

This document explains and details the recognition of prior experiential learning (RPL) process for entry onto the Return to Practice module in Swansea University.

**What is RPL?**

It is recognition of prior experiential or accredited learning. For the purpose of the Return to Practice module it refers to experiences gained in working as a competent registrant for 750 hours within the previous 5 or 450 hours within the previous 3 years up to the END DATE of the module.

**Why RPL?**

The Nursing and Midwifery Council (NMC, 2018) require all Return to Practice modules to “*consider students’ prior learning and experience in relation to the standards of proficiency, programme outcomes, and the students intended scope of practice upon readmission”.* The following framework addresses this requirement whilst at the same time adhering to the *policy and procedures for the recognition (accreditation) of prior learning at Swansea University (2020)* which requires all programmes to give recognition to learning achieved by an individual before entry to a programme of study at Swansea. Part 1(c) of this policy states *“learning gained through experience is assessed and recognised”* during the application/entry process.

The NMC Standards for return to practice programmes (2019) state that for a nurse to remain on, or rejoin the register they must have completed EITHER 750 hours of practice in the previous five years OR 450 hours of practice in the previous three years (designated timescale). Where nurses applying for Return to Practice are able to demonstrate that they have completed some of these hours, then these hours should not be disregarded but will be considered as part of the Return to Practice application process.

Where the RPL panel accepts this evidence as meeting the standard required, then the practice learning hours for the module will be adjusted accordingly e.g. the practice learning hours for the module are 360 hours, so where an applicant can demonstrate RPL equal to 60 hours of clinical practice at the required standards then the student would only need to undertake a further 300 hours of supervised practice learning on the module. NB all practice proficiencies must be met in order to successfully complete the module. RPL will be considered up to a maximum of 180 hours (50%) of the 360 hours. This would allow sufficient supervised practice for these applicants to demonstrate the achievement of all practice proficiencies and also complete the Annex B skills and the two in-point assessments which are part of the assessment which will be outlined on commencement of the module.

**Portfolio of Evidence**

In order to apply for RPL, applicants must provide evidence of the hours they have worked (see practice hours log, appendix 1) within the designated timescale AND that these hours were at a sufficient level of proficiency and competence to be considered for recognition by the panel.

**Clinical Hours**

These clinical hours must be recorded on the appropriate form (see appendix 1) and confirmed by a registered nurse who worked with the applicant during the period these hours were undertaken.

**Evidencing Standards of Profiency**

Applicants must provide a reflective account (approximately 1,500 words) on how the clinical practice undertaken evidences their standard of proficiency within the 7 platforms of the Future nurse: Standards of proficiency for registered nurses (NMC, 2018) (see appendix 3).

Applicants must also provide confirmation from a registered nurse who worked with them during this period that the nursing practice undertaken met the proficiencies expected of a registrant and the standards of The Code: Professional standards of practice and behaviour for nurses and midwives (NMC 2018) (NMC, 2018) (see appendix 3). This will evidence clinical currency. In addition applicants must complete a self-assessment of proficiency document (see appendix 4).

The self-assessment of proficiency document will form the basis of the student’s first discussion with their practice supervisor and practice assessor who will use this evidence to address their learning needs and determine their practice learning experiences.

**Confirmer Guidance**

Confirmers should be registered nurses and will usually be the applicant’s former or current line manager. Using the documentation in the appendices they must confirm that the applicant has currency of clinical hours if they wish to be considered for RPL within the designated timescale AND that during this clinical practice the proficiencies and conduct expected of a registered nurse were met (see appendix 2).

**RPL Process Flowchart**

1. Applicants apply to Swansea University and meets admission requirements as required by the NMC and assessed by admissions tutors
2. Applicant is referred to RPL coordinator by admissions tutors
3. The RPL coordinator outlines and discusses the requirements with the applicant: emphasis will be made informing the applicant that they will still need to achieve all proficiencies for the module.

4. Applicants will need to gather evidence to demonstrate they have undertaken the clinical hours they wish considered for RPL over the designated timescale **and** that whilst undertaking these practice hours they worked at a standard of proficiency expected of a registered nurse. This must be verified and signed off by a registered nurse.

1. All applicants will submit a verified portfolio of evidence to demonstrate the hours of professional clinical practice they wish to be considered for RPL.

6. Evidence is assessed by the admissions team and RPL panel.

7. RPL evidence is assessed through the matriculation committee and submitted to the external examiner

9. Successful applicants will have clinical hours within the module adjusted accordingly.

Unsuccessful applicants will undertake the same number of practice hours as those applicants who have not applied for RPL.

**All applicants will need to complete the following verification forms:**

**NAME OF APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS(ES) WHERE THE CLINICAL PRACTICE HOURS WERE UNDERTAKEN:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATES OF EXPERIENCE:**

**FROM**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TO**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHOSEN FIELD (please circle):**

**ADULT CHILD MENTAL HEALTH LEARNING DISABILITIES**

**APPLICANT’S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX 1: Practice Log Template**

|  |  |  |  |
| --- | --- | --- | --- |
| **Guide to completing practice hours log**Please record evidence of the hours you have worked within the designated timescale AND that these hours were at a sufficient level of proficiency and competence to be considered for recognition by the panel (Future nurse: Standards of proficiency for registered nurses (NMC, 2018). please fill in a page for each of your periods of practice. Please enter your most recent practice first and then any other practice hours.. You do not necessarily need to record individual practice hours. You can describe your practice hours in terms of standard working days or weeks. For example if you work full time, please just make one entry of hours. If you have worked in a range of settings please set these out individually. You may need to print additional pages to add more periods of practice.  | **Work setting*** Ambulance service
* Care home sector
* Community setting (including district nursing and community psychiatric nursing)
* Consultancy
* Cosmetic or aesthetic sector
* Governing body or other leadership
* GP practice or other primary care
* Hospital or other secondary care
* Inspectorate or regulator
* Insurance or legal
 | * Maternity unit or birth centre
* Military
* Occupational health
* Police
* Policy organisation
* Prison
* Private domestic setting
* Public health organisation
* School
* Specialist or other tertiary care including hospice
* Telephone or e-health advice
* Trade union or professional body
* University or other research facility
* Voluntary or charity sector
* Other
 | **Scope of practice*** Commissioning
* Consultancy
* Education
* Management
* Policy
* Direct patient care
* Quality assurance or inspection

**Registration*** Adult Nurse (RGN)
* Children’s Nurse (RCN)
* Mental Health Nurse (RMN)
* Learning Disability Nurse (RNLD)
 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dates:** | **Name and address of organisation:** | **Your work setting****(choose from list above):** | **Your scopeof practice****(choose from list above):** | **Numberof hours worked within the designated timescale:** | **Your registration****(choose from list above):** | Brief description of how you were working toward the level of proficiency and competence as required within the Future nurse: Standards of proficiency for registered nurses (NMC, 2018) and The Code: Professional standards of practice and behaviour for nurses and midwives (NMC 2018). This will be expanded upon in your reflective account. |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

(Please add rows as necessary)

**APPENDIX 2: Confirmation**

To be completed by the applicant and a registered nurse able to confirm the practice experience claimed.

|  |  |
| --- | --- |
| Applicant’s Name: |  |
| NMC Pin: |  |
| Date of last renewal of registration or joined the register: |  |

To be completed by the confirmer:

|  |  |
| --- | --- |
| Name: |  |
| Job title: |  |
| Email address: |  |
| Professional address including postcode: |  |
| Contact number: |  |
| I confirm the information in appendix 1 and that the applicant is working towards the level of proficiency in keeping with the Future nurse: Standards of proficiency for registered nurses (NMC, 2018) and The Code: Professional standards of practice and behaviour for nurses and midwives (NMC 2018)  |  |
| NMC Pin: |

Confirmation of clinical experience to be considered for RPL

You have seen written evidence that satisfies you that the nurse has practised the number of hours claimed in their application.

You are satisfied that the practice undertaken was of a standard of proficiency commensurate with Future nurse: Standards of proficiency for registered nurses (NMC, 2018)

|  |
| --- |
| I confirm that I have worked with the applicant for the period stated in their application AND that during this period I believe that they were working toward the Future nurse: Standards of proficiency for registered nurses (NMC, 2018) I agree to be contacted by the university to provide further information if necessary for verification purposes. I am aware that if I do not respond to a request for verification information, I may put the nurse’s application at risk. |
| Signature: |
| Date: |

**APPENDIX 3: Reflective Accounts**

You must use this form to record a reflective account (a minimum of 1,500 words) on how the clinical practice undertaken demonstrates your progression towards achieving all proficiencies under the 7 platforms of the Future nurse: Standards of proficiency for registered nurses (NMC, 2018) and how these link to The Code: Professional standards of practice and behaviour for nurses and midwives (NMC 2018).

You must also provide confirmation from a registered nurse who worked with you during the designated time scale that the nursing practice undertaken evidences working towards meeting the proficiencies expected of a registrant and the NMC standards. Please, make sure you do not include any information that might identify a specific patient, service user, colleague or other individual.

|  |
| --- |
|  |

**APPENDIX 4:**

**Return to Practice Swansea University**

**Self-assessment of proficiency document**

(evidence to address your learning needs and determine your practice learning experiences).

Please indicate (🗸) the outcomes below where you feel you are able to demonstrate proficiency. This will form the basis of discussions with your practice assessor and practice supervisor at the commencement of your practice learning experience to identify your individual learning needs. Your learning contract and statement of intent will be developed through this discussion.

|  |  |  |  |
| --- | --- | --- | --- |
| **Platform 1** **Being an accountable professional** | I feel I meet this proficiency | I feel I need support to meet this proficiency | Additional Comments (if required) |
| 1.1 Understand how to act in accordance with the Code: Professional standards of practice and behaviour for nurses and midwives to fulfil all registration requirements.  |  |  |  |
| 1.2 Understand and apply relevant legal, regulatory and governance requirements, policies, and ethical frameworks, including any mandatory reporting duties, to all areas of practice, differentiating where appropriate between the devolved legislatures of the United Kingdom  |  |  |  |
| 1.3 Understand and apply the principles of courage, transparency and the professional duty of candour, recognising and reporting any situations, behaviours or errors that could result in poor care outcomes  |  |  |  |
| 1.4 Demonstrate an understanding of, and the ability to challenge, discriminatory behaviour |  |  |  |
| 1.5 understand the demands of professional practice and demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the action required to minimise risks to health |  |  |  |
| 1.6 Understand the professional responsibility to adopt a healthy lifestyle to maintain the level of personal fitness and wellbeing required to meet people’s needs for mental and physical care  |  |  |  |
| 1.7 Demonstrate an understanding of research methods, ethics and governance in order to critically analyse, safely use, share and apply research findings to promote and inform best nursing practice  |  |  |  |
| 1.8 Demonstrate the knowledge, skills and ability to think critically when applying evidence and drawing on experience to make evidence informed decisions in all situations  |  |  |  |
| 1.9 Understand the need to base all decisions regarding care and interventions on people’s needs and preferences, recognising and addressing any personal and external factors that may unduly influence their decisions.  |  |  |  |
| 1.10 Demonstrate resilience and emotional intelligence and be capable of explaining the rationale that influences their judgments and decisions in routine, complex and challenging situations  |  |  |  |
| 1.11 Communicate effectively using a range of skills and strategies with colleagues and people at all stages of life and with a range of mental, physical, cognitive and behavioural health challenges.  |  |  |  |
| 1.12 Demonstrate the skills and abilities required to support people at all stages of life who are emotionally or physically vulnerable  |  |  |  |
| 1.13 Demonstrate the skills and abilities required to develop, manage and maintain appropriate relationships with people, their families, carers and colleagues  |  |  |  |
| 1.14 Provide and promote non-discriminatory, person-centred and sensitive care at all times, reflecting on people’s values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments  |  |  |  |
| 1.15 Demonstrate the numeracy, literacy, digital and technological skills required to meet the needs of people in their care to ensure safe and effective nursing practice  |  |  |  |
| 1.16 Demonstrate the ability to keep complete, clear, accurate and timely records  |  |  |  |
| 1.17 Take responsibility for continuous self-reflection, seeking and responding to support and feedback to develop their professional knowledge and skills  |  |  |  |
| 1.18 Demonstrate the knowledge and confidence needed to contribute effectively and proactively in an interdisciplinary team |  |  |  |
| 1.19 Act as an ambassador, upholding the reputation of their profession and promoting public confidence in nursing, health and care services. |  |  |  |
| 1.20 Safely demonstrate evidence-based practice in all skills and procedures stated in Annexes A and B. |  |  |  |
| **Platform 2 Promoting health** |  |  |  |
| 2.1 Understand and apply the aims and principles of health promotion, protection and improvement and the prevention of ill health when engaging with people  |  |  |  |
| 2.2 Demonstrate knowledge of epidemiology, demography, genomics and the wider determinants of health, illness and wellbeing and apply this to an understanding of global patterns of health and wellbeing outcomes  |  |  |  |
| 2.3 Understand the factors that may lead to inequalities in health outcomes  |  |  |  |
| 2.4 Identify and use all appropriate opportunities, making reasonable adjustments when required, to discuss the impact of smoking, substance and alcohol use, sexual behaviours, diet and exercise on mental, physical and behavioural health and wellbeing, in the context of people’s individual circumstances  |  |  |  |
| 2.5 Promote and improve mental, physical, behavioural and other health related outcomes by understanding and explaining the principles, practice and evidence base for health screening programmes  |  |  |  |
| 2.6 Understand the importance of early years and childhood experiences and the possible impact on life choices, mental, physical and behavioural health and wellbeing  |  |  |  |
| 2.7 Understand and explain the contribution of social influences, health literacy, individual circumstances, behaviours and lifestyle choices to mental, physical and behavioural health outcomes  |  |  |  |
| 2.8 Explain and demonstrate the use of up to date approaches to behaviour change to enable people to use their strengths and expertise and make informed choices when managing their own health and making lifestyle adjustments  |  |  |  |
| 2.9 Use appropriate communication skills and strength based approaches to support and enable people to make informed choices about their care to manage health challenges in order to have satisfying and fulfilling lives within the limitations caused by reduced capability, ill health and disability  |  |  |  |
| 2.10 Provide information in accessible ways to help people understand and make decisions about their health, life choices, illness and care  |  |  |  |
| 2.11 Promote health and prevent ill health by understanding and explaining to people the principles of pathogenesis, immunology and the evidence base for immunisation, vaccination and herd immunity, and |  |  |  |
| 2.12 Protect health through understanding and applying the principles of infection prevention and control, including communicable disease surveillance and antimicrobial stewardship and resistance |  |  |  |
| **Platform 3** **Assessing needs and planning care** |  |  |  |
| 3.1 Demonstrate and apply knowledge of human development from conception to death when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans  |  |  |  |
| 3.2 Demonstrate and apply knowledge of body systems and homeostasis, human anatomy and physiology, biology, genomics, pharmacology and social and behavioural sciences when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans  |  |  |  |
| 3.3 Demonstrate and apply knowledge of all commonly encountered mental, physical, behavioural and cognitive health conditions, medication usage and treatments when undertaking full and accurate assessments of nursing care needs and when developing, prioritising and reviewing person-centred care plans  |  |  |  |
| 3.4 Understand and apply a person-centred approach to nursing care, demonstrating shared assessment, planning, decision making and goal setting when working with people, their families, communities and populations of all ages  |  |  |  |
| 3.5 Demonstrate the ability to accurately process all information gathered during the assessment process to identify needs for individualised nursing care and develop person-centred evidence-based plans for nursing interventions with agreed goals  |  |  |  |
| 3.6 Effectively assess a person’s capacity to make decisions about their own care and to give or withhold consent  |  |  |  |
| 3.7 Understand and apply the principles and processes for making reasonable adjustments  |  |  |  |
| 3.8 Understand and apply the relevant laws about mental capacity for the country in which you are practising when making decisions in relation to people who do not have capacity  |  |  |  |
| 3.9 Recognise and assess people at risk of harm and the situations that may put them at risk, ensuring prompt action is taken to safeguard those who are vulnerable  |  |  |  |
| 3.10 Demonstrate the skills and abilities required to recognise and assess people who show signs of self-harm and/or suicidal ideation  |  |  |  |
| 3.11 Undertake routine investigations, interpreting and sharing findings as appropriate  |  |  |  |
| 3.12 Interpret results from routine investigations, taking prompt action when required by implementing appropriate interventions, requesting additional investigations or escalating to others  |  |  |  |
| 3.13 Demonstrate an understanding of comorbidities and the demands of meeting people’s complex nursing and social care needs when prioritising care plans  |  |  |  |
| 3.14 Identify and assess the needs of people and families for care at the end of life, including requirements for palliative care and decision making related to their treatment and care preferences  |  |  |  |
| 3.15 Demonstrate the ability to work in partnership with people, families and carers to continuously monitor, evaluate and reassess the effectiveness of all agreed nursing care plans and care, sharing decision making and readjusting agreed goals, documenting progress and decisions made  |  |  |  |
| 3.16 Demonstrate knowledge of when and how to refer people safely to other professionals or services for clinical intervention or support  |  |  |  |
| **Platform 4 Providing and evaluating care** |  |  |  |
| 4.1 Demonstrate and apply an understanding of what is important to people and how this knowledge is used to ensure their needs for safety, dignity, privacy, comfort and sleep, can be met, acting as a role model for others in providing evidence-based person centred care  |  |  |  |
| 4.2 Work in partnership with people, to encourage shared decision-making, in order to support individuals, and their families and carers to manage their own care when appropriate.  |  |  |  |
| 4.3 Demonstrate the knowledge, communication, and relationship management skills required to provide people, families and carers with accurate information that meets their needs before, during and after a range of interventions  |  |  |  |
| 4.4 Demonstrate the knowledge and skills required to support people with commonly encountered mental health, behavioural, cognitive and learning challenges, and act as a role model for others in providing high quality nursing interventions to meet people’s needs  |  |  |  |
| 4.5 Demonstrate the knowledge and skills required to support people with commonly encountered physical health conditions, their medication usage and treatments, and act as a role model for others in providing high quality nursing interventions when meeting people’s needs  |  |  |  |
| 4.6 Demonstrate the knowledge, skills and ability to act as a role model for others in providing evidence-based nursing care to meet people’s needs related to nutrition, hydration and bladder and bowel health  |  |  |  |
| 4.7 Demonstrate the knowledge, skills and ability to act as a role model for others in providing evidence-based, person-centred nursing care to meet people’s needs related to mobility, hygiene, oral care, wound care and skin integrity  |  |  |  |
| 4.8 Demonstrate the knowledge and skills required to identify and initiate appropriate interventions to support people with commonly encountered symptoms including anxiety, confusion, discomfort and pain.  |  |  |  |
| 4.9 Demonstrate the knowledge and skills required to prioritise what is important to people and their families when providing evidence-based person-centred nursing care at end of life including the care of people who are dying, families, the deceased and the bereaved  |  |  |  |
| 4.10 Demonstrate the knowledge and ability to respond proactively and promptly to signs of deterioration or distress in mental, physical, cognitive and behavioural health and use this knowledge to make sound clinical decisions  |  |  |  |
| 4.11 Demonstrate the knowledge and skills required to initiate and evaluate appropriate interventions to support people who show signs of self-harm and/or suicidal ideation  |  |  |  |
| 4.12 Demonstrate the ability to manage commonly encountered devices and confidently carry out related nursing procedures to meet people’s needs for evidence-based, person-centred care  |  |  |  |
| 4.13 Demonstrate the knowledge, skills and confidence to provide first aid procedures and basic life support.  |  |  |  |
| 4.14 Understand the principles of safe and effective administration and optimisation of medicines in accordance with local and national policies and demonstrate proficiency and accuracy when calculating dosages of prescribed medicines  |  |  |  |
| 4.15 Demonstrate knowledge of pharmacology and the ability to recognise the effects of medicines, allergies, drug sensitivities, side effects, contraindications, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the counter medication usage  |  |  |  |
| 4.16 Demonstrate knowledge of how prescriptions can be generated, the role of generic, unlicensed, and off-label prescribing, and an understanding of the potential risks associated with these approaches to prescribing  |  |  |  |
| 4.17 Apply knowledge of pharmacology to the care of people, demonstrating the ability to progress to a prescribing qualification following registration, and  |  |  |  |
| 4.18 Demonstrate the ability to co-ordinate and undertake the processes and procedures involved in routine planning and management of safe discharge home or transfer of people between care settings.  |  |  |  |
| **Platform 5** **Leading nursing care and working in teams** |  |  |  |
| 5.1 Understand the principles of effective leadership, management, group and organisational dynamics and culture and apply these to team working and decision-making  |  |  |  |
| 5.2 Understand and apply the principles of human factors, environmental factors and strength-based approaches when working in teams  |  |  |  |
| 5.3 Understand the principles and application of processes for performance management and how these apply to the nursing team  |  |  |  |
| 5.4 Demonstrate an understanding of the roles, responsibilities and scope of practice of all members of the nursing and interdisciplinary team and how to make best use of the contributions of others involved in providing care  |  |  |  |
| 5.5 Safely and effectively lead and manage the nursing care of a group of people, demonstrating appropriate prioritisation, delegation and assignment of care responsibilities to others involved in providing care  |  |  |  |
| 5.6 Exhibit leadership potential by demonstrating an ability to guide, support and motivate individuals and interact confidently with other members of the care team  |  |  |  |
| 5.7 Demonstrate the ability to monitor and evaluate the quality of care delivered by others in the team and lay carers  |  |  |  |
| 5.8 Support and supervise students in the delivery of nursing care, promoting reflection and providing constructive feedback, and evaluating and documenting their performance  |  |  |  |
| 5.9 Demonstrate the ability to challenge and provide constructive feedback about care delivered by others in the team, and support them to identify and agree individual learning needs  |  |  |  |
| 5.10 Contribute to supervision and team reflection activities to promote improvements in practice and services  |  |  |  |
| 5.11 Effectively and responsibly use a range of digital technologies to access, input, and share and apply information and data within teams and between agencies. |  |  |  |
| 5.12 Understand the mechanisms that can be used to influence organisational change and public policy, demonstrating the development of political awareness and skills |  |  |  |
| **Platform 6** **Improving safety and quality of care** |  |  |  |
| 6.1 Understand and apply the principles of health and safety legislation and regulations and maintain safe work and care environments  |  |  |  |
| 6.2 Understand the relationship between safe staffing levels, appropriate skills mix, safety and quality of care, recognising risks to public protection and quality of care, escalating concerns appropriately  |  |  |  |
| 6.3 Comply with local and national frameworks, legislation and regulations for assessing, managing and reporting risks, ensuring the appropriate action is taken  |  |  |  |
| 6.4 Demonstrate an understanding of the principles of improvement methodologies, participate in all stages of audit activity and identify appropriate quality improvement strategies  |  |  |  |
| 6.5 Demonstrate the ability to accurately undertake risk assessments in a range of care settings, using a range of contemporary assessment and improvement tools  |  |  |  |
| 6.6 Identify the need to make improvements and proactively respond to potential hazards that may affect the safety of people  |  |  |  |
| 6.7 Understand how the quality and effectiveness of nursing care can be evaluated in practice, and demonstrate how to use service delivery evaluation and audit findings to bring about continuous improvement  |  |  |  |
| 6.8 Demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents and serious adverse events in order to learn from them and influence their future practice  |  |  |  |
| 6.9 Work with people, their families, carers and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive outcomes and experiences, mistakes and adverse outcomes and experiences  |  |  |  |
| 6.10 Apply an understanding of the differences between risk aversion and risk management and how to avoid compromising quality of care and health outcomes  |  |  |  |
| 6.11 Acknowledge the need to accept and manage uncertainty, and demonstrate an understanding of strategies that develop resilience in self and others, and  |  |  |  |
| 6.12 Understand the role of registered nurses and other health and care professionals at different levels of experience and seniority when managing and prioritising actions and care in the event of a major incident |  |  |  |
| **Platform 7 Coordinate care** |  |  |  |
| 7.1 Understand and apply the principles of partnership, collaboration and interagency working across all relevant sectors |  |  |  |
| 7.2 Understand health legislation and current health and social care policies, and the mechanisms involved in influencing policy development and change, differentiating where appropriate between the devolved legislatures of the United Kingdom |  |  |  |
| 7.3 Understand the principles of health economics and their relevance to resource allocation in health and social care organisations and other agencies  |  |  |  |
| 7.4 Identify the implications of current health policy and future policy changes for nursing and other professions and understand the impact of policy changes on the delivery and coordination of care  |  |  |  |
| 7.5 Understand and recognise the need to respond to the challenges of providing safe, effective and person-centred nursing care for people who have co-morbidities and complex care needs  |  |  |  |
| 7.6 Demonstrate an understanding of the complexities of providing mental, cognitive, behavioural and physical care services across a wide range of integrated care settings  |  |  |  |
| 7.7 Understand how to monitor and evaluate the quality of people’s experience of complex care  |  |  |  |
| 7.8 Understand the principles and processes involved in supporting people and families with a range of care needs to maintain optimal independence and avoid unnecessary interventions and disruptions to their lives  |  |  |  |
| 7.9 Facilitate equitable access to healthcare for people who are vulnerable or have a disability, demonstrate the ability to advocate on their behalf when required, and make necessary reasonable adjustments to the assessment, planning and delivery of their care  |  |  |  |
| 7.10 Understand the principles and processes involved in planning and facilitating the safe discharge and transition of people between caseloads, settings and services  |  |  |  |
| 7.11 Demonstrate the ability to identify and manage risks and take proactive measures to improve the quality of care and services when needed  |  |  |  |
| 7.12 Demonstrate an understanding of the processes involved in developing a basic business case for additional care funding by applying knowledge of finance, resources and safe staffing levels  |  |  |  |
| 7.13 Demonstrate an understanding of the importance of exercising political awareness throughout their career, to maximise the influence and effect of registered nursing on quality of care, patient safety and cost effectiveness. |  |  |  |
| **Annexe A:** **Communication and relationship management skills.****1.Underpinning communication skills for assessing, planning, providing and managing best practice, evidence-based nursing care** |  |  |  |
| 1.1 actively listen, recognise and respond to verbal and non-verbal cues  |  |  |  |
| 1.2 use prompts and positive verbal and nonverbal reinforcement  |  |  |  |
| 1.3 use appropriate non-verbal communication including touch, eye contact and personal space  |  |  |  |
| 1.4 make appropriate use of open and closed questioning  |  |  |  |
| 1.5 use caring conversation techniques  |  |  |  |
| 1.6 check understanding and use clarification techniques  |  |  |  |
| 1.7 be aware of own unconscious bias in communication encounters  |  |  |  |
| 1.8 write accurate, clear, legible records and documentation  |  |  |  |
| 1.9 confidently and clearly share and present verbal and written with individuals and groups  |  |  |  |
| 1.10 analyse and clearly record and share digital information and data  |  |  |  |
| 1.11 provide clear verbal, digital or written information and instructions when delegating or handing over responsibility for care  |  |  |  |
| 1.12 recognise the need for and facilitate access to translator services and material.  |  |  |  |
| **2. Evidence-based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care** |  |  |  |
| 2.1 Share information and check understanding about the causes and implications and treatment of a range of common health conditions including anxiety, depression, memory loss, diabetes, dementia, respiratory disease, cardiac disease, neurological disease, cancer, skin problems, immune deficiencies, psychosis, stroke and arthritis  |  |  |  |
| 2.2 use clear language and appropriate, written materials, making reasonable adjustments where appropriate in order to optimise people’s understanding of what has caused their health condition and the implications of their care and treatment  |  |  |  |
| 2.3 recognise and accommodate sensory impairments during all communications   |  |  |  |
| 2.4 support and manage the use of personal communication aids   |  |  |  |
| 2.5 identify the need for and manage a range of alternative communication techniques   |  |  |  |
| 2.6 use repetition and positive reinforcement strategies   |  |  |  |
| 2.7 assess motivation and capacity for behaviour change and clearly explain cause and effect relationships related to common health risk behaviours including smoking, obesity, sexual practice, alcohol and substance use  |  |  |  |
| 2.8 provide information and explanation to people, families and carers and respond to questions about their treatment and care and possible ways of preventing ill health to enhance understanding  |  |  |  |
| 2.9 engage in difficult conversations, including breaking bad news and support people who are feeling emotionally or physically vulnerable or in distress, conveying compassion and sensitivity.  |  |  |  |
| **3. Evidence-based, best practice communication skills and approaches for providing therapeutic interventions** |  |  |  |
| 3.1 motivational interview techniques  |  |  |  |
| 3.2 solution focused therapies  |  |  |  |
| 3.3 reminiscence therapies  |  |  |  |
| 3.4 talking therapies  |  |  |  |
| 3.5 de-escalation strategies and techniques  |  |  |  |
| 3.6 cognitive behavioural therapy techniques  |  |  |  |
| 3.7 play therapy  |  |  |  |
| 3.8 distraction and diversion therapies  |  |  |  |
| 3.9 positive behaviour support approaches  |  |  |  |
| **4. Evidence-based, best practice communication skills and approaches for working with people in professional teams** |  |  |  |
| **4.1. Demonstrate effective supervision, teaching and performance appraisal through the use of:**  |  |  |  |
| 4.11 clear instructions and explanations when supervising, teaching or appraising others  |  |  |  |
| 4.12 clear instructions and check understanding when delegating care responsibilities to others  |  |  |  |
| 4.13 unambiguous, constructive feedback about strengths and weaknesses and potential for improvement  |  |  |  |
| 4.14 encouragement to colleagues that helps them to reflect on their practice  |  |  |  |
| 4.15 unambiguous records of performance  |  |  |  |
| **4.2 Demonstrate effective person and team management through the use of:**  |  |  |  |
| 4.2.1strengths based approaches to developing teams and managing change  |  |  |  |
| 4.2.2 active listening when dealing with team members concerns and anxieties  |  |  |  |
| 4.2.3 a calm presence when dealing with conflict  |  |  |  |
| 4.2.4 appropriate and effective confrontation strategies  |  |  |  |
| 4.2.5 de-escalation strategies and techniques when dealing with conflict  |  |  |  |
| **4.2.6 effective co-ordination and navigation skills through:**  |  |  |  |
| 4.26.1 appropriate negotiation strategies  |  |  |  |
| 4.262. appropriate escalation procedures  |  |  |  |
| 4.26.3 appropriate approaches to advocacy  |  |  |  |
| **Annexe B: Nursing procedures****P1 Procedures for assessing needs for person centred, evidence-based care** |  |  |  |
| **1. Use evidence-based, best practice approaches to take a history, observe, recognise and accurately assess people of all ages** |  |  |  |
| **1.1 mental health and wellbeing status**  |  |  |  |
| 1.11 signs of mental and emotional distress or vulnerability  |  |  |  |
| 1.12 cognitive health status and wellbeing  |  |  |  |
| 1.13 signs of cognitive distress and impairment  |  |  |  |
| 1.14 behavioural distress-based needs  |  |  |  |
| 1.15 signs of mental and emotional distress including agitation, aggression and challenging behaviour  |  |  |  |
| 1.16 signs of self-harm and/or suicidal ideation  |  |  |  |
| **1.2 physical health and wellbeing**  |  |  |  |
| 1.21 symptoms and signs of physical ill health  |  |  |  |
| 1.22 symptoms and signs of physical distress  |  |  |  |
| 1.23 symptoms and signs of deterioration and sepsis  |  |  |  |
| **2. Use evidence-based, best practice approaches to undertake the following procedures** |  |  |  |
| 2.1 take, record and interpret vital signs manually and via technological devices  |  |  |  |
| 2.2 undertake venepuncture and cannulation and blood sampling, interpreting routine blood profiles and venous blood gases  |  |  |  |
| 2.3 set up, manage routine electrocardiogram (ECG) investigations and interpret normal and commonly encountered abnormal traces  |  |  |  |
| 2.4 manage and monitor blood component transfusions  |  |  |  |
| 2.5 manage and interpret, cardiac monitors, infusion pumps, blood glucose monitors and other monitoring devices  |  |  |  |
| 2.6 accurately measure weight and height, calculate body mass index and recognise healthy range and clinical significance of low/high readings  |  |  |  |
| 2.7 undertake a whole body systems assessment including respiratory, circulatory, neurological, musculoskeletal, cardiovascular and skin status  |  |  |  |
| 2.8 undertake chest auscultation and interpret findings  |  |  |  |
| 2.9 collect and observe sputum, urine and stool specimens, undertaking routine analysis and interpreting findings |  |  |  |
| 2.10 measure and interpret blood glucose levels |  |  |  |
| 2.11 recognise and respond to all signs of abuse  |  |  |  |
| 2.12 undertake, respond to and interpret neurological observations and assessments  |  |  |  |
| 2.13 identify signs of deterioration and sepsis  |  |  |  |
| 2.14 administer basic mental health first aid  |  |  |  |
| 2.15 administer basic physical first aid  |  |  |  |
| 2.16 recognise and manage seizures, choking and anaphylaxis, providing appropriate basic life support  |  |  |  |
| 2.17 recognise and respond to challenging behaviour, providing appropriate safe holding and restraint  |  |  |  |
| **P2 Procedures for the planning, provision and management of person-centred nursing care** |  |  |  |
| **3. Use evidence-based, best practice approaches for meeting needs for care and support with rest, sleep, comfort and the maintenance of dignity, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions** |  |  |  |
| 3.1 observe and assess comfort and pain levels and rest and sleep patterns  |  |  |  |
| 3.2 use appropriate bed-making techniques including those required for people who are unconscious or who have limited mobility  |  |  |  |
| 3.3 use appropriate positioning and pressure relieving techniques  |  |  |  |
| 3.4 take appropriate action to ensure privacy and dignity at all times  |  |  |  |
| 3.5 take appropriate action to reduce or minimise pain or discomfort  |  |  |  |
| 3.6 take appropriate action to reduce fatigue, minimise insomnia and support improved rest and sleep hygiene.  |  |  |  |
| **4. Use evidence-based, best practice approaches for meeting the needs for care and support with hygiene and the maintenance of skin integrity, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions** |  |  |  |
| 4.1 observe, assess and optimise skin and hygiene status and determine the need for support and intervention |  |  |  |
| 4.2 use contemporary approaches to the assessment of skin integrity and use appropriate products to prevent or manage skin breakdown. |  |  |  |
| 4.3 assess needs for and provide appropriate assistance with washing, bathing, shaving and dressing |  |  |  |
| 4.4 identify and manage skin irritations and rashes  |  |  |  |
| 4.5 assess needs for and provide appropriate oral, dental, eye and nail care and decide when an onward referral is needed  |  |  |  |
| 4.6 use aseptic techniques when undertaking wound care including dressings, pressure bandaging, suture removal, and vacuum closures  |  |  |  |
| 4.7 use aseptic techniques when managing wound and drainage processes  |  |  |  |
| 4.8 assess, respond and effectively manage pyrexia and hypothermia.  |  |  |  |
| **5. Use evidence-based, best practice approaches for meeting needs for care and support with nutrition and hydration, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions** |  |  |  |
| 5.1 observe, assess and optimise nutrition and hydration status and determine the need for intervention and support  |  |  |  |
| 5.2 use contemporary nutritional assessment tools  |  |  |  |
| 5.3 assist with feeding and drinking and use appropriate feeding and drinking aids  |  |  |  |
| 5.4 record fluid intake and output and identify, respond to and manage dehydration or fluid retention  |  |  |  |
| 5.5 identify, respond to and manage nausea and vomiting  |  |  |  |
| 5.6 insert, manage and remove oral/nasal/gastric tubes  |  |  |  |
| 5.7 manage artificial nutrition and hydration using oral, enteral and parenteral routes  |  |  |  |
| 5.8 manage the administration of IV fluids  |  |  |  |
| 5.9 manage fluid and nutritional infusion pumps and devices.  |  |  |  |
| **6. Use evidence-based, best practice approaches for meeting needs for care and support with bladder and bowel health, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions** |  |  |  |
| 6.1 observe and assess level of urinary and bowel continence to determine the need for support and intervention, assisting with toileting, maintaining dignity and privacy and managing the use of appropriate aids  |  |  |  |
| 6.2 select and use appropriate continence products insert, manage and remove catheters for all genders; and assist with self-catheterisation when required  |  |  |  |
| 6.3 manage bladder drainage  |  |  |  |
| 6.4 assess bladder and bowel patterns to identify and respond to constipation, diarrhoea and urinary and faecal retention |  |  |  |
| 6.5 administer enemas and suppositories and undertake rectal examination and manual evacuation when appropriate  |  |  |  |
| 6.6 undertake stoma care identifying and using appropriate products and approaches |  |  |  |
| **7. Use evidence-based, best practice approaches for meeting needs for care and support with mobility and safety, accurately assessing the person’s capacity for independence and selfcare and initiating appropriate interventions** |  |  |  |
| 7.1 observe and use evidence-based risk assessment tools to determine need for support and intervention to optimise mobility and safety, and to identify and manage risk of falls using best practice risk assessment approaches  |  |  |  |
| 7.2 use a range of contemporary moving and handling techniques and mobility aids  |  |  |  |
| 7.3 use appropriate moving and handling equipment to support people with impaired mobility  |  |  |  |
| 7.4 use appropriate safety techniques and devices  |  |  |  |
| **8. Use evidence-based, best practice approaches for meeting needs for respiratory care and support, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions** |  |  |  |
| 8.1 observe and assess the need for intervention and respond to restlessness, agitation and breathlessness using appropriate intervention  |  |  |  |
| 8.2 manage the administration of oxygen using a range of routes and best practice approaches  |  |  |  |
| 8.3 take and interpret peak flow and oximetry measurements  |  |  |  |
| 8.4 use appropriate nasal and oral suctioning techniques  |  |  |  |
| 8.5 manage inhalation, humidifier and nebuliser devices  |  |  |  |
| 8.6 manage airway and respiratory processes and equipment  |  |  |  |
| **9. Use evidence-based, best practice approaches for meeting needs for care and support with the prevention and management of infection, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions** |  |  |  |
| 9.1 observe, assess and respond rapidly to potential infection risks using best practice guidelines |  |  |  |
| 9.2 use standard precautions protocols  |  |  |  |
| 9.3 use effective aseptic, non-touch techniques  |  |  |  |
| 9.4 use appropriate personal protection equipment  |  |  |  |
| 9.5 implement isolation procedures  |  |  |  |
| 9.6 use evidence-based hand hygiene techniques  |  |  |  |
| 9.7 safely decontaminate equipment and environment  |  |  |  |
| 9.8 safely use and dispose of waste, laundry and sharps  |  |  |  |
| 9.9 safely assess and manage invasive medical devices and lines.  |  |  |  |
| **10. Use evidence-based, best practice approaches for meeting needs for care and support at the end of life, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions** |  |  |  |
| 10.1 observe and assess the need for intervention for people, families and carers, identify, assess and respond appropriately to uncontrolled symptoms and signs of distress including pain, nausea, thirst, constipation, restlessness, agitation, anxiety and depression |  |  |  |
| 10.2 manage and monitor effectiveness of symptom relief medication, infusion pumps and other devices |  |  |  |
| 10.3 assess and review preferences and care priorities of the dying person and their family and carers  |  |  |  |
| 10.4 understand and apply organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health  |  |  |  |
| 10.5 understand and apply DNACPR (do not attempt cardiopulmonary resuscitation) decisions and verification of expected death  |  |  |  |
| 10.6 provide care for the deceased person and the bereaved respecting cultural requirements and protocols.  |  |  |  |
| **11. Procedural competencies required for best practice, evidence-based medicines administration and optimisation** |  |  |  |
| 11.1 carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications  |  |  |  |
|  11.2 recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them   |  |  |  |
| 11.3 use the principles of safe remote prescribing and directions to administer medicines  |  |  |  |
| 11.4 undertake accurate drug calculations for a range of medications  |  |  |  |
| 11.5 undertake accurate checks, including transcription and titration, of any direction to supply or administer a medicinal product  |  |  |  |
| 11.6 exercise professional accountability in ensuring the safe administration of medicines to those receiving care  |  |  |  |
|  11.7 administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection equipment - mood swings  |  |  |  |
| 11.8 administer medications using a range of routes  |  |  |  |
| 11.9 administer and monitor medications using vascular access devices and enteral equipment  |  |  |  |
| 11.10 recognise and respond to adverse or abnormal reactions to medications  |  |  |  |
| 11.11 undertake safe storage, transportation and disposal of medicinal products.  |  |  |  |
|  |  |  |  |
|  |  |  |  |