Advanced Orthoptic Clinical Practice –

Competency Framework

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Abbreviations

AOCPF - Advanced Orthoptic Clinical Practice – Clinical Competency Framework

ACP – Advanced Clinical Practice

AHP – Allied Health Professional

AfC – Agenda for Change

BIOS - British & Irish Orthoptic Society

CAG - Clinical Advisory Group

EPDC - Education and Professional Development Committee

HEE – Health Education England

MDT – Multidisciplinary Team

NHS – National Health Service

MPF – Multi-professional Framework for Advanced Clinical Practice

OCCCF – Ophthalmic Common Clinical Competency Framework

Executive Summary

This competency framework was developed in consultation with the British and Irish Orthoptic Society (BIOS) Education and Professional Development Committee (EPDC), Clinical Advisory Group (CAG) and Non Clinical Advisory Group (nCAG) Leads and clinical specialists.

It aims to:

- Set out a standard list of the knowledge and skills necessary for Orthoptists to practice safely and effectively in a range of advanced practice roles.
- Create a framework that promotes consistency and quality in standards of care in specialised areas of practice.
- Inform continuing professional development and postgraduate training across the profession.

This competency framework sets out role specific knowledge & skills to be interpreted in the context of other key documents, standards and frameworks, identified in the key documents list.

Specialised areas of clinical practice covered by the BIOS Clinical Advisory Groups and included in this framework include:

- Paediatric Ophthalmology
- Neuro-ophthalmology
- Stroke & Neuro rehabilitation
- Special Educational Needs
- Falls & Falls Prevention
- Glaucoma & Medical Retina
- Low Vision
- Visual processing Difficulties

Each area of clinical practice covered by the framework will have a defined scope describing the nature of advanced clinical practice in this area.

The framework is structured into 4 main pillars: Clinical, Education, Leadership & Research in line with the HEE framework for ACP[1]. The clinical element of the framework is organised into knowledge & skills:

Knowledge is broken down into; Foundation & Background knowledge, Ophthalmic Investigation, Ophthalmic Management, Medical Investigation, Medical Management.

Skills are broken down into; Ophthalmic Examination, Visual Function Assessment, Motility Assessment, General Medical.

Each area of clinical practice can be mapped out within the framework identifying which knowledge & skills are required for that area of practice with an indication of the level to be achieved to practice at advanced practitioner level within each specialism.

The frameworks and tools provided in this document can be used by Orthoptists to build up their knowledge, skills & experience in specific areas of practice over time and evidence the activities undertaken in order to develop into specialist and advanced areas of practice in response to local service needs and requirements. Recording and tracking development against these competencies will support clinicians to actively reflect on their development and identify learning needs, enabling them to recognise, define and safely expand their scope of practice in line with HCPC standards[2].

Introduction

The NHS England Five Year Forward View (2014) [3] and the NHS England Next Steps on the Five Year Forward View (2017)[4] set out the current challenges experienced by the NHS. These challenges include increased demand for services and workforce shortages, necessitating new ways of working to maintain and improve service provision. In addition, there have been significant concerns about the quality, safety and delivery of care in some settings (e.g. the issues raised in the Francis Report, 2013).[5] The publication of the AHPs into action strategy in 2017[6] encouraged AHPs to develop further skills and lead change in order to transform care and improve quality and efficiency across service boundaries to improve the health and wellbeing of the population. Service providers have developed advanced clinical practice roles in response to some of these workforce, patient safety issues and calls to action. The NHS Long Term Plan published in 2019[7] further re-enforced enablement of productive working practices to maximise efficiency including role and task transferal, ensuring clinicians are making the most of their skills and expertise.

Advanced Practice:

Advanced practitioners are an integral part of the 21st century NHS workforce as new models of care are transforming the way patients are treated. Advanced practitioners offer multiple benefits to the health service and the population. They bring more holistic care to patients, support continuity of care and extend their scope of practice across traditional boundaries. This leads in turn to a greater focus on prevention, more personalised care, a more efficient team, a faster response to patient needs and better outcomes.[1] Orthoptists are developing into advanced clinical practice roles in multiple areas of practice, necessitating acquisition of a range of skills, experiences and the advancement of knowledge in order to support safe and effective clinical practice in line with current standards and literature evidence. Advanced clinical practice is underpinned by four key pillars: Clinical Practice, Education, Leadership & Management, and Research[1].

Purpose:

This document is designed to build upon undergraduate education and training set out in the previously published Curriculum Framework document[8] to provide a framework to support Orthoptists in developing the clinical element of their advanced practice role in a safe and standardised way in order to meet the requirements of the Health & Care Professions Council[9] and NHS Clinical Governance Framework[10].

How to use this Framework:

Clinicians currently working in or wanting to develop into specialist areas of practice should first identify the specialist area their role comes under and familiarise themselves with their role description and scope of practice.

Each area of practice has its own separate framework overview table. Each element of the framework that applies to that role will have some further details and specific information relative to that particular role with an indication of the level to be achieved at advanced practice level. The numbering of these levels corresponds to the levelling shown in Table 4

'BIOS levels of knowledge, skills and experience in clinical practice' and is also in keeping with Blooms Taxonomy (Figure 1). It is anticipated that clinicians will use this framework to track their development against each of the knowledge and skills as they progress in their clinical roles from newly qualified to specialist through to advanced clinical practitioners. Evidence of activities undertaken towards achieving competencies can be recorded in various formats to fulfil HCPC CPD standards, some example forms are provided in the appendices. For further details on using the framework to evidence progression see Education and Development section.

Definitions

There are a number of terms associated with evolution of clinical practice. For clarity the definitions of these terms are included below:

Extended Practice

The term extended practice refers to circumstances when a registered health professional undertakes clinical tasks or roles usually associated with another profession. This could be in an area of unregulated practice, or in an area currently overseen by another regulator[9].

Advanced Practice

Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of; Clinical Practice, Education, Leadership & Management and Research, with demonstration of core capabilities and area specific clinical competence. Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes.[1]

Specialist Practice

The terms specialist refers to when a clinician has gained significant experience in a specific area of clinical practice supported by postgraduate training (diploma level) or continuing professional development. Clinicians in specialist clinical roles may assess & treat patients in a specialist caseload and may employ some extended practice skills in the course of their practice but will not be expected to take on the level of leadership & management of an advanced clinical practitioner. For example they may be expected to comment on policies and practice but not expected to lead or manage changes in practice. This term is well established and has been used to define the job profiles at Band 6 in the NHS Agenda for Change national profiles[12] and in a range of AHP competency documents. [13,14,15]

Enhanced Practice

This is an emerging term that has recently been used to define a stage of progression in clinical practice between newly qualified and advanced clinical practitioner. This level of practice is proposed to include complex clinical decision making but may defer to others for overall decision.[16] There has been a proposal put forward for this term to be used instead of 'specialist' but there is yet to be an agreed definition for this term/ level of practice and it is not yet widely used terminology so it will be used alongside the existing term specialist throughout this document.

Related Documents

Multi-professional Framework for Advanced Clinical Practice in England[1]

The core capabilities for health and care professionals at the level of advanced clinical practice are articulated in this framework and these will apply across all advanced clinical practice roles, regardless of the health and care professional's setting, subject area or job role. The capabilities identified within the multi-professional framework have been incorporated within this framework document.

Ophthalmic Common Clinical Competency Framework[13]

In addition to the above defined levels of practice the Royal College of Ophthalmologist have devised an Ophthalmic Common Clinical Competency Framework (OCCCF) to support a range of professions to develop into specific areas of Ophthalmic Practice (Cataract, Glaucoma, Medical Retina & Acute & Emergency Care). This framework is set out into 3 levels of practice:

Level	Scope of Practice
Level 1	Ability to participate in triage/screening and to monitor low risk patients with an established diagnosis to a strict protocol.
Level 2	Ability to make preliminary diagnosis within a specific area and manage under specific protocols.
Level 3	Ability to diagnose, manage and discharge within specific areas of practice.

Table 1 – OCCCF practice levels[13]

The OCCCF provides an indication of the varying levels of practice and increasing levels of autonomy that clinicians would acquire through additional experience & training. This framework is designed to complement the OCCCF in the areas of cataract, glaucoma, medical retina & acute & emergency care and identify the specific knowledge, skills & experience that would need to be acquired to practice at an advanced level.

Allied Health Professionals' competency frameworks:

- **AHP competency framework for progressive neurological conditions[14]**
- **McMillan AHP Competency Framework[16]**

These competency frameworks were developed in consultation with allied health professionals. They aim to recognise the activities and responsibilities of AHPs working with patients with progressive neurological conditions/ Cancer.
These frameworks are split into 3 levels as indicated in Table 3:

- Competent
- Specialist
- Highly Specialist/ Advanced

NHS Agenda for change

The NHS Agenda for change (AfC) scheme introduced in 2004[12] is the current NHS grading and pay system for NHS staff. The AfC system allocates posts to set pay bands by giving consideration to aspects of the job, such as the skills involved, under an NHS Job Evaluation Scheme. Although the roles identified may broadly align with the knowledge and skills identified in the bands the roles

specified have not been through a job matching process this competency framework should therefore not be used as a means to determine pay banding under the Agenda for Change.

Band 5	Band 6	Band 7	Band 8
Practitioner	Senior/ Specialist Practitioner	Advanced Practitioner	Consultant Practitioner
Understanding of a range of work procedures and practices, which require expertise within a specialism or discipline underpinned by theoretical knowledge and/or limited practical experience.	Specialist knowledge across the range of work procedures and practices underpinned by theoretical knowledge or relevant practical experience.	Highly developed specialist knowledge across a range of work procedures and practices, underpinned by thorough theoretical knowledge and relevant practical experience.	Advanced theoretical and practical knowledge of a range of work procedures and practices, or specialist knowledge over more than one discipline/ function acquired over a significant period of time

Table 2 – NHS AfC Job Bandings[12,18]

A number of national job profiles[18] have been agreed by the Job Evaluation Group which is part of the NHS Staff Council. The main responsibilities for and 'Advanced Orthoptist' are indicated as:

1. Assesses and treats patients in specialist caseload.
2. Lead specialist in clinical area e.g. stroke, children with complex needs
3. May teach and lecture to ophthalmologists, nurses, Orthoptists, optometrists and students.
4. Undertakes research; may act as Department Lead for R&D, audit and clinical governance

Roles & Scope

The British & Irish Orthoptic Society recognises the following roles as areas of Extended and specialist Clinical Practice. Clinicians may have elements of extended roles embedded within their specialist area of practice. Clinicians can utilise each of the frameworks set out in this document for the specific role in order to develop into an advance clinical practice role by demonstrating practice at an advanced level in all four pillars including the appropriate level of leadership & management, education and research set out in the Advanced Practice Framework.[1]

Extended Roles

- **Monitoring** of patients with an established diagnosis within specialist clinic/ care pathway as part of ophthalmic & wider multidisciplinary team. Establish baseline and follow up measures utilising skills usually associated with another profession e.g Fundus examination. Flag any unexpected changes with consultant leading patient care.
- **Treatment** of patients with an established diagnosis and treatment plan utilising procedures usually associated with another profession e.g. intra-vitreal injections within specialist clinic/ care pathway as part of ophthalmic team.

Specialist Roles

- **Multi-Disciplinary Team**: Ophthalmic care of patients with established diagnoses within specialist clinic/ care pathway as part of a multidisciplinary team. Establish ophthalmic diagnosis and management plan, advise other professions on impact of/ incorporation of ocular/ visual problems to overall care plan.
- **Ophthalmic: Initial investigation, diagnosis & management** of patients presenting to ophthalmology with unknown diagnosis. Establish diagnosis/ differential diagnosis and initiate further medical investigations/ monitoring/ treatment as appropriate. Liaise with other specialties.

Within each area of specialist practice it is expected that clinicians can progress through 3 key stages of advancing clinical practice shown in Table 3, these are reflected by levels 4,5 & 6 in the BIOS knowledge & skills levels detailed in Table 4.

Stage	Description	BIOS Level of Knowledge/ skill
Competent	Basic knowledge within specialist area of practice. Investigation, diagnosis and management of patients within agreed protocols.	4
Specialist	Developed specialist knowledge within area of practice. Analysis of complex facts and autonomous decision making.	5
Advanced	Leading & consulting on care in specialist area of practice. Demonstrating Innovation in practice and developing protocols and guidelines.	6

Table 3 – AHP Advanced Clinical Practice Levels[1]

Knowledge & Skills

Orthoptists developing into an advanced clinical practice role will be expected to acquire a range of knowledge, skills and experience over time in order to ensure clinical competence and meet the demands of the role. The Knowledge, Skills & Experience List for each area of practice sets out the clinical competence requirements for each defined role. The elements listed will be accompanied by an indication of the level of knowledge/ skill required in relation to the definitions set out in Table 4. Levels 1-4 were defined in the Orthoptics Curriculum Framework[8]. These levels have been refined in accordance with Blooms Taxonomy[19,20,21] to standardise the terminologies used in relation to current frameworks and to clarify the scope of practice at each level. Two additional levels – 5 and 6 have been developed in accordance with Advanced Clinical Practice Framework[1] & Blooms Taxonomy[19,20,21] to reflect the higher level of knowledge and skill required at this level of practice. Blooms Taxonomy is a hierarchical model that classifies the different levels of thinking into six different levels of progressive cognitive complexity. As illustrated within figure 1, these levels are often organised into a pyramidal structure with the least complex level at the base, indicating the foundational requirements for building on knowledge in order to progress to the more complex and cognitively demanding levels at the peak of the pyramid. There may be variation in the level of knowledge/ skill required for different elements within an area of practice depending on the extent to which that particular aspect features within the specific role. Level 5 represents the highest level of knowledge and skill to be achieved within a specific area of practice. These requirements will be detailed by the numbering within the framework overview and clinical competency documents for specific advanced practice roles. Level 6 represents the overall level of practice within that area rather than a distinct element of knowledge/ specific skill. To demonstrate achievement of level 6 practice in a specified area the clinician should show evidence of leading & consulting on care for a specific patient group as well as elements of innovation in practice.

BIOS Levels of Knowledge/ Skill/ Practice	
Level	Description
Level 1	**Basic knowledge** of foundation principles of practice. Awareness of clinical procedures. Basic knowledge of normal anatomy/ physiology etc.
Level 2	**Developed knowledge/ skill**. Some clinical knowledge/ skills but limited to recognising signs of abnormalities, basic practical skills. Able to understand terms in letters and reports. Awareness of practice context.
Level 3	**Applied knowledge/ skill**. Core competence for practice in a straightforward situation. Able to recognise limits of personal competence; support needed for more complex examples. Experience in application of knowledge/ skills in practice.
Level 4	**Specialist/ enhanced knowledge/ skill**. Autonomous clinical practice to assess, diagnose and manage care in varying scenarios. Other professionals might ask the Orthoptist's advice/ request specialist assessment. Significant practice experience in specific area.
Level 5	**Expert Knowledge/ skill**. Critical analysis of complex facts and autonomous decision making within specialist area of clinical practice. Undertake complex clinical assessments/ formulate management plans for complex patients independently. Provides guidance/ supervision in practice.
Level 6	As for level 5 plus **leading & consulting** on care in specialist area practice. Demonstrates Innovation in practice & service improvement initiatives.

Table 4 – BIOS levels of knowledge, skills and experience and scope of clinical practice

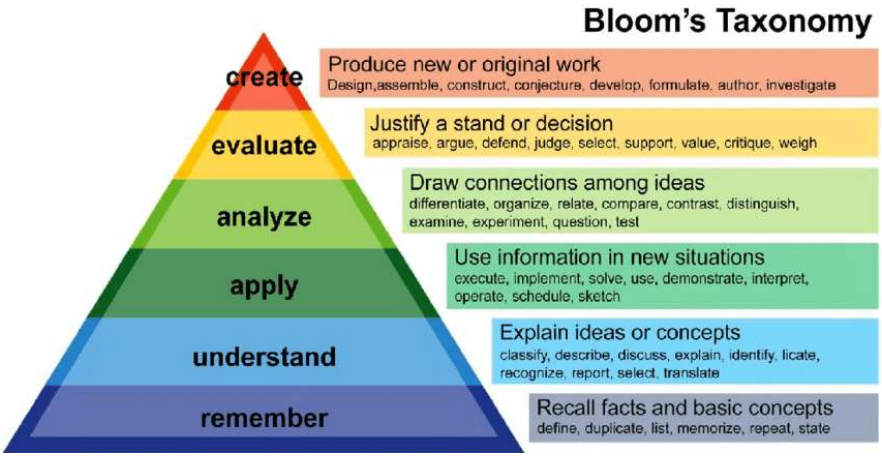

Figure 1 – Blooms Taxonomy (2016).

Competency Framework Document

The knowledge and skills list in Appendix 1 contains all of the knowledge, skills and experiences associated with specialist areas of clinical practice. Many of these elements are introduced at undergraduate level and will be developed through clinical practice experience. Each area of specialist/ extended/ advanced clinical practice will require greater emphasis in specific areas relevant to the particular role and some elements may not be required in some roles. The elements and BIOS levels of knowledge (shown in Table 4) required for each role will be indicated in the competency framework overview document that accompanies this framework and individual clinical competency framework documents for each area of practice. Elements that are relevant to the specific area of practice will be indicated by specific detail added to the row for that element and a number indicating the level of knowledge/ skill to be achieved. Elements that are not required or are not relevant to the role will be removed from the role specific framework document but the relevant coding will be retained. An example of the competency framework document structure is shown in Table 5 below along with an explanation of what each column contains.

Framework Code	Practice Area	Newly Qualified Level	Advanced Practice Level	Further Detail	Specifics
Each element identified within the framework is given a code to facilitate mapping and referencing within curriculum documents and development portfolios	This column denotes the core element of knowledge/ skill/ practice identified within the curriculum framework.	The levels in this column indicate the BIOS level that newly qualified orthoptists are expected to be at	The levels in this column indicate the BIOS level that would be expected to be achieved at advanced practice level.	This column contains further detail of the elements of knowledge/ skill needed in the context of practice in this area of practice i.e which condition/ patient group etc	This column contains details of any specific elements/ conditions that the clinician would need to be familiar with in order to be fully competent in this area of practice

Table 5. Explanation of competency framework elements & structure

Education and Development

The NHS Multi-professional Framework for Advanced Clinical Practice in England[1] outlines the principles to support the development of the workforce to work at the level of advanced clinical practice. The multi-professional document[1] identifies that both competence and capability must be developed in order to fulfil the requirements of advanced practice roles and recognises that this can be developed in many different ways. Orthoptists should utilise this profession specific framework in conjunction with the guiding principles of the multi-professional framework[1] to guide them in their journey to advanced clinical practice ensuring that three key elements of; development, supervision and assessment are employed.

Development:

This profession specific document provides the framework against which orthoptist can plan their development, actively reflecting on any gaps in knowledge skills and experience. Development activities should be evidenced and gathered together in a clinical portfolio format. Examples of evidence including, but not limited to: reflective logs, recorded feedback, certificates of attendance, annotated reading material, completion of quizzes, teaching material, study notes, critical writing.

Each piece of evidence can be mapped both to the framework within a personal clinical portfolio and against the framework table referencing the portfolio documents. Evidence should be labelled/ tagged within the portfolio using the framework numbering provided (e.g SO2, KF5 etc). One piece of evidence may related to multiple elements of the framework and each applicable element should be listed on the evidence label. Evidence can also be mapped against the framework table by numbering each piece of evidence within the context of the portfolio (e.g Reflection R1, 7, 8 Competency C1, feedback F7 etc) and referencing it against the relevant framework element, this will give an clear overview of which elements have been addressed and which are lacking in evidence to assist in development planning.

Supervision:
When developing into an advanced practice role, it is essential to identify key personnel in the workplace in the form of clinical supervisors who are able to provide input, perspective and feedback on the range of competencies being developed. There should be access to supportive peer review and mentorship processes within or across organisations. There will also need to be a named educational supervisor who should be an appropriately qualified senior practitioner and able to provide continuity of support and have oversight of the development of the practitioner as a whole. Clinicians developing in to one of the area identified in the OCCCF can make use of the Ophthalmic Practitioner Training structure and supervisory arrangements[23].

Arrangements for supervision and mentorship and responsibilities of identified personnel should be set out at the start as part of a personal development plan and documented within the personal clinical portfolio.

Assessment:
To gain recognition as an advanced clinical practitioner and to ensure consistent practice standards it is important that valid and reliable assessments of competence take place during and at the end point of the training and development journey. There are a number of different ways to approach assessment of competence and learning journeys may consist of a combination of all of these elements.

- Higher Education Institution: Clinicians can undertake a formal educational programme at a higher education institution where quality assured assessment and accreditation processes are in place. HEI's can use this framework to map their course content to the relevant area of practice to ensure they are meeting the profession specific workforce needs. Advanced practice is recognised as requiring education to Masters level (level 7) so modules studied should be at level 7 and could be individual or combined to achieve Post Graduate award or full Masters qualification. It may be possible to combine courses from different institutions and/ or apply for recognition of prior learning[24,25] to be applied to fulfil some of the credits required for a full Masters. Identification of programmes that have been accredited by HEE[26] will ensure that the programme meets the standards set out in the Multi-professional framework for Advanced Clinical Practice[1].

- Clinical Portfolio: Clinicians can gather evidence of knowledge acquisition, development of clinical skills and documentation of experience which should be sufficiently detailed and adequately organised in a clinical portfolio providing a detailed overview of their own personal learning journey within a relevant area of practice. Clinicians can gain recognition of their level of practice via the HEE e-portfolio route and/ or the Royal College of Ophthalmologists Ophthalmic Practitioner Training depending on the area of practice being developed. Each of these routes involve mapping knowledge and skills to the relevant frameworks MPF or the OCCCF[13]. Orthoptists can now use this framework to map their knowledge and skills as evidence. HEI courses can be used as evidence within clinical portfolios and clinical portfolios can also form a key part of HEI assessments.

- Work-based Assessment: Throughout the learning journey clinicians should have access to formalised assessment and feedback opportunities in the workplace. These assessments should be conducted by an appropriately qualified and experienced clinician. Performance, feedback and actions should be clearly documented at each occurrence until the necessary level of competence has been consistently demonstrated. The time taken to develop competence and the number of assessments undertaken will vary dependant on the individual clinician, complexity of the skill and any existing experience. The work-based assessment documents can form part of the evidence for HEI or e-portfolio assessment.

Conclusion

The Orthoptic role has evolved rapidly in response to workforce needs resulting in the emergence of new terms and role definitions in recent years. The rapid evolution of practice has necessitated development of practice standards and guidance to define and support these new roles, particularly at the level now defined as 'Advanced Clinical Practice'. There are a number of different routes to Advanced Clinical Practice and every clinician's journey will be unique to them. This framework is designed to enable clinicians to capture experiences and track progress in order to guide their development journey.

Orthoptists are classed as both Allied Health Professionals and Ophthalmic Practitioners and frameworks have been developed in order to standardise the level of competence that clinicians attain in these roles[1,13]. In addition to this, Orthoptists have their own unique set of skills and knowledge that are not covered in any of the existing frameworks. This Orthoptic specific framework provides a detailed guide for Orthoptists to be able to develop in these areas of practice and to allow clear definition of these roles in practice for a range of stakeholders. The format of the framework allows regular review of practice requirements and will ensure the standards can be reviewed and revised when necessary to evolve in line with workforce development in specific areas of practice.

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Appendix 1 -
AOCPF Knowledge, Skills and Experience List

Framework Code	Knowledge
	Foundation & Background
KF1	Ocular anatomy
KF2	Neuroanatomy
KF3	Pathophysiology of disease/condition
KF4	Ocular/ Visual Impact of condition processes
KF5	Diagnosis of condition
KF6	Management of disease/condition
KF7	Pathophysiology of orthoptic conditions
KF8	Pathophysiology of ophthalmic conditions
	Ophthalmic Investigation
KOI1	Visual field interpretation
KOI2	Fundus interpretation
KOI3	Ocular Imaging interpretation
KOI4	Ocular Measurement interpretation
KOI5	Pharmacological investigations
	Orthoptic Investigation
KOI6	Visual Function
KI6	Motility
KI7	Nystagmus Assessment
KI8	Pupil abnormalities
	Ophthalmic Management
KM1	pharmacological management approaches
KM2	surgical management approaches
KM3	conservative management approaches
KM4	Re/habilitative approaches
	Medical Investigation
KMI1	Medical physical investigations
KMI2	Medical imaging techniques
KMI3	Physiological testing techniques
KMI4	Genetic testing approaches
KMI5	Cellular testing approaches
	Medical/ MDT Management
KMM1	pharmacological management approaches
KMM2	surgical management approaches
KMM3	conservative management approaches
KMM4	Rehabilitative approaches
KMM5	Health Promotion/ Disease Prevention
	Policy
KP1	National guidelines

Framework Code	Skill
	Ophthalmic Skills
SO1	Anterior segment examination
SO2	Posterior segment examination
SO3	Tonometry
SO4	Pupil assessment
	Visual Function Assessment
SV1	Visual function assessment
SV2	Contrast & colour assessment
SV3	Visual field assessment
	Ocular Motility Assessment
SM1	Motility assessment
	Other Assessment
SO1	Case history pertinent to patient group
	General Medical
SM1	Physical Assessment
	Communication
SC1	Patients with neurological or developmental conditions
SC2	Breaking bad news
SC3	Counselling
	Clinical Reasoning - cases
SR1	Concomitant Strabismus
SR2	Ocular Motility
SR3	Near vision
SR4	Refractive
SR5	Anterior segment
SR6	Posterior segment
SR7	Visual Impairment
SR8	Visual Field
SR9	Visual Perception
	Treatment Approaches
ST1	IVT Injections
ST2	Botulinum Toxin Injections

Framework Code	Practice Area
	Education
E1	Continually assess and address own learning needs
E2	Assess the learning needs of others
	Teaching
ET1	Practice education
ET2	Lecturing/ formal teaching
ET3	Training other professions
	Knowledge Exchange
EKE1	Poster presentation
EKE2	Conference presentation
EKE3	Publication
	Continuing Professional Development
ECP1	Conference attendance
ECP2	Study day attendance
ECP3	Work shadowing
ECP4	Access supervision/ mentorship
ECP5	Reflective Practice
ECP6	Self-directed learning

Framework Code	**Practice Area**
	Leadership
L1	Knowledge of relevant National & local policies, governance and procedures
L2	MDT working
L3	Cross boundary working
L4	Modelling organisational values
L5	Person Centred approach to service delivery
L6	Service Evaluation
L7	Seeks feedback (service users and colleagues)
L8	Quality Improvement
L9	Service Redesign
L10	Peer Review

L11	Fosters collaboration & sharing
L12	Promotes best practice
L13	Provide consultancy
L14	Responds to unfamiliar complex/ unpredictable circumstances
L15	Continually develops practice in line with population health needs
L16	Coaching/ mentorship/ supervision of others
L17	Patient pathways

Framework Code	**Practice Area**
	Research
R1	Literature searching
R2	Literature review and identifying gaps in evidence base
R3	Critical appraisal
R4	Audit own and others clinical practice
R5	Undertake Research
R6	Dissemination of research results
R7	Promotion of evidence based practice
R8	Research publications
R9	Conference presentations