

End-point assessment plan for Associate Continuing Healthcare Practitioner apprenticeship standard

Apprenticeship standard reference number	Level of this end point assessment (EPA)	Integrated
ST0786	5	No

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Introduction and overview

This document sets out the requirements for end-point assessment (EPA) for the Associate Continuing Healthcare Practitioner apprenticeship standard. It is for end-point assessment organisations (EPAOs) who need to know how EPA for this apprenticeship must operate. It will also be of interest to Associate Continuing Healthcare Practitioner apprentices, their employers and training providers.

Full time apprentices will typically spend 24 months on-programme (before the gateway) working towards the occupational standard. All apprentices will spend a minimum of 12 months on-programme and complete the required amount of off-the-job training in line with the apprenticeship funding rules.

The EPA period should only start, and the EPA be arranged, once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, all of the pre-requisite gateway requirements for EPA have been met and that they can be evidenced to an EPAO.

All pre-requisites for EPA assessment methods must also be complete and available for the assessor as necessary.

The apprentice must have achieved English and maths qualifications in line with the apprenticeship funding rules.

The EPA must be completed within an EPA period lasting a maximum of 3 month(s), beginning when the apprentice has passed the EPA gateway.

The EPA consists of 2 discrete assessment methods.

The individual assessment methods will have the following grades:

Assessment method 1: Work based observation and questioning

- Fail
- Pass

Assessment method 2: Professional discussion underpinned by portfolio

- Fail
- Pass
- Distinction

Performance in the EPA will determine the overall apprenticeship standard and grade of:

- Fail
- Pass
- Distinction

EPA summary table

On-programme (typically 24 months)	Training to develop the occupation standard's knowledge, skills and behaviours.
End-point Assessment Gateway	<ul style="list-style-type: none"> • Employer is satisfied the apprentice is consistently working at, or above, the level of the occupational standard. • The apprentice must have achieved English and maths qualifications in line with the apprenticeship funding rules. Apprentices must complete: • a portfolio of evidence, to underpin the EPA professional discussion
End Point Assessment (which would typically take 4 months)	<p>Assessment Method 1: Work based observation and questioning With the following grades:</p> <ul style="list-style-type: none"> · Fail · Pass <p>Assessment Method 2: Professional discussion underpinned by portfolio With the following grades:</p> <ul style="list-style-type: none"> · Fail · Pass · Distinction

Length of end-point assessment period:

The EPA must be completed within an EPA period lasting a maximum of 3 month(s), beginning when the apprentice has passed the EPA gateway.

Order of assessment methods

The assessment methods can be delivered in any order.

Gateway

The EPA period should only start once the employer is satisfied 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.

In addition to the employer's confirmation that the apprentice is working at or above the level in the occupational standard, the apprentice must have completed the following gateway requirements prior to beginning EPA:

The apprentice must have achieved English and maths qualifications in line with the apprenticeship funding rules.

For Work based observation and questioning:

- no specific requirements

For Professional discussion underpinned by portfolio, the apprentice will be required to submit a portfolio:

- The evidence within the portfolio will provide the opportunity for the apprentice to evidence the knowledge, skills and behaviours being assessed by the professional discussion assessment method.
- The format and structure of the portfolio needs to be agreed between the employer, the apprentice and the EPA (e.g. hard copy or on-line). There must be at least one piece of evidence relating to each knowledge, skill and behaviour mapped to the Professional Discussion method. One piece of evidence can be referenced against more than one knowledge, skill or behavioural requirement.
- There will be a range of 15-25 pieces of evidence. This should include at least two recorded observations of undertaking assessment of needs, at least two case studies following individuals

from different care groups and an evidence based report they have produced following a multidisciplinary team assessment of eligibility and evidence of conflict resolution.

- Other evidence items could include witness testimonies, feedback from individuals and their families, and partner agency colleagues, continuing professional development records and other work products which clearly confirm how the apprentice has addressed the KSBs mapped to this method
- The portfolio should not include any methods of self-assessment. The statements of evidence within the portfolio must be 'real' work completed for the apprentice's employer i.e. simulated activities are not allowable,
- The employer must sign off the portfolio thereby authenticating it and then confirm to the EPAO that the work has been solely undertaken by the apprentice.

Assessment methods

Assessment Method 1: Work based observation and questioning

(This Method has 1 components.)

Method 1 Component 1: Work based observation and questioning

Overview

Apprentices must be observed by an independent assessor completing work in their normal workplace, in which they will demonstrate the KSBs assigned to this assessment method. The EPAO will arrange for the observation to take place, in consultation with the employer.

One assessor may observe up to a maximum of 1 apprentices at any one time, to allow for quality and rigour.

The rationale for this assessment method is:

The occupation involves practical activities best assessed through observation

Delivery

The observation and questioning should take a total time of 2 hours and 30 minutes. The observation will last 2 hours. The question and answer session will last 30 minutes. The independent assessor has the discretion to increase the time of the observation by up to 10% to allow the apprentice to complete a task at the end of this component of the EPA. The observation may be split into discrete sections held over a maximum of 1 working day(s). The length of a working day is typically considered to be 7.5 hours.

In advance of the observation, apprentices must be provided with information on the format of the observation, including timescales. The employer and apprentice will need to gain appropriate client consent in advance of the observation process.

The following activities MUST be observed during the observation:

Apprentices must be observed co-ordinating a national policy compliant multidisciplinary full eligibility assessment meeting.

The observation should be conducted in the following way, to take account of the occupational context in which the apprentice operates:

Ground rules should be established (ensure all participant has an equal share; confidentiality clause; meeting to be quorate as per national guidance); identified chair person; manage meeting through Decision Support Tool (DST) sections.

Apprentice to chair the meeting according to local procedures and in line with national guidance

The meeting should relate to one individual only

The individual being assessed should be informed of Apprentice assessment and presence of Independent assessor prior to the meeting and consent sought

Confidentiality to be established at the start of the meeting; the Independent assessor should not take away a Patient identifiable records

The independent assessor must be unobtrusive whilst conducting the observation.

Questions will be asked after the observation is complete. The independent assessor must ask a minimum of 5 questions. They may ask follow up questions where clarification is required. Activities not observed by the independent assessor during the observation can instead be covered by questioning after the observation, but these questions must be asked in a time period of 30 minutes. The independent assessor has the discretion to increase the time of the question and answer session by up to 10% to allow the apprentice to complete a response.

KSBs observed, and answers to questions, must be documented by the independent assessor.

The independent assessor will make all grading decisions and this will be finalised by the EPAO

Other relevant information

There may be breaks during the observation to allow the apprentice to move from one location to another as required and these breaks will not count towards the observation time.

- workplace other than the employer's own premises (e.g. premises of a client)
- employer's premises

Support material

EPAOs will produce the following material to support this assessment method:

Outline of the assessment method's requirements which should be made available for apprentices, employers and clients (where needed to help inform consent)

Marking materials

To support standardisation, EPAO must develop a bank of questions and observation specifications relating to the subject being assessed in consultation with representative employers

Venue

The observation can take place in:

- employer's premises
- workplace other than the employer's own premises (e.g. premises of a client). Client consent must be gained in advance if the observation is taking place at the premises of the client.

The EPAO must ensure that there is an appropriate environment, free from distraction and clients, in which to undertake the question and answer session.

Question development

EPAOs will create open questions to assess related underpinning knowledge, skills and behaviours. They must develop 'question banks' of sufficient size to prevent predictability and review them regularly (and at least once a year) to ensure they, and the questions they contain, are fit for purpose.

Assessment Method 2: Professional discussion underpinned by portfolio (This Method has 1 components.)

Method 2 Component 1: Professional discussion underpinned by portfolio

Overview

This assessment will take the form of a professional discussion, which must be appropriately structured to draw out the best of the apprentice's competence and excellence and cover the KSBs assigned to this assessment method. It will involve the questions that will focus on coverage of prior learning or activity.

The professional discussion can take place in any of the following:

- employer's premises
- a suitable venue selected by the EPAO (e.g. a training provider's premises)

The rationale for this assessment method is:

It allows some KSBs which may not naturally occur in every workplace experience to be assessed; The professional discussion is underpinned by a portfolio of evidence, enabling the apprentice to demonstrate the application of skill and behaviours as well as knowledge

Delivery

The independent assessors will conduct and assess the professional discussion.

The employer will ensure that the apprentice's portfolio of evidence is submitted and authenticated to the EPAO at Gateway. The portfolio of evidence must be mapped to the KSBs that are assigned to the Professional Discussion. The independent assessor should have at least one week to review the content of the portfolio prior to undertaking the Professional Discussion. The portfolio of evidence is not directly assessed, it is used to inform the questioning for the professional discussion. The apprentice and the independent assessor should have a copy of the portfolio of evidence during the Professional Discussion. The independent assessor can ask questions relating to portfolio evidence items to help judge competency against the assigned KSBs to the Professional Discussion. The apprentice can highlight relevant pieces of evidence during their responses to questions.

The professional discussion must last for 90 minutes. The independent assessor has the discretion to increase the time of the professional discussion by up to 10% to allow the apprentice to complete their last answer. Further time may be granted for apprentices with appropriate needs, for example where signing services are required.

During this method, the independent assessor must combine questions from the EPAO's question bank and those generated by themselves.

The professional discussion will be conducted as set out here:

The assessed professional discussion will cover the following:

1. Developing a professional network;
2. National policy for continuing healthcare and the impact this has on services provided;
3. Individual stories about 1to1 support and assessment of individuals progressing through Continuing Healthcare;

4. The differences between health and social care needs;
5. Accountability and working in a multidisciplinary team;
6. Commissioning and contract management in the continuing healthcare economy;
7. Evaluating and measuring good practice

The professional discussion will consist of a minimum of 18 questions with at least 2 coming from each of these 7 discussion areas, excluding follow up questions where required to clarify responses

This assessment method will allow the apprentice to demonstrate some of their behavioural traits and how they have adapted and developed these during their apprenticeship. The apprentice can refer to their portfolio to exemplify a point. This may include their experiences working with peers and colleagues; details of any events they may have been involved with; their soft skills development; any challenging situations and how they were managed; and how they have developed their professional network

The independent assessor must use the assessment tools and procedures that are set by the EPAO to record the professional discussion.

The independent assessor will make all grading decisions.

Venue

The professional discussion should take place in a quiet room, free from distractions and influence.

Other relevant information

A structured specification and question bank must be developed by EPAOs. The 'question bank' must be of sufficient size to prevent predictability and review it regularly (and at least once a year) to ensure that it, and its content, are fit for purpose. The questions relating to the underpinning knowledge, skills and behaviours, must be varied yet allow assessment of the relevant KSBs.

EPAOs must ensure that apprentices have a different set of questions in the case of re-sits/re-takes.

Independent assessors must be developed and trained by the EPAO in the conduct of professional discussion and reaching consistent judgement.

EPAOs will produce the following material to support this assessment method:

Outline of the assessment method's requirements

- Recording documentation for the independent assessor to use
- Grading criteria
- Specification for portfolio of evidence

Weighting of assessment methods

All assessment methods are weighted equally in their contribution to the overall EPA grade.

Grading

Assessment method 1: Work based observation and questioning

KSBs	Fail	Pass
K8 K12 K18 K20 K23 K25 K29 K30 K31 S6 S8 S14 S18 S19 S20 S23 S24 S25 S28 B1 B2 B5 B6	Does not meet the pass criteria	<p>Demonstrates the behaviour expected of an Associate Continuing Healthcare Practitioner (B1, B2, B5, B6);</p> <p>Demonstrates practice which is in line with legislation, national guidance and local policy at all times (K25, S23);</p> <p>Demonstrates they deliver a person-centred approach, acting as an advocate for the individual if appropriate, during the assessment of health and social care needs (K29, K30, S18);</p> <p>Demonstrates the appropriate use of risk assessment and recognises why undertaking risk assessment is important for the individual and the organisation (K12, S14)</p> <p>Demonstrates use of various communication methods and provides information in accessible ways to help people understand the Continuing Healthcare (CHC) processes and the decisions that have been made and verifies with individuals their understanding of the information being communicated (K8, S6);</p> <p>Demonstrates courage, transparency and of application of Duty of Candour (K20)</p> <p>Demonstrates the ability to read and understand clinical records and notes, demonstrating ability to collate a full set of documents and evidence to support the assessment of need (S28, S25);</p> <p>Demonstrates the use of leadership and co-ordination skills to ensure the completion of a national policy compliant assessment of need, using appropriate conflict resolution techniques to deflect or resolve a potential conflict or disagreements (K18, K23, K31, S19, S20, S24);</p> <p>Demonstrates the ability to maintain professional relationships and rapport with individuals, their families, carers and health and social care colleagues (S8);</p>

Assessment method 2: Professional discussion underpinned by portfolio

KSBs	Fail	Pass (apprentice must demonstrate all of the following)	Distinction (apprentice must demonstrate 12 or more of the following)
<p>K1 K2 K3 K4 K5 K6 K7 K9 K10 K11 K13 K14 K15 K16 K17 K19 K21 K22 K24 K26 K27 K28 K32 K33</p> <p>S1 S2 S3 S4 S5 S7 S9 S10 S11 S12 S13 S15 S16 S17 S21 S22 S26 S27</p>	Does not meet the pass criteria	<p>Demonstrates the behaviour expected of an Associate Continuing Healthcare Practitioner (B3, B4, B7, B8, B9);</p> <p>Discusses how the principles of accountability apply to the role of Associate Continuing Healthcare Practitioner (K19, S17);</p> <p>Demonstrate how they have applied the principles of infection prevention and control (K4, S5);</p> <p>In line with the National Framework, explains the end-to-end process for an individual going through Continuing Healthcare and what happens when their care needs change (K2, S1, S3, S10, S13);</p> <p>Demonstrate how they deliver a person-centred approach while monitoring and assessing an individual's ongoing needs and illustrate how they evaluate if the services commissioned are maintaining optimal independence and continuing to meet the needs of the individual in relation to their diagnosis, (K1, K3, S2);</p> <p>Describes the importance of primary health need and the impact this has on the continuing healthcare process (K7);</p> <p>Describes the content of an evidenced-based report following</p>	<p>Identifies what the impact could be on themselves, their wider team and the individual if they were to work outside their limits of competence and training (K19, S17);</p> <p>Evaluates the impact on the individual and their family of not having a person-centred approach or not maintaining optimal independence (S2);</p> <p>Evaluates the impact of poor infection prevention and control across a variety of settings for the individual and the organisation (K4, S5);</p> <p>Evaluates the impact of failing to apply the correct processes or key performance indicators in a timely manner on the individual and the organisation (K2, S1, S3);</p> <p>Evaluates the impact of the MDT recommendation not being supported by appropriate evidence (K22, S7);</p> <p>Describes with examples of how the practice of resilience can support the wider team through a stressful experience (K24, S22);</p> <p>Can outline where risk has been managed in a care package to give the individual more independence (K14, S15);</p> <p>Can assess how they, and the wider team, has benefited through</p>

<p>B3 B4 B7 B8 B9</p>		<p>a multidisciplinary team assessment of eligibility (S7)</p> <p>Explains how they can support the registered practitioner in the planning and assessing of funded-nursing care and joint packages of care (K5);</p> <p>Identifies the factors associated with being a role model, outlining how they have provided feedback to support others to reflect on practice (S21);</p> <p>Describes the principles of social prescribing and how this links to supporting an individual moving on from dependence to being more independent (K21);</p> <p>Describes the impact of claims companies and/or solicitors on the appeals process (K32);</p> <p>Describes what to do in the discharge of individuals from NHS CHC (when they are no longer eligible) to social care and the process for transferring a young person from children's continuing care and education to NHS CHC services (K6, S4)</p> <p>Describes what a full multidisciplinary team (MDT) consists of, their role in providing and commissioning care and describe how the MDT execute their role to fulfil a lawful assessment of eligibility (K22, K33);</p> <p>I Identifies the implications of busy professional practice on individuals and how personal resilience and the use of risk assessment can support practice (K24, S12, S22);</p> <p>Identifies three key challenges of providing safe care for people</p>	<p>a change in practice as a result of lessons learned from the conflict or disagreement (S16);</p> <p>Can discuss how they managed to maintain a positive engagement with a claims company or solicitors during an appeal process, discussing the importance of doing so (K32);</p> <p>Can discuss how evidenced based social prescribing can complement traditional treatments and care packages (K21);</p> <p>Provide an example of how finance impacted upon organizational relationships and how they supported the individuals involved in a positive manner (K17, K26);</p> <p>Explains how and why they have selected the range of solutions to meet the needs of an individual within their Health Budget and explains the benefits or impact this has on the individual requiring care (S9);</p> <p>Describes the potential consequences of sharing data inappropriately on the data subject, themselves and the organisation (K28, S26, S27).</p>
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		<p>with complex co-morbidities and complex care needs (K11);</p> <p>Explains how personal and external factors including discriminatory behaviour may unduly influence decision making (K17, K26);</p> <p>Describes a number of factors which affect vulnerable people and explain how this impacts on their health and social care needs and the benefits of implementing the safeguarding policy in overseeing care provided (K13, K14);</p> <p>Describes two different types of contract used to commission services for individuals eligible for continuing healthcare and how they can be used to manage the quality of services provided (K9, S11, S16);</p> <p>Summarises the key steps in the procurement and commissioning of health and social care services and the role of the Care Quality Commission (K10, K15, K16, S15);</p> <p>Describes how they have calculated an indicative personal health budget in partnership with an individual to meet their assessed health and social care needs (S9);</p> <p>Describes how to critically appraise research and practice so that this can be used to improve the quality of care and service delivered (K27);</p> <p>Explains how digital technologies are used, what data needs collecting and how it should be stored including information governance and where it</p>	
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		appropriate to share (K28, S26, S27).	
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Overall EPA grading

All EPA methods must be passed for the EPA to be passed overall.

If all assessments are passed, then the apprentice will be deemed to have passed.

If the professional discussion assessment is recognised as distinction and the apprentice has achieved a Pass grade in the Observation then the apprentice will be deemed to have an overall distinction grade.

Grades from individual assessment methods should be combined in the following way to determine the grade of the EPA as a whole:

Work based Observation and questioning	Professional Discussion	Overall grading
Fail	Fail	Fail
Fail	Pass	Fail
Fail	Distinction	Fail
Pass	Fail	Fail
Pass	Pass	Pass
Pass	Distinction	Distinction

Roles and responsibilities

Role	Responsibility
Apprentice	<ul style="list-style-type: none"> • participate in development opportunities to improve their knowledge skills and behaviours as outlined in the standard • meet all gateway requirements when advised by the employer <p>Takes responsibility for learning independently and preparing for the EPA</p> <ul style="list-style-type: none"> • understand the purpose and importance of EPA and undertake EPA
Employer	<ul style="list-style-type: none"> • support the apprentice to achieve the KSBs outlined in the standard to their best ability • determines when the apprentice is working at or above the level outlined in the standard and is ready for EPA • select the EPAO • confirm all EPA gateway requirements have been met • confirm arrangements with EPAO for the EPA (who, when, where) in a timely manner • ensure apprentice is well prepared for the EPA <p>Ensures apprentice is able to apply their learning in the workplace</p> <p>Ensures the apprentice has a suitably experienced and competent supervisor</p>
EPAO	<p>As a minimum EPAOs should:</p> <ul style="list-style-type: none"> • understand the occupational role • appoint administrators/invigilators and markers to administer/invigilate and mark the EPA • provide training and CPD to the independent assessors they employ to undertake the EPA • provide adequate information, advice and guidance documentation to enable apprentices, employers and providers to prepare for the EPA • deliver the end-point assessment outlined in this EPA plan in a timely manner • prepare and provide all required material and resources required for delivery of the EPA in-line with best practices • use appropriate assessment recording documentation to ensure a clear and auditable mechanism for providing assessment decision feedback to the apprentice • have no direct connection with the apprentice, their employer or training provider i.e. there must be no conflict of interest • maintain robust internal quality assurance (IQA) procedures and processes, and conducts these on a regular basis

	<ul style="list-style-type: none"> • conform to the requirements of the nominated external quality assurance body • organise standardisation events and activities in accordance with this plan's IQA section • organise and conduct moderation of independent assessors' marking in accordance with this plan • have, and operate, an appeals process • arrange for certification with the relevant training provider
Independent assessor	<p>As a minimum an Independent assessor should:</p> <ul style="list-style-type: none"> • understand the occupation, standard and assessment plan <p>Actively participates in continuing development to maintain competency and expertise in Continuing Healthcare</p> <ul style="list-style-type: none"> • deliver the end-point assessment in-line with the EPA plan • comply to the IQA requirements of the EPAO • be independent of the apprentice, their employer and training provider(s) i.e. there must be no conflict of interest • satisfy the criteria outlined in this EPA plan • hold or be working towards an independent assessor qualification e.g. A1 and have had training from their EPAO in terms of good assessment practice, operating the assessment tools and grading • have the capability to assess the apprentice at this level • attend the required number of EPAOs standardisation and training events per year (as defined in the IQA section) <p>Review the portfolio to generate questions for the professional discussion</p> <p>Determines the observation grade</p> <p>Determines the professional discussion grade</p> <p>Determines the final apprenticeship grade</p>
Training provider	<p>As a minimum the training provider should:</p> <ul style="list-style-type: none"> • work with the employer to ensure that the apprentice is given the opportunities to develop the KSBs outlined in the standard and monitor their progress during the on-programme period • advise the employer, upon request, on the apprentice's readiness for EPA prior to the gateway <p>• Plays no part in the EPA itself</p>

Internal Quality Assurance (IQA)

Internal quality assurance refers to the requirements that EPA organisations must have in place to ensure consistent (reliable) and accurate (valid) assessment decisions. EPA organisations for this EPA must:

- appoint independent assessors who have knowledge of the following occupational areas:
The independent assessor must have a minimum of two years' experience at a senior level in Continuing Healthcare and their experience must be up-to-date, i.e. they should still be practising in the field or have left the field no longer than 12 months before taking up their role as independent assessors. Their experience should be validated as appropriate by at least two referees of appropriate standing.
- appoint independent assessors who are competent to deliver the end-point assessment
- provide training for independent assessors in terms of good assessment practice, operating the assessment tools and grading
- have robust quality assurance systems and procedures that support fair, reliable and consistent assessment across the organisation and over time.
- operate induction training and standardisation events for independent assessors when they begin working for the EPAO on this standard and before they deliver an updated assessment method for the first time
- Ensure all assessors attend regular standardisation events and that as a minimum this attendance is at least once a year.

Re-sits and re-takes

Apprentices who fail one or more assessment method will be offered the opportunity to take a re-sit or a re-take. A re-sit does not require further learning, whereas a re-take does.

Apprentices should have a supportive action plan to prepare for the re-sit or a re-take. The apprentice's employer will need to agree that either a re-sit or re-take is an appropriate course of action.

An apprentice who fails an assessment method, and therefore the EPA in the first instance, will be required to re-sit any failed assessment methods only.

If one or more assessment is failed, then the apprentice will be deemed to have failed overall and be required to re-sit or re-take the failed assessment within three months from the date of the fail notification. If the apprentice cannot pass the assessment(s) within that additional three months, then they are required to undertake a period of further training lasting a minimum of a further three months, ahead of retaking the assessment methods. The EPAO and employer must communicate and agree on re-take arrangements for the apprentice prior to that process commencing.

Re-sits and re-takes are not offered to apprentices wishing to move from pass to distinction.

Where any assessment method has to be re-sat or re-taken, the apprentice will be awarded a maximum EPA grade of pass, unless the EPAO determines there are exceptional circumstances requiring a re-sit or re-take.

Affordability

Affordability of the EPA will be aided by using at least some of the following practice:

- using an employer's premises

Professional body recognition

Professional body recognition is not relevant to this occupational apprenticeship.

Reasonable adjustments

The EPAO must have in place clear and fair arrangements for making reasonable adjustments for this apprenticeship standard. This should include how an apprentice qualifies for Reasonable Adjustment and what Reasonable Adjustments will be made. The adjustments must maintain the validity, reliability and integrity of the assessment methods outlined in this assessment plan.

Mapping of knowledge, skills and behaviours (KSBs)

Assessment method 1: Work based observation and questioning

Knowledge
K8 Understand the importance and how to use a range of communication methods and media available to assist with communication
K12 How to undertake risk assessment, using a range of commonly used tools, and know when to seek advice to avoid compromising quality and safety of others
K18 Techniques to manage differences of opinion, conflict and difficult conversations between professionals
K20 Understands the principles of courage, transparency and the professional duty of candour
K23 Understand the principles of effective leadership and supervisory opportunities and roles for a associate continuing healthcare practitioner
K25 Understand relevant legal, regulatory and governance requirements, policies, and frameworks, including any mandatory reporting duties, to all areas of practice
K29 Know how to review individual's health and social care needs related to breathing, nutrition, bladder and bowel health, skin integrity, mobility, communication, psychological and emotional, cognition, behaviour, symptom control and consciousness
K30 Understand the challenges of providing safe care for people with complex co-morbidities and complex care needs
K31 Understands methods for dealing with potential conflict situations

Skills
S6 Communicate and provide information in an accessible way that is sensitive and appropriate, 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 challenges recognising common barriers to communication
S8 Develop, manage and maintain appropriate relationships and rapport with people, their families, carers, colleagues and providers
S14 In a range of settings, recognise where people could be at risk, including from neglect, and take appropriate action to report potential risk for assessment
S18 Act as an advocate for the individual
S19 Use facilitation and co-ordination skills to make best use of the contributions of others across the multidisciplinary team for the purposes of a lawful assessment or review
S20 Apply the principles of effective leadership
S23 Act in accordance with legislation, national guidance and local policy at all times

S24 Can proactively engage with the individual or representative to support an amicable and lawful resolution of conflict or disagreement
S25 Identify and collate documents and evidence demonstrating current health and social care need from all professionals involved in the care of the individual, for lawful assessment or review of health and social care need to be undertaken
S28 The ability to read, interpret and understand clinical records and notes

Behaviours
B1 Act in a non-discriminatory fashion, treating people with dignity and respecting individual's diversity, beliefs, culture, needs, values, privacy and preferences
B2 Be caring, sensitive and compassionate, nurturing the potential in others
B5 Be adaptable, reliable and consistent, show discretion, resilience and self-awareness and demonstrate leadership
B6 Communicate in ways that are sensitive and appropriate, considering emotional, psychological, cognitive, language, social and other circumstances

Assessment method 2: Professional discussion underpinned by portfolio

Knowledge
K1 Understands the structures and functions of the human body
K2 Knows how to support people going through the Continuing Healthcare process
K3 Understand commonly encountered mental, physical, behavioural and cognitive health conditions, medication usage and treatments and how ill health impacts on the individual and their family
K4 The principles of infection control
K5 Understand the principles of Funded-nursing care and Joint packages of care and how the Associate Continuing Healthcare Practitioner can support the planning and assessment of these
K6 Knows how and when to plan and facilitate referral, discharge or transition of care between professionals, settings or services and what makes up an appropriate care package
K7 Understands the principles of a primary health need and the difference between health and social care needs
K9 Knows the range of health and social care contract types used, including Personal Health Budgets and services commissioned to treat and support individuals with ill health, disabilities and social care needs

K10 Knows the principles of healthcare business and financial planning, commissioning and procurement and how this impacts on continuing healthcare services and the numeracy to undertake basic budgetary analysis.
K11 Understand the impact of co-morbidities and the demands of meeting people's complex health and social care needs when commissioning services
K13 Knows the factors which affect vulnerable people and how this can impact on the health and social care needs and the role of safeguarding policy in oversight of their care
K14 Understand the differences between risk aversion and risk management and how to avoid compromising quality of care commissioned but work towards the choices of the individual where safe to do so
K15 Understand the role and function of the Care Quality Commission for care home, supportive living and home care providers
K16 Understand the importance of Contractual Management in maintaining the quality, sustainability and effectiveness of services and what contractual levers can be used if concerns are identified
K17 Knows how discriminatory behaviour is exhibited and the impact this can have on individuals and the commissioning function
K19 Understand the principles of accountability and how this applies to the role of Associate Continuing Healthcare Practitioner
K21 Knows how care navigation/social prescribing can be used to address the individual's needs and support them to move from dependence to more independence
K22 Knows the roles, responsibilities and models of care of all members of the health and social care multidisciplinary team in providing and commissioning care and how the MDT contribute to a lawful assessment for eligibility of Continuing Healthcare
K24 Understand the demands of multidisciplinary practice and strategies to develop resilience in self and know how to seek support to help deal with uncertain situations
K26 Knows the financial implications that eligibility has and how this can influence demand on the service, behaviours and decisions made
K27 Knows how to critically appraise and reflect upon knowledge, research and practice and understand how this can be used in practice improve the quality of care and service delivered and commissioned
K28 Knows the importance of accurate and timely data collection processes and how this has an impact on local and national assurance mechanisms
K32 Recognises the impact of claims companies and solicitors on the appeals process
K33 Understands the roles, responsibilities and functions of the Health and Social care professionals that form an MDT

Skills

S1 To make appropriate referrals of an individual into the continuing healthcare service via a standard or fast-track referral pathway, using the mandated screening tools as per national policy, rejecting and redirecting any inappropriate referrals
S2 To formulate, monitor and reassess person-centred, evidence based health and social care plan, delegated by registered practitioner, ensuring commissioned services maintain optimal independence and health and social care outcomes where possible and continues to meet the needs of the individual
S3 Take appropriate action where change in health or social care need requires screening, referral or further MDT assessment to establish ongoing Continuing Healthcare eligibility
S4 Co-ordinate routine planning and management of referral, discharge or transition of care between professionals, settings or services
S5 Protect health through applying the principles of infection prevention and control
S7 Utilise report writing skills to formulate clear and evidence based multidisciplinary team recommendations
S9 Facilitate discussions with individuals and their families to set an indicative Personal Health Budget
S10 Identify responsible commissioner for individuals referred into the continuing healthcare service
S11 Commission a package of care for an individual eligible for continuing healthcare, under the supervision of a clinical professional
S12 Manage and prioritise competing demands, prioritising workload based on level of risk
S13 Process referrals in a timely manner
S15 Commission safe, effective and person-centred health and social care packages for people who have co-morbidities and complex care needs, under the supervision of a clinical professional
S16 Participate in data collection to support service delivery evaluation, audit or assurance activity to identify appropriate quality improvement activities or any gaps within the provider market
S17 Works within limits of own competence, experience and training, delegating tasks and escalating issues and duties appropriately
S21 Act as a role model to colleagues, supervising and providing feedback about behaviour and actions of others, motivating them to reflect on and develop their practice
S22 Ensure the wellbeing and resilience needs of the team are met and recognise signs of vulnerability in themselves or their colleagues
S26 Use a range of digital technologies to access, input, share and apply information and data within teams and between agencies
S27 Complete, store and retain accurate and contemporaneous records and data

Behaviours

B3 Have the courage to speak up and challenge areas of concern or any discriminatory behaviour, providing honest, accurate and constructive feedback

B4 Be competent, reliable and committed, using reflection to constantly improve and work to evidence based best practice always working within limits of own competence, experience and training

B7 Constantly works to build the development of a positive associate CHC practitioner-patient relationship as a core element of the role

B8 Act as an ambassador and promote trust, upholding the reputation and promoting public confidence in the continuing healthcare service

B9 Demonstrates accountability in practice, engaging proactively in continuing development and training