



# End-point assessment plan for nursing associate apprenticeship standard

Apprenticeship standard reference number	Level of this end point assessment (EPA)	Integrated
ST0827	5	Non-integrated

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## Introduction and overview

Nursing associates are subject to statutory regulation by the Nursing and Midwifery Council (NMC). The NMC sets the standards of proficiency required for entry to the professional register and these are in effect the occupational standards for nursing associates. The NMC also has the statutory duty to set requirements of programmes necessary to support the achievement of the occupational standard. The End point Assessment assesses whether students have also passed the apprenticeship, and is based on the same professional knowledge, skills and behaviours as the occupational standards.

This document sets out the requirements for end-point assessment (EPA) for the registered nursing associate 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 nursing associate apprentices, their employers and training providers.

Full time apprentices will typically spend 24 months on-programme (before the gateway) working towards the occupational standard, with a minimum of 60% off-the-job training.

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. It is expected that the gateway will be reached after the completion of the final Foundation Degree module and before the education provider's examination board.

For level 3 apprenticeships and above apprentices without English and mathematics at level 2 must achieve level 2 prior to taking their EPA.

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 will have the following grades:

### **Assessment method 1:** Professional Discussion A

- Pass
- Fail

### **Assessment method 2:** Professional Discussion B

- Pass
- Fail

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

- Pass
- Fail

## EPA summary table

<b>On-programme</b> (typically 24 months)	Education and training to develop the occupational standard's knowledge, skills and behaviours.
<b>End-point Assessment Gateway</b>	<ul style="list-style-type: none"> <li>• Employer is satisfied the apprentice is consistently working at, or above, the level of the occupational standard</li> <li>• English/ mathematics Level 2</li> <li>• Practice Assessment Document (PAD)</li> </ul> <p>Apprentices must complete all elements of the following approved qualifications mandated in the standard:</p> <ul style="list-style-type: none"> <li>• Foundation Degree approved by the Nursing and Midwifery Council</li> </ul>
<b>End Point Assessment</b> (which would typically take place within 3 months)	<p>Assessment Method 1: Professional Discussion A</p> <p>With the following grades:</p> <ul style="list-style-type: none"> <li>· Pass</li> <li>· Fail</li> </ul> <p>Assessment Method 2: Professional Discussion B</p> <p>With the following grades:</p> <ul style="list-style-type: none"> <li>· Pass</li> <li>· Fail</li> </ul>
<b>Professional recognition</b>	Aligns with recognition by: The Nursing and Midwifery Council

## 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 will be advised by the Academic Assessor that the apprentice has achieved occupational competence in order for the decision to be made.

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:

- English and mathematics at level 2.

For those with an education, health and care plan or a legacy statement the apprenticeships English and mathematics minimum requirement is Entry Level 3 and British Sign Language qualification are an alternative to English qualifications for whom this is their primary language.

Apprentices must complete all elements of the following approved qualifications as mandated in the standard:

- Foundation Degree approved by the Nursing and Midwifery Council

The apprentice will also have completed a Practice Assessment Document (PAD) which can be used as a source of evidence for the professional discussions required by the apprenticeship.

For Professional Discussion A:

- no specific additional requirements

For Professional Discussion B:

- no specific additional requirements

# Assessment methods

## Overview

Apprentices will undertake two assessments each being a professional discussion. While the method for each assessment is the same they are treated as separate assessments. Each assessment will test the apprentice's knowledge, skills and behaviours (KSBs) against specific domains. The domains are taken from the NMC Platforms for registered nursing associates. These are:

1. Being an accountable professional
2. Promoting health and preventing ill-health
3. Provide and monitor care
4. Working in teams
5. Improving safety and quality of care
6. Contributing to integrated care

The apprentice will demonstrate a reasonable and meaningful sample of the KSBs assigned to the domains.

Each professional discussion will be undertaken by a panel consisting of:

- Independent Assessor (the Chair)
- Programme Practice Assessor
- Programme Academic Assessor

The Independent Assessor is responsible for the final grade given for the End Point Assessment but will make the decision taking into account the views of the Programme Practice and Academic Assessors.

The end-point assessment organisation will arrange for the professional discussions to take place, in consultation with the employer. The two professional discussions must allow for an in-depth discussion that allows for a meaningful sample of KSBs across the domains to be explored and gives the apprentice the opportunity to present evidence that clearly demonstrates competence against the occupational standard. The two discussions combined should be between 60 – 120 minutes in duration, but long enough to ensure the domains are adequately assessed. The independent assessor may extend one or both by 10% if necessary to allow the apprentice to complete their final answer. Each professional discussion will not be split, other than to allow comfort breaks if necessary. A break is permitted between professional discussions.

## Rationale

The rationale for the assessment methods is:

A professional discussion is not simply a question and answer session but a meaningful, in-depth two-way dialogue between the apprentice and the assessors. It allows the apprentice to use standardised questions and scenarios as a starting point to explore their own practice and experiences with the assessors to show how they demonstrate the occupation's KSBs and that they are occupationally competent. A professional discussion is a well-recognised method of checking knowledge, skills and behaviours and is widely used within the health sector.

## Delivery

Before each assessment, apprentices must be provided with both written and verbal instructions on the assessment.

EPAOs will ensure an appropriate controlled environment is provided for the assessment and that the environment can facilitate the EPA.

The apprentice will have completed a Practice Assessment Document (PAD) prior to the gateway. The PAD is used to record learning and assessment that takes place throughout the apprenticeship and the apprentice will bring it with them on the day of the assessment. Appropriate consideration should be given to patient confidentiality, when constructing the PAD. The apprentice may draw on the contents of their PAD to underpin their professional discussions, selecting items on the day to inform and enhance the discussion. The assessors will not assess the Practice Assessment Document itself.

## Assessment Method 1: Professional Discussion A

Assessment 1 will assess the KSB in domains 1, 3, 5 & 6. The assessors will ask 4 questions that will robustly cover the 4 domains mapped to this professional discussion. The questions can either be competency-based (e.g. asking for examples of...), enabling the apprentice to explain how KSBs were personally achieved in role or scenario-based (e.g. asking for their response in/to a certain professional situation - how would you deal with... what would you do if...). The questions can be domain specific or be written in a way that allows the apprentice to demonstrate the KSBs from across the four domains. If scenarios are used these must be 200 – 250 words.

An example of a competency based question could be:

*Describing an episode of care in your usual place of work, identify the hazards or risks to the health and safety of you, the individual/s or colleagues that you must be aware of. Describe how you identified these hazards/risks and what action you took to minimize the risks and how to escalate any concerns.*

An example scenario could be:

200 - 250 words describing an individual with nursing needs in relation to the nursing associate's main area of employment practice or the practice placements. The independent assessor can select the scenario from a bank provided by the EPAO. The apprentice will be expected to describe the appropriate range of procedural skills required to meet that person's needs taken from Annex B: Procedures to be undertaken by the nursing associate in the NMC Standards for Proficiency 2018. This type of scenario would require the use of two of the required procedural skills and that the apprentice is able to appropriately choose these and accurately describe their application and any contraindications or risks.

Examples of the procedural skills are:

- undertake venepuncture and routine ECG recording
- monitor wounds and undertake wound care using appropriate evidence-based techniques
- use a range of contemporary moving and handling techniques and mobility aids
- use aseptic, non-touch techniques
- use appropriate nasal and oral suctioning techniques

- care for and manage catheters for all genders

At the end of the each competency or scenario based professional discussion the independent assessor, practice assessor and academic assessor will have the opportunity to ask follow-up questions to elicit further evidence that the KSBs have been attained, or otherwise, and to enable accurate assessment against the pass criteria.

The examples in this plan are just for illustrative purposes, it is for the EPAO to develop a suitable 'bank of competency based questions and scenarios' to be used during the professional discussion.

The EPAO will provide a bank of questions and scenarios that assessors may use, or assessors may use the KSBs to construct their own. The assessors can ask follow-up questions that will help them determine that the KSBs have been demonstrated.

## Assessment Method 2: Professional Discussion B

Assessment 2 will assess the KSBs in domains 2 and 4. The assessors will ask 2 questions that will robustly cover the 2 domains mapped to this professional discussion. The questions can either be competency-based enabling the apprentice to explain how KSBs were personally achieved in role or scenario-based. The assessors can ask follow-up questions for clarification - to elicit further evidence that the KSBs have been attained, or otherwise, and to enable accurate assessment against the pass criteria. The questions can be domain specific or be written in a way that allows the apprentice to demonstrate the KSBs from across both domains. If scenarios are used these must be 200 – 250 words.

An example competency based question could be:

*Describe an episode of care where you had to supervise and coach a learner/colleague in practice providing care to an individual or group. You should describe the nursing care needs of the individual, the skills/ knowledge being taught, how you did this and why it was appropriate to teach these to the learner/colleague.*

An example scenario could be:

*The apprentice would be asked to describe preventive health behaviours that need to be promoted and the support that could be offered to help an individual make informed choices to improve their health. They would also be asked to describe two factors that may influence their health behaviours and how social influences and lifestyle choices may contribute to the success or failure of the preventive health behaviours.*

## Questions and resources development

EPAOs will produce specifications to outline in detail how the professional discussion will operate, what it will cover and what should be looked for and how evidence will be recorded. It is recommended that this be done in consultation with representative employers. EPAOs should put measures and procedures in place to maintain the security and confidentiality of the parts of their specifications that could unfairly advantage apprentices if employers are consulted. Specifications must be standardised by the EPAO. EPAOs must also develop a 'bank' of competency based questions and scenarios of sufficient size to prevent predictability and review them regularly (and at least once a year) to ensure

they, and the specifications they contain, are fit for purpose. The specifications must be varied yet allow assessment of all the relevant domains. EPAOs will produce guidance for apprentices to explain how the professional discussions will operate.

## Weighting of assessment methods

All assessment methods are weighted equally in their contribution to the overall EPA grade i.e. both must be passed.

## Grading

### Assessment method 1: Professional Discussion A

To pass this method, the apprentice will need to demonstrate competence against each grading descriptor. It is not necessary to cover-off every single KSB.

A sample from KSBs	Fail	Pass
<p>S.1, S.2, S.3, S.4, S.5, S.6, S.7, S.8, S.9, S.10, S.11, S.12, S.18, S.19, S.20, S.21, S.22, S.23, S.24, S.25, S.26, S.27, S.28, S.29, S.30, S.31, S.32, S.33, S.34, S.35, S.36, S.37, S.39</p> <p>K.1, K.2, K.3, K.4, K.5, K.6, K.7, K.8, K.15, K.16, K.17, K.18, K.19, K.20, K.21, K.22, K.23, K.24, K.25, K.26, K.27, K.28, K.29, K.30, K.31, K.32, K.33, K.34, K.35, K.36, K.37, K.38, K.39, K.40</p>	Does not meet the pass criteria	<p>Acts in the best interests of people, putting them first and providing nursing care that is person-centred, safe and compassionate ensuring this is done in line with relevant legal, regulatory and governance requirements, policies, and ethical frameworks, including any mandatory reporting duties (K.1, K.2, K.3, S.1, S.2, S.3, S.5, S.7, S.10, B.1)</p> <p>Acts in accordance with the Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates at all times and uses knowledge and experience to make evidence based decisions and solve problems within the scope of the role(K.4, S.4, S.6, S.9)</p> <p>Recognises the limits of their competence and works within these and understands they are responsible for their actions. (S.7, S.8, S.11, S.12, K.5, K.6, K.7, K.8, B.3)</p> <p>Provides compassionate, safe and effective nursing care and support to people in a range of care settings (S.18, S.23, S.24, S.25, S.26, S.27, S.28, K.15, K.16, K.17, K.23, K.24, K.25, K.27, K.28, K.29)</p> <p>Able to monitor the condition and health needs of people within their care on a continual basis in partnership with people, families, and carers (S.19, S.20, S.21, S.29, S.30, S.31, K.18, K.20, K.21)</p>

<b>B1 B2 B3</b>		<p>Contributes to ongoing assessment of the individuals in their care and can interpret, promptly respond, share findings, and escalate as needed and recognise when it is necessary to refer to others for reassessment. (S.22, K.19, K.22, K.26,)</p> <p>Contributes to the continuous monitoring of people's experience of care to improve the quality of care (S.37, K.31, K.34)</p> <p>Able to accurately identify risks to safety or experience and take appropriate action, putting the best interests, needs and preferences of people first. (S.33, S.34, S.35, S.36, K.30, K.32, K.33, K.35)</p> <p>Contributes to the provision of care for people, including those with complex needs (S.39, K.37, K.38, K.39, K.40)</p> <p>Understands the roles of the range of professionals and carers from other organisations and settings who may be participating in the care of a person and their family, and their responsibilities in relation to communication and collaboration (S.32, K.36, B.3)</p>
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## Assessment method 2: Professional Discussion B

To pass this method, the apprentice will need to demonstrate competence against each grading descriptor. It is not necessary to cover-off every single KSB.

A sample from KSBs	Fail	Pass
<p><b>S.13, S.14, S.15, S.16, S.17, S.38, S.40, S.41, S.42, S.43, S.44,</b></p> <p><b>K.9, K.10, K.11, K.12, K.13, K.14, K.41, K.42, K.43</b></p>	<p>Does not meet the pass criteria</p>	<p>Supports people to improve and maintain their mental, physical, behavioural health and wellbeing (S.13, S.14, K.9, K.12, K.13)</p> <p>Actively involved in the prevention of and protection against disease and ill health, and engages in public health, community development, and in the reduction of health inequalities. (S.15, S.16, S.17, K.10, K.11, K.14)</p> <p>Plays an active role as a member of interdisciplinary team, supporting and motivating other members of the care team, collaborating and communicating effectively and confidently with nurses, a range of other health and care professionals and lay carers. (S.38, S.40, S.41, S.42, S.43, S.44, K.41, K.42, K.43)</p>

## Overall EPA grading

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

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

Professional Discussion A	Professional Discussion B	Overall EPA grading
Fail	Fail	Fail
Fail	Pass	Fail
Pass	Fail	Fail
Pass	Pass	Pass

## Roles and responsibilities

Role	Responsibility
Apprentice	<ul style="list-style-type: none"> <li>complete the constituent parts of the programme successfully</li> <li>meet all gateway requirements when advised by the employer</li> <li>understand the purpose and importance of EPA and undertake EPA</li> </ul>
Employer	<ul style="list-style-type: none"> <li>select the EPAO</li> <li>support the apprentice to achieve the KSBs outlined in the standard to their best ability</li> <li>determine when the apprentice is working at or above the level of occupational competence outlined in the occupational standard and is ready for EPA, taking account of the advice of the Academic Assessor</li> <li>confirm all EPA gateway requirements have been met</li> <li>confirm arrangements with EPAO for the EPA (who, when, where) in a timely manner</li> <li>ensure the apprentice is well prepared for the EPA</li> </ul>
EPAO	<p>As a minimum EPAOs should:</p> <ul style="list-style-type: none"> <li>understand the occupational role</li> <li>appoint an independent assessor to deliver the EPA</li> <li>provide training and CPD to the independent assessors they employ to undertake the EPA</li> <li>provide adequate information, advice and guidance documentation to enable apprentices, employers and providers to prepare for the EPA</li> </ul>

	<ul style="list-style-type: none"> <li>• deliver the end-point assessment outlined in this EPA plan in a timely manner after gateway</li> <li>• prepare and provide all required material and resources required for delivery of the EPA in-line with best practices</li> <li>• use appropriate assessment recording documentation to ensure a clear and auditable mechanism for providing assessment decision feedback to the apprentice and other stakeholders</li> <li>• maintain robust internal quality assurance (IQA) procedures and processes, and conducts these on a regular basis</li> <li>• conform to the requirements of the nominated external quality assurance body</li> <li>• organise standardisation events and activities in accordance with this plan's IQA section</li> <li>• provide training for the Academic and Practice Assessors necessary for them to understand and apply the requirements of the apprenticeship and the End Point Assessment process</li> <li>• organise and conduct moderation of independent assessors' marking in accordance with this EPA plan</li> <li>• have, and operate, an appeals process</li> <li>• arrange for certification</li> </ul>
Independent assessor	<p>As a minimum an Independent assessor should:</p> <ul style="list-style-type: none"> <li>• understand the standard and assessment plan</li> <li>• deliver the end-point assessment in-line with the EPA plan</li> <li>• comply to the IQA requirements of the EPAO</li> <li>• be independent of the apprentice, or with staff from the employing organisation or education provider who are involved in delivering the apprenticeship</li> <li>• have had training from their EPAO in terms of good assessment practice, operating the assessment tools and grading</li> <li>• have the capability to assess the apprentice at this level</li> <li>• attend the required number of EPAO's standardisation and training events per year (as defined in the IQA section)</li> </ul>
Programme Practice Assessor	<p>As a minimum the Practice Assessor should:</p> <ul style="list-style-type: none"> <li>• understand the standard and assessment plan</li> <li>• meet the NMC requirements for assessors of nursing associates</li> <li>• participate in the the end-point assessment in-line with the EPA plan</li> <li>• undertake any training or reading provided by the EPAO necessary for them to understand and apply the requirements of the apprenticeship and the End Point Assessment process</li> </ul>
Programme Academic Assessor	<p>As a minimum the Academic Assessor should:</p> <ul style="list-style-type: none"> <li>• understand the standard and assessment plan</li> <li>• meet the NMC requirements for assessors of nursing associates</li> <li>• participate in the the end-point assessment in-line with the EPA plan</li> </ul>

	<ul style="list-style-type: none"> <li>• undertake any training or reading provided by the EPAO necessary for them to understand and apply the requirements of the apprenticeship and the End Point Assessment process</li> </ul>
Training provider	<p>As a minimum the training provider should:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• advise the employer, upon request, on the apprentice's readiness for EPA prior to the gateway</li> <li>• provide the Academic and Practice Assessor for the EPA</li> <li>• plays no part wider role in the EPA itself</li> </ul>

## 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 are:
  - Nurses or nursing associates who are registered with the Nursing and Midwifery Council
  - competent to deliver the end-point assessment
  - the independent assessor must additionally have current knowledge of the Nursing and Midwifery Council:
    - Standards of proficiency for nursing associates
    - Standards framework for nursing and midwifery education
    - Standards for student supervision and assessment
    - Standards for pre-registration nursing associate programmes
- provide training for independent assessors in terms of good assessment practice, operating the assessment tools and grading
- provide training or reading for the Academic and Practice Assessors necessary for them to understand and apply the requirements of the apprenticeship and the End Point Assessment process
- 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

## External Quality Assurance (EQA)

The external quality assurance provider for this assessment plan is the Institute for Apprenticeships and Technical Education.

## Re-sits and re-takes

Apprentices who fail one or more EPA 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.

Any assessment method re-sit or re-take must be taken during the maximum EPA period, otherwise the entire EPA must be taken again, unless in the opinion of the EPAO exceptional circumstances apply outside the control of the apprentice or their employer.

## Affordability

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

- using an employer's premises where possible

## Professional body recognition

This apprenticeship is based on the Nursing and Midwifery Council's standards of proficiency and education programme standards. This means that those who successfully complete the apprenticeship will be eligible to apply for registration with the NMC, and will go on to demonstrate that they meet the wider requirements for registration (good character, indemnity, etc).

### **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: Professional Discussion A

Knowledge
<b>K1</b> Understand the Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (NMC, 2018), and how to fulfill all registration requirements
<b>K2</b> 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
<b>K3</b> Understand the professional responsibility to adopt a healthy lifestyle to maintain the level of personal fitness and well-being required to meet people's needs for mental and physical care
<b>K4</b> Understand the principles of research and how research findings are used to inform evidence-based practice
<b>K5</b> Understand the meaning of resilience and emotional intelligence, and their influence on an individual's ability to provide care
<b>K6</b> Understand and apply relevant legal, regulatory and governance requirements, policies, and ethical frameworks, including any mandatory reporting duties, to all areas of practice
<b>K7</b> Understand the importance of courage and transparency and apply the Duty of Candour
<b>K8</b> Understand how discriminatory behaviour is exhibited
<b>K15</b> Understand human development from conception to death, to enable delivery of person-centred safe and effective care
<b>K16</b> Understand body systems and homeostasis, human anatomy and physiology, biology, genomics, pharmacology, social and behavioural sciences as applied to delivery of care
<b>K17</b> Understand commonly encountered mental, physical, behavioural and cognitive health conditions as applied to delivery of care
<b>K18</b> Understand and apply the principles and processes for making reasonable adjustments
<b>K19</b> Know how and when to escalate to the appropriate professional for expert help and advice
<b>K20</b> Know how people's needs for safety, dignity, privacy, comfort and sleep can be met
<b>K21</b> Understand co-morbidities and the demands of meeting people's holistic needs when prioritising care
<b>K22</b> Know how to meet people's needs related to nutrition, hydration and bladder and bowel health
<b>K23</b> Know how to meet people's needs related to mobility, hygiene, oral care, wound care and skin integrity
<b>K24</b> Know how to support people with commonly encountered symptoms including anxiety, confusion, discomfort and pain
<b>K25</b> Know how to deliver sensitive and compassionate end of life care to support people to plan for their end of life

<b>K26</b> Understand where and how to seek guidance and support from others to ensure that the best interests of those receiving care are upheld
<b>K27</b> Understand the principles of safe and effective administration and optimisation of medicines in accordance with local and national policies
<b>K28</b> Understand the effects of medicines, allergies, drug sensitivity, side effects, contraindications and adverse reactions
<b>K29</b> Understand the different ways by which medicines can be prescribed
<b>K30</b> Understand the principles of health and safety legislation and regulations and maintain safe work and care environments
<b>K31</b> Understand how inadequate staffing levels impact on the ability to provide safe care and escalate concerns appropriately
<b>K32</b> Understand what constitutes a near miss, a serious adverse event, a critical incident and a major incident
<b>K33</b> Understand when to seek appropriate advice to manage a risk and avoid compromising quality of care and health outcomes
<b>K34</b> Know and understand strategies to develop resilience in self and know how to seek support to help deal with uncertain situations
<b>K35</b> Understand own role and the roles of all other staff at different levels of experience and seniority in the event of a major incident
<b>K36</b> Understand the roles of the different providers of health and care
<b>K37</b> Understand the challenges of providing safe nursing care for people with complex co-morbidities and complex care needs
<b>K38</b> Understand the complexities of providing mental, cognitive, behavioural and physical care needs across a wide range of integrated care settings
<b>K39</b> 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
<b>K40</b> Understand own role and contribution when involved in the care of a person who is undergoing discharge or a transition of care between professionals, settings or services

Skills
<b>S1</b> Act in accordance with the Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (NMC, 2018), and fulfil all registration requirements
<b>S2</b> Keep complete, clear, accurate and timely records
<b>S3</b> Recognise and report any factors that may adversely impact safe and effective care provision
<b>S4</b> Take responsibility for continuous self-reflection, seeking and responding to support and feedback to develop professional knowledge and skills

<b>S5</b> Safely demonstrate evidence-based practice in all skills and procedures required for entry to the register: Standards of proficiency for nursing associates Annex A & B (NMC 2018)
<b>S6</b> Act as an ambassador for their profession and promote public confidence in health and care services
<b>S7</b> 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
<b>S8</b> Recognise signs of vulnerability in self or colleagues and the action required to minimise risks to health
<b>S9</b> Develop, manage and maintain appropriate relationships with people, their families, carers and colleagues
<b>S10</b> Provide, promote, and where appropriate advocate for, 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
<b>S11</b> Report any situations, behaviours or errors that could result in poor care outcomes
<b>S12</b> Challenge or report discriminatory behaviour
<b>S18</b> Apply 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
<b>S19</b> Recognise when capacity has changed
<b>S20</b> Recognise people at risk of abuse, self-harm and/or suicidal ideation and the situations that may put them and others at risk
<b>S21</b> Monitor the effectiveness of care in partnership with people, families and carers, documenting progress and reporting outcomes
<b>S22</b> Take personal responsibility to ensure that relevant information is shared according to local policy and appropriate immediate action is taken to provide adequate safeguarding and that concerns are escalated
<b>S23</b> Work in partnership with people, to encourage shared decision making, in order to support individuals, their families and carers to manage their own care when appropriate
<b>S24</b> Perform a range of nursing procedures and manage devices, to meet people's need for safe, effective and person-centred care
<b>S25</b> Meet people's needs for safety, dignity, privacy, comfort and sleep
<b>S26</b> Meet people's needs related to nutrition, hydration and bladder and bowel health
<b>S27</b> Meet people's needs related to mobility, hygiene, oral care, wound care and skin integrity
<b>S28</b> Support people with commonly encountered symptoms including anxiety, confusion, discomfort and pain
<b>S29</b> Give information and support to people who are dying, their families and the bereaved and provide care to the deceased

<b>S30</b> Recognise when a person's condition has improved or deteriorated by undertaking health monitoring, interpreting, promptly responding, sharing findings and escalating as needed
<b>S31</b> Act in line with any end of life decisions and orders, organ and tissue donation protocols, infection protocols, advanced planning decisions, living wills and lasting powers of attorney for health
<b>S32</b> Work collaboratively and in partnership with professionals from different agencies in interdisciplinary teams
<b>S33</b> Maintain safe work and care environments
<b>S34</b> Act in line with local and national organisational frameworks, legislation and regulations to report risks, and implement actions as instructed, following up and escalating as required
<b>S35</b> Accurately undertake risk assessments, using contemporary assessment tools
<b>S36</b> Respond to and escalate potential hazards that may affect the safety of people
<b>S37</b> Participate in data collection to support audit activity, and contribute to the implementation of quality improvement strategies
<b>S39</b> Recognise when people need help to facilitate equitable access to care, support and escalate concerns appropriately

Behaviours
<b>B1</b> Treat people with dignity, respecting individual's diversity, beliefs, culture, needs, values, privacy and preferences
<b>B2</b> Show respect and empathy for those you work with, have the courage to challenge areas of concern and work to evidence based best practice
<b>B3</b> Be adaptable, reliable and consistent, show discretion, resilience and self-awareness

## Assessment method 2: Professional Discussion B

Knowledge
<b>K9</b> Understand the aims and principles of health promotion, protection and improvement and the prevention of ill health when engaging with people
<b>K10</b> Understand the principles of epidemiology, demography, and genomics and how these may influence health and well-being outcomes
<b>K11</b> Understand the factors that may lead to inequalities in health outcomes
<b>K12</b> Understand the importance of early years and childhood experiences and the possible impact on life choices, mental, physical and behavioural health and well-being
<b>K13</b> Understand the contribution of social influences, health literacy, individual circumstances, behaviours and lifestyle choices to mental, physical and behavioural health outcomes
<b>K14</b> Understand the importance of health screening

<b>K41</b> Know the roles, responsibilities and scope of practice of different members of the nursing and interdisciplinary team, and own role within it
<b>K42</b> Understand and apply the principles of human factors and environmental factors when working in teams
<b>K43</b> Understand the influence of policy and political drivers that impact health and care provision

Skills
<b>S13</b> Apply the aims and principles of health promotion, protection and improvement and the prevention of ill health when engaging with people
<b>S14</b> Promote preventive health behaviours and provide information to support people to make informed choices to improve their mental, physical, behavioural health and wellbeing
<b>S15</b> Identify people who are eligible for health screening
<b>S16</b> Promote health and prevent ill health by understanding the evidence base for immunisation, vaccination and herd immunity
<b>S17</b> Protect health through understanding and applying the principles of infection prevention and control, including communicable disease surveillance and antimicrobial stewardship and resistance
<b>S38</b> Prioritise and manage own workload, and recognise where elements of care can safely be delegated to other colleagues, carers and family members
<b>S40</b> Support and motivate other members of the care team and interact confidently with them
<b>S41</b> Monitor and review the quality of care delivered, providing challenge and constructive feedback when an aspect of care has been delegated to others
<b>S42</b> Support, supervise and act as a role model to nursing associate students, health care support workers and those new to care roles, review the quality of the care they provide, promoting reflection and providing constructive feedback
<b>S43</b> Contribute to team reflection activities to promote improvements in practice and services
<b>S44</b> Access, input, and apply information and data using a range of methods including digital technologies, and share appropriately within interdisciplinary teams