

End-point assessment plan for Enhanced clinical practitioner apprenticeship standard

Apprenticeship standard number	Apprenticeship standard level	Integrated end-point assessment
ST0895	6	Non-integrated

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Introduction and overview

This document sets out the requirements for the non-integrated end-point assessment (EPA) for the Enhanced clinical practitioner apprenticeship standard. It explains how EPA for this apprenticeship must operate.

This document provides the EPA design requirements for end-point assessment organisations (EPAOs) for this apprenticeship standard. It will also be useful for apprentices undertaking this apprenticeship, their employers and training providers.

EPA must be conducted by an EPAO approved to deliver EPA for this apprenticeship standard. Each employer should select an approved EPAO from the Education & Skills Funding Agency's Register of end-point assessment organisations (RoEPAO).

Full time apprentices will typically spend 18 months on-programme (before the gateway) working towards the occupational standard, with a minimum of 20% off-the-job training. All apprentices must spend a minimum of 12 months on-programme.

Before starting EPA, an apprentice must meet the gateway requirements. For this apprenticeship they are:

- the employer must be content that the apprentice is working at or above the occupational standard
- apprentices must have achieved English and mathematics Level 2

For those with an education, health and care plan or a legacy statement, the apprenticeship's English and mathematics minimum requirement is Entry Level 3. British Sign Language (BSL) qualifications are an alternative to English qualifications for those who have BSL as their primary language.

The EPAO must confirm that all required gateway evidence has been provided and accepted as meeting the gateway requirements. The EPAO is responsible for confirming gateway eligibility. Once this has been confirmed, the EPA period starts.

The EPA must be completed within an EPA period lasting typically 3 month(s), after the EPA gateway.

The EPA consists of 2 discrete assessment methods.

The individual assessment methods will have the following grades:

Assessment method 1: Quality improvement proposal report with question and answer session

- fail
- pass

Assessment method 2: Professional discussion underpinned by portfolio of evidence

- fail
- pass
- distinction

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

- fail
- pass
- distinction

EPA summary table

<p>On-programme (typically 18 months)</p>	<ul style="list-style-type: none"> • Training to develop the knowledge, skills and behaviours (KSBs) of the occupational standard. • Training towards English and mathematics level 2, if required. • Compiling a portfolio of evidence
<p>End-point assessment gateway</p>	<p>The employer must be content the apprentice is consistently working at, or above, the level of the occupational standard.</p> <p>Apprentices must achieve the following:</p> <ul style="list-style-type: none"> • Level 2 English and maths. <p>Apprentices must also prepare and submit:</p> <ul style="list-style-type: none"> • The quality improvement proposal's subject, title and scope will be agreed between the employer and the EPAO at the gateway • A portfolio of evidence
<p>End-point assessment (which will typically take 3 months)</p>	<p>End-point assessment method 1: Quality improvement proposal report with question and answer session, graded:</p> <ul style="list-style-type: none"> • fail • pass <p>End-point assessment method 2: Professional discussion underpinned by portfolio of evidence, graded:</p> <ul style="list-style-type: none"> • fail • pass • distinction <p>Overall EPA / apprenticeship graded:</p> <ul style="list-style-type: none"> • fail • pass • distinction

Length of EPA period

The EPA will be completed within an EPA period lasting typically 3 months, starting when the EPAO has confirmed that all gateway requirements have been met.

Order of end-point assessment methods

The assessment methods can be delivered in any order.

EPA gateway

The EPA period should only start once the employer is content that the apprentice is consistently working at or above the level set out in the occupational standard, that is to say they are deemed to have achieved occupational competence. In making this decision, the employer may take advice from the apprentice's training provider(s), but the decision must ultimately be made solely by the employer.

The EPAO determines when all gateway requirements have been met, and the EPA period will only start once the EPAO has confirmed this.

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:

- Achieved English and mathematics Level 2.

For those with an education, health and care plan or a legacy statement, the apprenticeship's English and mathematics minimum requirement is Entry Level 3. British Sign Language (BSL) qualifications are an alternative to English qualifications for those who have BSL as their primary language.

For the quality improvement proposal report with question and answer session the apprentice will be required to submit:

- The project's subject, title and scope in the form of a proposal briefing to the EPAO and this will be signed off within a maximum of 3 weeks of the gateway being passed.

For the professional discussion, the apprentice will be required to submit:

- A portfolio of evidence

The Quality Improvement Proposal Briefing requirements:

The quality improvement proposal's subject, title and scope will be agreed between the employer and the EPAO at the gateway. A brief summary of what the project will cover should be submitted to the EPAO at the gateway. This should demonstrate that the project will provide sufficient opportunity for the apprentice to cover the KSBs mapped to this method. The brief summary is not assessed and should be no more than 500 words.

The quality improvement proposal briefing is not assessed. The briefing will have been submitted in line with EPAO requirements and at gateway and must provide the independent assessor with assurance that all of the KSBs mapped to this assessment method will be evidenced in the full quality improvement proposal report.

The portfolio of evidence requirements:

Apprentices must compile a portfolio of evidence during the on-programme period of the apprenticeship. It should contain evidence related to the KSBs that will be assessed by this assessment method. The portfolio of evidence will typically contain 12 discrete pieces of evidence. Evidence should be mapped against the KSBs.

Evidence may be used to demonstrate more than one KSB; a qualitative as opposed to quantitative approach is suggested. Evidence sources may include:

- workplace documentation/records, for example:
 - workplace policies/procedures, records
 - witness statements
 - critical incident analysis
 - case-based discussions
 - supporting an intervention
 - teaching or advice and guidance resource (e.g. discharge letter, delivery of education session etc)
 - clinical supervision reflection
 - work-based assessment
 - evidence of ongoing professional development

This is not a definitive list; other evidence sources are possible. Given the breadth of context and roles in which this occupation works, the apprentice will select the most appropriate evidence based on the context of their practice against the KSBs mapped to this method.

- portfolio should not include reflective accounts or any methods of self-assessment except where evidencing K23 or S23

- employer contributions should focus on direct observation of performance (for example witness statements) rather than opinions
- evidence provided must be valid and attributable to the apprentice; the portfolio of evidence must contain a statement from the employer and apprentice confirming this
- portfolio of evidence must be submitted to the EPAO at the gateway

The portfolio is not directly assessed. It underpins the professional discussion assessment method and therefore should not be marked by the EPAO. EPAOs should review the portfolio of evidence in preparation for the professional discussion but are not required to provide feedback after this review of the portfolio.

End-point assessment methods

End-point assessment method 1: Quality improvement proposal report with question and answer session

Overview

This assessment method has 2 components.

The independent assessor assesses and marks a 5000 word quality improvement proposal report and then clarifies what they have assessed with the apprentice during a question and answer session.

The independent assessor will ask a minimum of 5 questions in relation to KSBs to gain a deeper insight of the demonstrated KSBs.

The independent assessor will then assign a single assessment grade of pass or fail to the quality improvement proposal report with question and answer session.

The rationale for this assessment method is:

- enhanced clinical practitioners work in a wide range of settings and specialist areas of practice, so a written report is the most appropriate way to consistently explore their skills knowledge and understanding
- formulating and writing up the quality improvement proposal report demonstrates how they undertake real work activities in this practical occupation
- a quality improvement proposal report enables the apprentice to demonstrate the KSBs required to be an effective and safe Enhanced clinical practitioner
- employers and the training providers have existing facilities and/or equipment that can be used for the question and answer session
- it provides a cost-effective approach to assessment as it allows assessment of several apprentices on the same day and virtually if required, reducing independent assessor travel time
- a written report avoids issues with seeking permission and availability and access to a range of clients with different needs
- the independent assessor will ask questions based on reviewing the quality improvement proposal report to obtain further depth and clarity about the quality improvement proposal

Assessment method 1 component 1: Quality improvement proposal report

Delivery

The quality improvement proposal report with question and answer should be conducted in the following way to take account of the occupational context in which the apprentice operates as follows:

The apprentice will submit the quality improvement proposal briefing at gateway that demonstrates that the project will provide sufficient opportunity for the apprentice to cover the KSBs mapped to this method. Upon receipt, and within a maximum of 3 weeks, the independent assessor will review it and confirm the KSB mapping. The apprentice will have 4 weeks to develop the quality improvement proposal report which will be submitted to the independent assessor for marking at least 2 weeks prior to the question and answer session and in line with the policy agreed by the individual EPAO.

Apprentices must be provided with written and verbal instructions on the quality improvement proposal report that they must complete, including the timescales they are working to in advance of the assessment.

The knowledge, skills and behaviours mapped to the method will be assessed in the written report and clarified, or when not seen, covered during the question and answer session.

The independent assessor conducts and assesses the quality improvement report. They must record the KSBs observed, KSBs demonstrated in the answers to questions and the grade achieved. The apprentice's answers to questions must be recorded.

The independent assessor makes all grading decisions.

The Quality Improvement Proposal Report requirements:

The apprentice must complete a 5000 word report (+/- 10% at the apprentice's discretion) including tables, figures, and excluding references and annexes, fully describing an initiative to improve healthcare that they have planned but may not necessarily have implemented. The quality improvement proposal report must be realistic in terms of aims and resource requirements and potential for implementation.

The following headings can be used as a guide for structuring the quality improvement proposal report. This list is not exhaustive.

- overview of the quality improvement proposal
- detailed description of the issue/problem to be addressed
- list of key objectives and aims
- detailed plan of the improvement proposed e.g.
 - quality improvement methods
 - range of evidence drawn upon

- analysis of the scale, scope and impact of the proposal
- ethical and patient-centred considerations
- theories, techniques, principles and models drawn upon
- barriers and enablers
- evaluation of the improvement proposal including risks and opportunities
- proposed next steps for the implementation of the quality improvement proposal

Please notice that referencing should be included as an appendix to the quality improvement proposal report but not counted as part of the report's overall word count.

The quality improvement proposal report is assessed and marked by the independent assessor. A question and answer session is used to support the written report.

Examples

Apprentices will select a quality improvement they have developed, or may like to develop, in their own workplace upon which to base their briefing and quality improvement proposal report. The report outlines a plan to improve healthcare and could relate to any of the following: quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency, and equity.

Examples could include the quality improvement of:

- discharge or transfer processes
- communication or documentation
- use of technology
- use of consumables or equipment
- risk management

This list is not exhaustive and is provided as an example only.

Assessment method 1 component 2: question and answer session

Delivery

The EPAO will arrange for the question and answer session to take place, in consultation with the employer. The question and answer session will last for 25 minutes. A discretionary additional 10% time can be allocated.

There will be one question and answer activity. The question and answer activity will be carried out in its entirety and may not be split except in the case of an emergency e.g. fire evacuation. Should an emergency or internet outage occur, the question and answer session will be paused and re-started from the point it was paused to ensure that the apprentice is assessed for the full allocated time.

EPAOs must manage invigilation of apprentices during breaks to maintain security of the assessment in line with their malpractice policy.

One independent assessor may question only 1 apprentice at any one time, to allow for quality and rigour.

Apprentices must be provided with written and verbal instructions on the quality improvement proposal report and the question and answer session that they must complete, including the timescales they are working to in advance of the assessment.

The knowledge, skills and behaviours mapped to the method will be assessed in the written report and clarified, or when not seen, covered during the question and answer session.

The independent assessor will:

- use the structured template provided by the EPAO to conduct the assessment of the quality improvement proposal report and question and answer session and to check that the KSBs are met
- use the grading matrix provided by the EPAO
- ask the apprentice a minimum of 5 questions during the question and answer session
- use the EPAO question bank as a source for questioning and use their professional judgement to tailor those questions appropriately
- ask follow-up questions where clarification is required
- award an overall grade of pass or fail for the quality improvement proposal report and question and answer session

The independent assessor conducts and assesses the question and answer session. They must record the KSBs observed, KSBs demonstrated in the answers to questions and the grade achieved. The apprentice's answers to questions must be recorded.

The independent assessor makes all grading decisions.

Assessment location

The question and answer session should take place in a quiet room, free from distractions and influence.

The session can take place in any of the following:

- employers' premises
- a suitable venue selected by the EPAO (for example a training provider's premises)
- video conferencing

Video conferencing can be used, but the EPAO must have processes in place to verify the identity of the apprentice and ensure the apprentice is not being aided in any way e.g. use of a 360 degree camera to allow the independent assessor to look around the room during the professional discussion.

Question and resource development

EPAOs will create and set open questions to assess KSBs mapped to this assessment method. Each EPAO must develop a question bank of sufficient size to prevent predictability and review them regularly (and at least once a year) to ensure the questions they contain are fit for purpose. Independent assessors must use the question bank as a source for questioning and are expected to use their professional judgment to tailor those questions appropriately. Independent assessors are responsible for generating suitable follow-up questions in line with the EPAO's training and standardisation process. The questions relating to the underpinning KSBs, 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.

As a minimum, EPAOs will produce the following material to support this assessment method:

- a question bank
- structured specification
- marking materials
- grading guidance
- independent assessor training materials
- assessment recording documentation
- data capture form for evidence and gaps
- guidance document for employers and apprentices on the process / timescales for the professional discussion as well as a description of the purpose of the professional discussion
- guidance document for independent assessors on how to carry out the assessment

Independent assessors must be trained in marking reports and in reaching consistent judgement by their EPAO.

Independent assessors must be developed and trained in the conduct of a question and answer session, how to design their own questions according to what they have heard, and in reaching consistent judgement by their EPAO. The independent assessor will make notes of the apprentice's responses to questions.

The quality improvement proposal report and question and answer session should be graded fail or pass. Independent assessors must allocate grades using the grading criteria.

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

Assessment method 2: Professional discussion underpinned by a portfolio of evidence

Overview

This assessment method has 1 component.

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. A professional discussion is a two-way discussion which involves both the apprentice and an independent assessor actively listening and participating in a formal conversation. It gives the apprentice the opportunity to make detailed and proactive contributions to confirm their competency across the KSBs mapped to this method.

The rationale for this assessment method is:

- the professional discussion is a meaningful, in-depth two-way dialogue between the apprentice and independent assessor. The professional discussion will allow the apprentice to draw on their experience of enhanced clinical practice to be linked to the (KSBs) mapped to this assessment method
- it allows the apprentice to explore their own practice and experience with the independent assessors to show how they demonstrate the occupation's knowledge, skills and behaviours 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
- the purpose of the questioning is to assess the depth of understanding of the KSBs

Delivery

The independent assessor will conduct and assess the professional discussion underpinned by a portfolio of evidence.

Apprentices must be given at least 2 weeks' notice ahead of the professional discussion. The underpinning portfolio will have been submitted in line with EPAO requirements and at the gateway and must evidence all of the KSBs mapped to this assessment method. The independent assessor can use the contents of the portfolio to identify discussion topics for the professional discussion.

The professional discussion must last for 60 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, in-line with the EPAO's Reasonable Adjustments policy.

During the professional discussion, the independent assessors must combine questions from the EPAO's question bank and those generated by themselves. The independent assessor

must use the question bank as a source for questioning and are expected to use their professional judgment to tailor those questions appropriately. The independent assessor will ask a minimum of 10 questions and may ask follow-up questions where clarification is required and to allow the apprentice the opportunity to cover the KSBs mapped to this assessment method.

The apprentice and the independent assessor will have access to their own copies of the portfolio throughout the professional discussion and both can refer to it as needed.

Independent assessors must be developed and trained in the conduct of professional discussions, how to design their own questions from reviewing portfolio content, and in reaching consistent judgement by their EPAO. Answers to questions must be documented by the independent assessor in the grading matrix provided by the EPAO.

The professional discussion should be graded fail, pass or distinction. The portfolio underpins the professional discussion and will not be assessed or graded. Independent assessors must allocate grades using the grading criteria.

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

Assessment location

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

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

- employers' premises
- a suitable venue selected by the EPAO (for example a training provider's premises)
- video conferencing

Video conferencing can be used to conduct the professional discussion, but the EPAO must have processes in place to verify the identity of the apprentice and ensure the apprentice is not being aided in any way for example the use of a 360 degree camera to allow the independent assessor to look around the room during the professional discussion.

Question and resource development

Independent assessors are responsible for generating suitable questions in line with the EPAO's training and standardisation process. A question bank must be developed by EPAOs. Independent assessors must use the question bank as a source for questioning and are expected to use their professional judgment to tailor those questions appropriately. The question bank must be of sufficient size to prevent predictability and the EPAO must review it regularly (at least once a year) to ensure that it, and its content, are fit for purpose. The questions relating to the underpinning KSBs, 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.

As a minimum, EPAOs will produce the following material to support this assessment method:

- a question bank
- structured specification
- marking materials
- grading guidance
- independent assessor training materials
- assessment recording documentation
- data capture form for evidence and gaps
- guidance document for employers and apprentices on the process / timescales for the professional discussion as well as a description of the purpose of the professional discussion
- guidance document for independent assessors on how to carry out the assessment

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 end-point assessment plan.

Weighting of assessment methods

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

Overall EPA grading

Performance in the EPA will determine the apprenticeship grade of fail, pass, or distinction.

Independent assessors must individually grade each assessment method, according to the requirements set out in this EPA plan.

EPAOs must combine the individual assessment method grades to determine the overall EPA grade.

Apprentices who fail one or more assessment method will be awarded an overall EPA 'fail'.

In order to gain an overall EPA 'pass', apprentices must achieve a pass in all the assessment methods.

In order to achieve an overall EPA 'distinction', apprentices must achieve a pass in the quality improvement proposal report with question and answer session, and a distinction in the professional discussion.

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

Quality improvement Proposal Report with question and answer session	Professional Discussion underpinned by portfolio of evidence	Overall grading
Pass	Fail	Fail
Fail	Pass	Fail
Fail	Distinction	Fail
Pass	Pass	Pass
Pass	Distinction	Distinction

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.

The timescales for a re-sit/re-take are agreed between the employer and EPAO. A resit is typically taken within 1 month of the EPA outcome notification. The timescale for a retake is dependent on how much re-training is required and is typically taken within 3 months of the EPA outcome notification. All assessment methods must be taken within a 6-month period, otherwise the entire EPA will need to be re-sat/re-taken, unless in the opinion of the EPAO exceptional circumstances apply outside the control of the apprentice or their employer. In the event of a re-sit/re-take the apprentice may submit a revised quality improvement proposal report based upon the original briefing and report.

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.

Roles and responsibilities

Role	Responsibility
Apprentice	<p>As a minimum, apprentices should:</p> <ul style="list-style-type: none"> • participate in and complete on-programme training to meet the KSBs as outlined in the occupational standard for a minimum of 12 months • undertake 20% off-the-job training as arranged by the employer and training provider • understand the purpose and importance of EPA • undertake the EPA including meeting all gateway requirements
Employer	<p>As a minimum, employers should:</p> <ul style="list-style-type: none"> • select the EPAO and training provider • work with the training provider (where applicable) to support the apprentice in the workplace and to provide the opportunities for the apprentice to develop the KSBs • arrange and support a minimum of 20% off-the-job training to be undertaken by the apprentice • decide when the apprentice is working at or above the occupational standard and so is ready for EPA • ensure that all supporting evidence required at the gateway is submitted in accordance with this EPA plan • remain independent from the delivery of the EPA • confirm arrangements with the EPAO for the EPA (who, when, where) in a timely manner (including providing access to any employer-specific documentation as required, for example company policies) • ensure that the EPA is scheduled with the EPAO for a date and time which allow appropriate opportunity for the KSBs to be met • ensure the apprentice is well prepared for the EPA

	<ul style="list-style-type: none"> • ensure the apprentice is given sufficient time away from regular duties to prepare for and complete all post-gateway elements of the EPA, and that any required supervision during this time (as stated within this EPA plan) is in place • where the apprentice is assessed in the workplace, ensure that the apprentice has access to the resources used on a daily basis • request and forward the apprenticeship certificate to the apprentice
EPAO	<p>As a minimum, EPAOs should:</p> <ul style="list-style-type: none"> • conform to the requirements of this EPA plan and deliver its requirements in a timely manner • conform to the requirements of the Register of End-Point Assessment Organisations (RoEPAO) • conform to the requirements of the external quality assurance provider (EQAP) for this apprenticeship standard • understand the occupational standard • make all necessary contractual arrangements, including agreeing the price of the EPA • develop and produce assessment materials including specifications and marking materials (for example mark schemes, practice materials, training material) • appoint suitably qualified and competent independent assessors • appoint administrators (and invigilators where required) to administer the EPA as appropriate • provide training for independent assessors in terms of good assessment practice, operating the assessment tools and grading • provide adequate information, advice and guidance documentation to enable apprentices, employers and training providers to prepare for the EPA • arrange for the EPA to take place, in consultation with the employer • where the apprentice is not assessed in the workplace, ensure that the apprentice has access to the required resources and liaise with the employer to agree this if necessary

	<ul style="list-style-type: none"> • develop and provide appropriate assessment recording documentation to ensure a clear and auditable process is in place for providing assessment decisions and feedback to all relevant stakeholders • have no direct connection with the apprentice, their employer or training provider. In all instances, including when the EPAO is the training provider (i.e. HEI), there must be no conflict of interest • have policies and procedures for internal quality assurance (IQA), and maintain records of regular and robust IQA activity and moderation for external quality assurance (EQA) purposes • deliver induction training for independent assessors, and for invigilators and/or markers (where used) • undertake standardisation activity on this apprenticeship standard for all independent assessors before they conduct an EPA for the first time, if the EPA is updated and periodically as appropriate (a minimum of annually) • manage invigilation of apprentices in order to maintain security of the assessment in line with the EPAO's malpractice policy • verify the identity of the apprentice being assessed • use language in the development and delivery of the EPA that is appropriate to the level of the occupational standard • provide details of the independent assessor's name and contact details to the employer • have and apply appropriately an EPA appeals process • request certification via the Apprenticeship Service upon successful achievement of the EPA
Independent assessor	<p>As a minimum, independent assessors should:</p> <ul style="list-style-type: none"> • have the competence to assess the apprentice at this level and hold any required qualifications and experience in line with the requirements of the independent assessor as detailed in the IQA section of this EPA plan

	<ul style="list-style-type: none"> • understand the occupational standard and the requirements of this EPA • have, maintain and be able to evidence up-to-date knowledge and expertise of the subject matter • deliver the end-point assessment in-line with the EPA plan • comply with the IQA requirements of the EPAO • have no direct connection or conflict of interest with the apprentice, their employer or training provider; in all instances, including when the EPAO is the training provider (i.e. HEI) • attend induction training • attend standardisation events when they begin working for the EPAO, before they conduct an EPA for the first time and a minimum of annually on this apprenticeship standard • assess each assessment method, as determined by the EPA plan, and without extending the EPA unnecessarily • assess against the KSBs assigned to each assessment method, as shown in the mapping of assessment methods and as determined by the EPAO, and without extending the EPA unnecessarily • make all grading decisions • record and report all assessment outcome decisions, for each apprentice, following instructions and using assessment recording documentation provided by the EPAO, in a timely manner • use language in the development and delivery of the EPA that is appropriate to the level of the occupational standard
Training provider	<p>As a minimum, the training providers should:</p> <ul style="list-style-type: none"> • work with the employer and support the apprentice during the off-the-job training to provide the opportunities to develop the knowledge, skills and behaviours as listed in the occupational standard

	<ul style="list-style-type: none">• conduct training covering any knowledge, skill or behaviour requirement agreed as part of the Commitment Statement (often known as the Individual Learning Plan).• monitor the apprentice's progress during any training provider led on-programme learning• advise the employer, upon request, on the apprentice's readiness for EPA• remain independent from delivery of the EPA. Where the training provider is the EPA (i.e., a HEI) there must be procedures in place to mitigate against any conflict of interest
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Internal Quality Assurance (IQA)

Internal quality assurance refers to the strategies, policies and procedures that EPAOs must have in place to ensure valid, consistent and reliable end-point assessment decisions. EPAOs for this EPA must adhere to all requirements within the Roles and Responsibilities section and:

- have effective and rigorous quality assurance systems and procedures that ensure fair, reliable and consistent assessment across employers, places, times and independent assessors
- appoint independent assessors who:
 - must be competent in the occupation they are assessing. Independent assessors must have achieved a relevant qualification at a level equivalent to or higher than the apprenticeship standard being assessed, and have recent relevant experience of the occupation/sector gained in the last two years or significant experience of the occupation/sector
 - be registered with either one of the statutory healthcare regulators or with one of the following accredited voluntary registers: The Academy for Healthcare Science, Register of Clinical Technologists or Registration Council for Clinical Physiologists.
 - maintain (and produce on request) an up-to-date and accurate record of their CPD activities in line with regulatory body requirements
 - are competent to deliver the end-point assessment

The EPAO must also:

- 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 for independent assessors, markers and invigilators
- provide training for independent assessors in terms of good assessment practice, operating the assessment tools and grading
- where appropriate:
 - provide ongoing training for markers
 - provide ongoing training for invigilators
- undertake standardisation activity on this apprenticeship standard for all independent assessors:
 - before they conduct an EPA for the first time
 - if the EPA is updated
 - periodically as appropriate (a minimum of annually)
- conduct effective moderation of assessment decisions and grades
conduct appeals where required, according to the EPAO's appeals procedure, reviewing and making final decisions on assessment decisions and grades

Value for money

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

- location – for example use of employer premises
- use of technology – for example video conferencing where applicable
- assessing multiple apprentices consecutively
- making maximum use of each typical 7.5 hour working day, conducting multiple assessment methods in the same day where possible

Mapping of knowledge, skills and behaviours (KSBs)

KSBs

Assessment method 1: Quality improvement proposal report with Question and Answer session

Knowledge

K12 Principles and theories of coaching used in supporting others in complex clinical decision making and care delivery

K13 Principles and theories of leadership and role modeling

K14 Tools and procedures for conducting a training needs analysis

K15 Teaching, learning and assessment theories, techniques, innovations and models relevant to the educational activity including ways to facilitate a positive learning environment

K16 Models, tools and frameworks for receiving and providing constructive feedback

K20 Principles of change management and co-production to support clinical innovation in the workplace

K21 Local and national approaches and planning processes to support quality improvement

K22 Service evaluation, research and audit techniques to support quality improvement processes within area of enhanced clinical practice

K28 Employer policy and procedures for resource management and reporting

K29 Strategies to plan and prioritise resources and manage immediate and longer-term service requirements

K30 Local, regional, and national strategic priorities for patient populations within area of specialist practice

Skills

S12 Direct others to sources of information and evidence, coaching and supporting them in applying information and evidence in complex clinical decision making

S13 Provide leadership within scope of own role and positive role-modeling for others in the multidisciplinary team

S14 Identify training and education needs of others in the workplace

S15 Plan and facilitate the delivery of practice-based education, training and assessment activities

S16 Evaluate the effectiveness of training and education activities

S20 Challenge ineffective systems and processes and support others to identify the need for change within their area of enhanced clinical practice

S21 Contribute to quality improvement plans and strategies to support a culture of continuous quality improvement within area of enhanced clinical practice

S22 Participate in quality improvement activities, such as audit, service evaluations and research projects within area of enhanced clinical practice

S28 Contribute to efficient resource management within the workplace

S29 Plan, prioritise and deliver enhanced clinical care within a defined resource

S30 Contribute to the drafting of business cases or project proposals

Behaviours

B2: Show respect and empathy for those you work with

Assessment method 2: Professional discussion underpinned by portfolio of evidence

Knowledge

K1 The tools and techniques used to systematically search, select and present evidence

K2 Techniques to critically appraise evidence such as local and national quality standards and frameworks and ways to relate this to own practice

K3 Requirements of their on-going professional registration and code of conduct in relation to their scope of practice such as when and how to escalate or refer in line with defined scope of practice

K4 How to appraise the relevance of available tools and techniques to the clinical situation and own scope of practice

K5 Legislation, clinical frameworks, contemporaneous evidence-based practice guidelines, outcomes from clinical audit and algorithms to support decision making

K6 Anatomy and physiology and pathophysiology to support complex holistic patient assessment including the underlying psychological, social and long-term impact of illness

K7 Tools and techniques to critically evaluate clinical information to inform decision making and care management planning

K8 Underpinning anatomy and complex applied physiology, disease, toxicities, treatments and interventions which guide the selection of specialist diagnostics

K9 Methods to support complex intervention decision making aligned to national and international guidelines

K10 Principles and theories of co-production, health coaching, peer support and self-management used to build knowledge, skills and confidence to enable patient self-management

K11 Diverse sources of information and evidence to underpin decision making and techniques to interpret and assimilate a diverse range of information and evidence

K17 Principles of different communication strategies and theories, communication modes (written, digital, verbal, non-verbal) and clinical communication tools

K18 Models and theories for negotiating and mediating, such as de-escalation and diffusing strategies

K19 Communication strategies and tools used to share complex information with different audiences and individuals

K23 The role and impact of reflection in improving clinical practice and best-practice methods for clinical supervision

K24 Signs and pathophysiology of deterioration or distress in mental, physical, cognitive and behavioural health in own scope of practice

K25 Protocols and systems used plan, prioritise and direct resources within area of enhanced clinical practice and how to escalate to and engage others when working at the boundaries of scope of practice

K26 Evidence-based strategies to manage clinical risk in enhanced clinical practice

K27 Principles of psychological well-being, the importance of maintaining own and others well-being and counselling techniques used within own scope of practice

K31 Principles of mentoring and preceptorship and how these differ from counselling, coaching and teaching

K32 Local appraisal policy and systems and own responsibility in relation to appraisal of others

Skills

S1 Conduct systematic literature searches to source evidence in order to inform enhanced clinical practice

S2 Critically appraise evidence and use findings to plan and provide enhanced patient-centred clinical care

S3 Provide enhanced clinical care in line with professional registration, code of conduct and defined scope of practice, being responsible and accountable for own decisions, actions and omissions

S4 Select available tools, technologies and techniques needed to perform complex and holistic assessments

S5 Assimilate, synthesise and apply complex information to promote and advocate best interests of others, upholding the principles of safeguarding and evidence-based practice

S6 Undertake holistic patient-centred assessments using available tools, technologies and techniques

S7 Analyse the data arising from the assessment process to inform clinical decision-making

S8 Identify, request and interpret specialist diagnostics within own scope of practice to inform the delivery and management of specialist care for patients and families

S9 Develop, implement and evaluate an enhanced care management plan which may include interventions and referral to other members of the multidisciplinary team or other agencies

S10 Prepare and support patients and families to manage their own health and care as independently as possible

S11 Interpret, assimilate and draw conclusions using diverse sources of information and evidence to inform clinical reasoning

S17 Use communication strategies suitable for a variety of situations including sensitive and distressing topics

S18 Use strategies to manage conflict and challenge

S19 Discuss complex information with patients, their families, the multi-disciplinary team and other agencies

S23 Reflect on own and others' practice using clinical supervision processes

S24 Identify and act on evidence of unexpected change or patient deterioration within own scope of practice

S25 Manage self and others in unpredictable and complex environments, instigating clinical interventions where protocols may not be available

S26 Identify and manage risk to patient safety and others in an unpredictable and complex environment

S27 Counsel patients, family, carers and others to manage psychological well-being of self and others

S31 Provide mentorship, opportunity for peer-learning and constructive feedback to guide, support, motivate and develop others in the multidisciplinary team

S32 Contribute to the appraisal of individuals in the multidisciplinary team

Behaviours

B1 Treat people with dignity, respecting individual's diversity, beliefs, culture, needs, values, privacy and preferences

B3 Be adaptable, reliable and consistent

Grading descriptors

Assessment method 1: Quality improvement proposal report and question and answer session

KSBs	Fail	Pass
K12 K13 K14 K15 K16 K20 K21 K22 K28 K29 K30 S12 S13 S14 S15 S16 S20 S21 S22 S28 S29 S30 B2	The apprentice does not meet the pass criteria	To achieve a pass the apprentice will: Clinical Care <ol style="list-style-type: none"> 1. Evaluate their contribution to efficient resource management and reporting by analysing the strategies they use to plan, prioritise and deliver enhanced clinical care within a defined resource and the long- and short-term implications of this for service. (K28, K29, S28, S29) 2. Explain how they have participated in quality improvement activities relating to their area of enhanced clinical practice that are based on national and local research, evaluation and audit and show how they have supported a culture of continuous quality improvement within their own area of practice (K21, K22, S21, S22) Leadership <ol style="list-style-type: none"> 3. Explain how they have acted as an expert resource for the multidisciplinary team, providing leadership, coaching and positive role-modelling for others in sourcing information and evidence to support complex clinical decision making and care delivery (K12, K13, S12, S13) 4. Analyse how they identify, plan and facilitate the delivery of training and practice-based education activities for others using proven theories, innovations, models, techniques, tools or frameworks relevant to the educational activity to create a positive learning environment and assess and evaluate the opportunities they have provided (K14, K15, S14, S15, S16) 5. Evaluate how they provide and receive constructive feedback in a way that shows respect and empathy for those they work with (K16, B2) Expertise <ol style="list-style-type: none"> 6. Reflect on systems and processes and their effectiveness and show how they have challenged these in order to apply the principles of change management and co-production that

		<p>supports self and others to identify and deliver clinical innovation in the workplace (K20, S20)</p> <p>7. Discuss business case or project proposal development that takes into account local, national and regional priorities for patient populations within their own area of enhanced clinical practice (K30, S30)</p>
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FAIL: A fail will be awarded if all of the pass descriptors are not achieved.

Assessment method 2: Professional discussion underpinned by portfolio of evidence

KSBs	Fail	Pass	Distinction
K1 K2 K3 K4 K5 K6 K7 K8 K9 K10 K11 K17 K18 K19 K23 K24 K25 K26 K27 K31 K32 S1 S2 S3 S4 S5 S6 S7 S8 S9 S10 S11 S17 S18 S19 S23 S24 S25 S26 S27 S31 S32 B1 B3	The apprentice does not meet the pass criteria	<p>To achieve a pass the apprentice will:</p> <p>Patient Care</p> <ol style="list-style-type: none"> Critically appraise evidence they have sourced and selected assessing how they have systematically used, the tools and techniques they chose and their findings to plan and provide enhanced patient-centred care that reflects national and local quality standards and frameworks (K1, K2, S1, S2) Reflect on how they select the assessment tools, technologies and techniques they use to perform complex and holistic assessments appraising their relevance to the clinical situation and own scope of practice (K4, S4) Reflect on complex holistic patient-centred assessment and decision making that treats people with dignity and respect, takes account of their preferences, ensures and promotes safeguarding in order to enable contemporaneous evidence-based decisions that take into account the outcomes from clinical audit and that are in the best interest of others whilst recognising the impact of illness on the patients physical, psychological and social wellbeing (K5, K6, S5, S6, B1) Review how they implement enhanced care management plans in partnership with 	<p>To achieve a distinction the apprentice will meet all of the pass criteria plus:</p> <ol style="list-style-type: none"> Justify their selection of evidence and defend its application in planning and providing enhanced clinical care (K1, K2, S1, S2) Justify their selection of assessment tools, technologies and techniques (K4, S4) Evaluate their person-centred approach to assessment and decision making (K5, S5, S6) Evaluate how they implement and co-produce enhanced care management plans (K10, S9, S10) Evaluate how they have used co-

		<p>the wider multi-disciplinary team whilst upholding the principles of co-production, health coaching and peer support to enable patient self-management (K10, S9, S10)</p> <ol style="list-style-type: none"> 5. Critique their own clinical reasoning showing how they have used diverse sources of information to underpin their decision making whilst ensuring that they are aligned to national and international guidelines (K9, K11, S11) 6. Evaluate the strategies they apply when managing conflict, negotiating or mediating (K17, K18, S17, S18) 7. Provide examples of the different communication strategies and tools they use when discussing complex information and counselling patients, family, carers and colleagues on how to manage their own well-being and that of others (K19, K27, S19, S27) 8. Evaluate when they have identified and acted on evidence of patient deterioration and the signs and pathophysiology or distress (K24, S24) 9. Critique how they have led and managed an unpredictable and unplanned clinical situation, following protocols, responding to, prioritising and escalating risks and instigating clinical interventions where protocols may not be available (K25, K26, S25, S26) 10. Evaluate their approach to clinical reflection and its impact on their own practice, that of those they supervise and the development of clinical practice, showing that they are adaptable, reliable and consistent (K23, S23, B3) 11. Review how they identify, request and interpret diagnostics and analyse data to draw conclusions and inform clinical decision-making that takes account of the underpinning anatomy and complex applied physiology, disease, toxicities, treatments and interventions that affect the patient (K7, K8, S7, S8) 	<p>production, health coaching and peer support to promote self-management (K31, K32, S31, S32)</p> <ol style="list-style-type: none"> 6. Critically appraise how they identify, request and interpret diagnostics and analyse data to draw conclusions and inform clinical decision-making (K7, S7)
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		<p>Professionalism</p> <p>12. Evaluate the requirements of on-going professional registration and their conduct in relation to personal responsibility and accountability for decisions, actions and omissions including the limitations of scope of practice that require referral and/or escalation (K3, S3)</p> <p>Leadership</p> <p>13. Discuss how they guide, support, motivate develop and contribute to the appraisal of members of the multi-disciplinary team, providing constructive feedback and showing an awareness of the different principles used in mentoring, preceptorship, counselling, coaching and teaching. (K31, K32, S31, S32)</p>	
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FAIL: A fail will be awarded if all of the pass descriptors are not achieved.