Public Health England

NHS Bowel Cancer Screening Programme

Induction and competency assessment programme for assistant screening practitioners (ASPs)

To be completed before starting independent practice

Please note that the role of the ASP is defined by competence and not by the banding/pay scale. Banding will be based on the underpinning job description and core role requirements of the employing organisation.

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About PHE screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or better informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the four UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

www.gov.uk/topic/population-screening-programmes
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Contents

Background

The NHS Bowel Cancer Screening Programme (BCSP) introduced bowel scope screening from 2013. This is a one-off flexible sigmoidoscopy offered to men and women at age 55 years if registered with a general practitioner in England.

Bowel scope screening is an alternative and complementary bowel screening methodology to faecal occult blood (FOB) testing. Evidence shows men and women aged 55 to 64 attending a once only flexible sigmoidoscopy can reduce their mortality from the disease by 43% (31% on an invited population basis) and reduce their incidence of bowel cancer by 33% (23% on a population basis).

The role of the assistant screening practitioner (ASP) has been created to support the local delivery of bowel scope screening, with the support of specialist screening practitioners (SSPs).

The assessments defined in this document describe the underpinning knowledge and skills that all individuals, whether on a sessional or full time basis, must possess in order to deliver a quality service. They encompass all aspects of the patient's bowel scope journey.

Introduction

Role of health care professionals in the bowel scope programme

Safe and competent practice is fundamental to the success of the BCSP. To maintain consistency across the national programme it is essential that all staff follow a common development programme in the early stages of their employment in the post.

A competency framework originally developed for SSPs has been adapted to provide uniformity in the programme. The criteria against which the practitioners are assessed matches the core competencies of the national workforce competency statements developed by Skills for Health (www.skillsforhealth.org.uk).

A locally agreed job description should be developed for each post holder that reflects the needs of the individual screening centre.

Induction and orientation framework

This framework sets out good practice for the induction, orientation and assessment of competency of ASPs in the BCSP. It has been developed to ensure that the needs of practitioners are met, taking into account that they may be new to the:

- employing organisation
- bowel cancer screening programme
- endoscopy department
- role

The framework covers induction and orientation activities to be undertaken within the first 12 weeks of employment as well as areas for continued professional and personal development (CPD) for the role during the first 6 months in post. Use of the assessment frameworks will help:

- determine the level of competence of the practitioner
- identify training needs from which an action plan can be developed

This framework is designed to be prescriptive and timely, as most ASPs will be expected to undertake the essential elements of the role within weeks of coming into post. It is crucial that there is some measure of competence and evidence of assessment before independent practice can begin.

In order to undertake independent practice all practitioners have to achieve a minimum of level 3 competency throughout, with an agreed action plan in place to facilitate progression to level 4.

This framework is not intended to cover the local induction and orientation requirements within the employing organisation (this should be done in parallel). In this respect, the normal trust-wide induction and orientation policies and procedures should be followed.

It is likely that the Skills for Health competencies for endoscopy will make up the core component of mandatory training supported by relevant study days and training packages through the GIN (Gastrointestinal nursing) programme (www.jets.nhs.uk/gin).

Progression through the framework

In order to undertake independent practice the practitioner should aim to complete sections A1 and A2 within six weeks of assuming the role. This will be recorded by signing off the individual elements within the learning objectives and by documenting progress, issues and future actions (including timescales) at review interviews.

Signing off is most appropriately done by individuals with expertise in the area concerned. This may be someone other than the mentor/line manager. It is recommended that a review interview is held 4 to 6 weeks into post, then according to progress and finally after 12 weeks of training. However, if the mentor/line manager and practitioner both agree that induction and orientation are progressing satisfactorily, a second review could be used as a preparatory interview to assess the practitioner's ability to work independently. Equally, the practitioner and mentor/line manager may feel they need to hold additional reviews.

Before each review, practitioners are expected to undertake reflective work to demonstrate their personal and professional development. They should also take responsibility for asking their mentor/line manager to plan time for progress interviews.

This guide to education and training needs will be reviewed revised periodically to reflect the changing educational needs of the evolving ASP role. Feedback is welcome and should be directed to the national Lead SSPs:

- Kirstie Cartledge: Kirstie.cartledge@nhs.net
- Lynn Neeves: lynn.neeves@nhs.net

Continuing professional development

Continuing professional development (CPD) is needed to:

- support practitioners' individual development needs
- structure individuals' local appraisal process
- identify the needs of the role as it evolves, through group discussion with peers in regional and national networks

It is recommended (but not essential) that all ASPs in post should come either with an existing assistant practitioner qualification (foundation degree or level 5 diploma) or work towards achieving this level of study.

Further information

Up-to-date information about the BCSP can be found on GOV.UK.
All staff working within BCSP should be familiar with national programme guidance.

Contact your regional screening quality assurance service (SQAS) if you have questions about any elements of the service.

Appendices

Name of post holder:	Date commenced ASP role:

Date of local trust induction:

Date of bowel cancer screening system **(BCSS) training with NHS Digital:**

Date of initial meeting to discuss training/expectations:

It should be noted that:

- all competencies relevant to the role need to be successfully completed before commencing independent practice
- evidence is required of completion of local trust induction
- it is good practice to identify dates for all interviews with your mentor in advance
- professionals signing parts of this induction and competency package should provide a specimen signature to ensure a robust quality assurance (QA) process

Specimen signature(s)		
Name	**Title**	**Signature**

A1 Important personnel to meet

Post holders are expected to complete this within the first 4 weeks of appointment.
Personnel marked with * to be completed within 6 months of start date
Learning objective(s):

- to have met key personnel within these services and gained an understanding of their work/roles and how this interfaces with the BCSP and patient pathway
- to know the important contacts and how to communicate effectively with them

Important personnel	Date completed	Signature
All members of the screening team – nursing and administrative		
Screening centre clinical lead		
Screening centre radiology lead		
Screening centre pathology lead		
Endoscopy multidisciplinary (MDT) team		
Treatment services MDT coordinators		
MDT members (such as surgery, oncology, pharmacy, colorectal/stoma nurse specialists, ward managers, GI, medical and surgical wards)		
Trust 31/62 day cancer target lead		
* QA regional lead/SSP		
* Health promotion contact		
*Trust communications contact for screening centre		
Other *(please state)*		

A2 Multidisciplinary working

Expected to be completed within 6 weeks of appointment.
Learning objective(s):

- to have located and know how to access the following departments/services

Please add any departments/services as per local requirements.

Department or service	**Date completed**	**Signature**
Physical location where endoscopy lists will take place		
Orientation to endoscopy unit /s (multi-site centre)		
Pathology laboratory		
Physical location where multidisciplinary team (MDT) meeting(s) will be held		
BCSP programme hub		
Colorectal nurses		
IBD nurses		
Pharmacy		
GI medical and surgical wards		
Commissioners – NHS England regional team		
Health promotion department		
Patient advice and liaison service (PALS)		
Patient support or interest groups		
Other screening centres in same region		
Other (*please state*)		

A3 Bowel scope process/care of participants

Expected to be completed 4 to 12 weeks following appointment.
Learning objective(s):

- to know/understand the following to aid independent practice

Care focus	**Date completed**	**Signature**
Invitation process to bowel scope programme including inclusion and possible exclusion criteria		
Bowel preparation **END05** Pharmacology: indications and contra indications for use of phosphate enemas		
Pre-endoscopy documentation **END05** Rationale behind pre assessment documentation and criteria for determining fitness for flexible sigmoidoscopy		
The process and rationale for the decontamination of endoscopes **END0**		
Intra procedure documentation **END18** rationale behind the intra procedural dataset		
Consent for bowel scope **END 7** Information-giving aspects of consent requirements for valid consent and accountability issues for the practitioner		
Entonox **END1** How to explain use of Entonox, identify risks factors for safe use and support patient choice The principles of safe Entonox administration and management of complications		
The possible outcomes of the bowel scope procedure (including the rationale for conversion to colonoscopy), and benign pathology		

A4 Evidence of learning

It is recommended that short reflective pieces should be used to capture examples which demonstrate the development of knowledge and communication skills in each of these areas.

1. **Bowel scope invitation process:** has visited an established hub and spent time with the administration team at the screening centre and is knowledgeable about the invitation, booking and rebooking process and the function of the helpline. Has evidence of learning (having shadowed this part of the pathway in an established screening centre) and has identified patient focused perspectives on this part of the pathway
2. **Bowel preparation: c**an identify patient focused perspectives on the use of home enema preparation and support safe delivery and use of enema preparations within the endoscopy unit. Understands and can explain to patients how to use their enema safely and effectively. Understands and complies with local policies and procedures regarding relevant group directives for the administration of medicines to meet the needs of patients for the BCSP.
3. **Anatomy and physiology of the large bowel:** can identify and name landmarks within the large bowel and understands basic function. Has attended lower gastrointestinal endoscopy lists and used other teaching aids to begin to understand how pathology can alter the basic function and how these conditions are managed.
4. **Endoscopy documentation:** able to complete a holistic health, social and psychological care assessment to identify factors which may have an adverse impact on the care pathway. Able to complete the pre, post and intra procedural documentation and use locally agreed and bowel cancer screening system (BCSS) for documenting information in order to meet both the patient's care needs and dataset requirements for the BCSP.
5. **Consent:** has shadowed this part of the pathway in an established screening centre and can identify patient focused perspectives on this part of the pathway. Applies local trust policies on consent and complies with trust policy with regards to her/his part in the consent process. Undertakes formal training in accordance with relevant local trust policy, if delegated consent is to be undertaken as part of the role.
6. **Use of Entonox:** has shadowed this part of the pathway in an established screening centre and can identify patient focused perspectives on this part of the pathway. Applies trust policy on administration of medicines and complies with trust policy when involved in administering Entonox.
7. **Pathways:** understands the possible pathways following a bowel scope procedure and the rationale for conversion to colonoscopy and benign pathology

Date of completion/review	Comments/assessor signature

A5 Working towards independent practice

Expected to be completed after 12 weeks' training following appointment.
Learning objective(s):

- to be a competent and independent ASP, and to develop insight into priority areas for clinical governance and quality assurance

Priority area	Date completed	Signature
Undertakes relevant user training for the BCSS with NHS Digital and has shadowed a minimum of 10 bowel scope procedures over a minimum of 3 lists, to observe live data entry		
Is able to enter data live onto BCSS system		
Aware of how BCSS helpdesk service is accessed		
Aware of the process for accreditation of screening endoscopists (bowel scope) www.saas.nhs.uk		
Understands the management of the bowel scope lists		
Understands the bowel scope pathway for patients from endoscopy reception to discharge		
Have a general understanding about quality in the endoscopy department – Global Rating Scale (GRS) and Joint Advisory Group (JAG)		
Aware of nationally produced patient information leaflets, online resources and information for patients and professionals and how these are accessed (www.gov.uk/phe/screening-leaflets).		
Understands the trust and BCSP incident reporting systems and knows how to complete the forms		
Understands the role of QA and the associated standards and KPIs		

A6 Evidence of learning

Short reflective pieces should be used to capture examples which demonstrate the development of knowledge and understanding of clinical governance and quality assurance issues in each of these areas.

1. **Accreditation of screening Endoscopists:** has read BCSP guidance. Knows who the locally accredited endoscopists are and understands the operational processes for covering screening lists. Is able to describe how these factors relate to the overall quality assurance and improving outcomes agenda within the BCSP.
2. **Procedure pathway through endoscopy:** aware of and can describe the patient pathway from arrival at reception through to discharge. Can describe measures to maintain patient privacy and dignity throughout. Has attended a symptomatic lower GI endoscopy list and followed a patient along the pathway.
3. **JAG/GRS:** has an awareness of JAG/GRS processes.
4. **Patient information leaflets:** understands the importance of the national BCSP patient information leaflets and knows how to access them. Also has a general understanding of what the leaflets say about the screening programme.
5. **BCSS user training:** has shadowed bowel scope or screening colonoscopy lists to observe live data entry (minimum of 10 cases over 3 bowel scope lists).
6. Has undertaken relevant user training for the BCSS with NHS Digital. Can describe how the system is used to book and progress patients along the bowel scope pathway and can demonstrate how to enter flexible sigmoidoscopy data in a live setting. Can describe how the data and audit processes contribute to overall quality assurance and the improving outcomes agenda within the BCSP.
7. **BCSS helpdesk:** can describe role of the helpdesk and demonstrate knowledge of when and how to access it.
8. **Adverse incident reporting:** familiar with the processes for reporting adverse incidents within the trust and specifically within the programme. Can locate the correct forms and has an understanding of what constitutes an adverse incident within the programme.

- **Quality assurance:** to be aware of the QA, current standards and their role in contributing to them.

Date of completion or review (state which)	Comments/signature

Professional and personal development

Development of your identified personal/professional skills is far more likely to be achieved if you write them down **and** state how you will know when they have been achieved. Try using a framework for your thinking which considers any gaps between your current skills and those required for the role, and then define your personal aims in terms of what will close this gap. It can be very useful to state what you might want to 'feel', 'see', 'hear' or 'think' in order to know that you are doing something better (see Appendix C: Tips on objective setting and action planning).

Example: You may wish to reflect on the knowledge and skills you require to confidently discuss benign pathology findings and conditions with screened patients, with a diagnosis such as:

- diverticular disease
- haemorrhoids
- hyperplastic polyps
- inflammatory bowel disease
- irritable bowel syndrome

This will contribute to your portfolio of learning.

Learning objective(s)

Individual to develop own learning objectives.

	Date completed	Signature

B1 First progress meeting: 4 to 6 weeks in post

Date of meeting:

This meeting should be used to assess progress toward achieving mandatory requirements for independent practice.

Any deficit in training opportunities or skill acquisition should be identified and discussed and an action plan formulated

Where a deficit is identified a further interview should be scheduled for 2 weeks later

Elements for sign-off at this interview:

- has located all key departments and services

If you are struggling to complete any areas of competencies in A1 and/or A2, please identify how these will be accomplished via an action plan and discuss any issues/barriers for successful completion.

Notes:

Assessor/ASP signatures……/.....

B2 (Optional) second progress meeting

Date of meeting:

The need for this interview will depend on the progress evidenced at the initial interview.

Elements for sign-off at this interview:

- **to ensure completion of competencies in A1 and A2**
- **to review progress against A3 and A4 and the direct observation assessments**

Have you addressed the areas identified in the action plan formulated at your last interview?
If not, why not? Can you identify what the barriers are?
Have you undertaken reflective work to demonstrate professional and personal development to date?
What are your ongoing development needs? Do you need assistance from your mentor?

Ongoing elements:

If any aspects of A1 and/or A2 are not complete, please identify how these will be accomplished via an action plan.

Notes:

Assessor/ASP signatures……/……

B3 Final progress meeting

Date of meeting:

You should by now have successfully met the criteria specified below during 12 weeks of the ASP induction/training programme.

A1: Important personnel to meet

A2: Multidisciplinary working

A3: Bowel scope process/care of participants

A4: Working towards independent practice

B1/2: Attended required progress review meetings

D1-4: Successful completion of all direct observation assessments

Notes:

Assessor/ASP signatures……/……

C Competency assessment framework to be used in conjunction with the induction programme

Assessment criteria

The criteria against which the practitioners are measured are matched to the core competencies of the National Occupational Standards

END 01: Communicate and relate to individuals during endoscopic procedures

END 02: Provide information on endoscopic procedures to individuals

END 03: Refer individuals for endoscopic procedures

END 05: Agree endoscopic procedures for individuals

END 07: Prepare individuals for endoscopic procedures

END 18: Review the results of endoscopic procedures

CHS6: Coordinate the care of individuals with long term conditions

CHS48: Communicate significant news to individuals

CHS118: Form a professional judgement of an individual's health condition

GEN 14: Provide advice and information to individuals on how to manage their own condition

Each criterion is graded against the following rating scale:

1. Minimal knowledge and understanding about how the competence relates to practice.
2. Needs supervision to effectively carry out the range of skills within the competence.
3. Performs some skills within the competence effectively without supervision.
4. Confident of knowledge and ability to perform all the identified skills within the competence effectively.

Use of the assessment frameworks will help determine the:

- level of competence of the practitioner
- identification of training needs from which an action plan can be developed.

In order to undertake independent practice all practitioners must achieve a minimum of level 3 throughout, with an agreed action plan in place to facilitate progression to level 4.

D1 Direct observation of ASP's ability to discuss with patients how to take bowel preparation safely and appropriately

This competency is applicable where screening participants do not receive bowel preparation in the post and attend the department to pick up enema preparation. Practitioners must follow trust policy and professional regulations for prescribing these preparations.

END 05 Agree endoscopic procedures for individuals

Assessment of patient for fitness to take bowel preparation and handing out prescribed bowel preparation.

Patient care needs: shows consideration of	Comments	Competence grade (1-4)	Signature
Age			
Mobility			
Access to toilet facilities			
Support at home			
Medication			
Co-morbidity			
Other considerations			

Routine checks and instruction	Comments	Competence grade (1-4)	Signature
Checks that individual has received bowel preparation and information leaflet on use			
Instructs patient on how to use preparation as per information leaflet			
Gives additional specific verbal advice on how and when to use the preparation in accordance with local policy/procedure			

Escalates queries appropriately when outside of their sphere of knowledge/competence			
Documents contemporaneously outcome of telephone consultation			
Other check/instructions (specify)			

Assessment criteria

1. Minimal knowledge and understanding about how the competence relates to practice.
2. Needs supervision to effectively carry out the range of skills within the competence.
3. Performs some skills within the competence effectively without supervision.
4. Confident of knowledge and ability to perform all the identified skills within the competence effectively.

Student Assessor

Signature…….. Signature……..

Date of assessment

Review:

D2 Direct observation of ASP in endoscopy

The assessment criteria to be completed will depend on the requirements of the role and should be decided with the mentor and successfully completed before independent practice in that area is commenced

Assessment criteria	Comments	Grade (1-4)	Core competency	Signature
Respects the individual's rights and wishes relating to their consent, privacy, beliefs and dignity			END 01	
Confirms that the individual's identity and any other relevant information are consistent with the available records			End 01 END 07	
Ensures that the individual has provided the necessary consent for the procedure and that it is correctly recorded			END 01 END 07	
Checks that the individual has complied with any preparation instructions			END 01 END 02 END 07	
Enables the individual to ask questions and seek clarification on any issues relating to the endoscopic procedure			END 0 2 END 03 END 05 END 07 END 18	
Establishes a rapport with the individual and responds sensitively and honestly to any issues raised			END 01 END 07	
Ensures that health and safety measures are implemented at all times when preparing the individual			END 07	
Assists the individual in preparing for the endoscopic procedure if requested			END 05 END 18	
Takes prompt, appropriate action in response to any problems that occur during the preparations			END 05 END 07	

Is able to review information obtained from the endoscopic procedure, along with other relevant information				
Ensures safe discharge of patients following an endoscopic procedure			END01 END18 GEN14	
Works in partnership with the full team and other practitioners/health professionals for the health and well-being of the individual			CHS61 END 18 CHS118	
Provides patients with enough information to clarify any issues regarding the proposed management plan			END 18 GEN 14	
Where appropriate, engages the patient with advice on specific symptom awareness and healthy living			GEN 14	
Keeps accurate, legible and complete records and complies with all the relevant legal, professional and organisational requirements/guidelines			END 01 END 02 END 03 END 05 END 07	

Assessment criteria

1. Minimal knowledge and understanding about how the competence relates to practice.
2. Needs supervision to effectively carry out the range of skills within the competence.
3. Performs some skills within the competence effectively without supervision.
4. Confident of knowledge and ability to perform all the identified skills within the competence. effectively

Assessor/ Learning facilitator

Student

Signature…… Signature……..

Assessment date

Summary of care

Review date

D3 Direct observation of ASP giving results

Some ASPs will have included in their job role the giving of benign histology results to patients. This does not include any cancer diagnosis or any adenomas with any level of dysplasia. Any ASPs undertaking this role should work in close supervision with an SSP before being signed off as competent to undertake this role. All histology should be reviewed by the screening team as per their local policies.
Remember that 'bad' news is what an individual perceives it to be.

(includes CHS48 communicate significant news to individuals)

Assessment criteria	Comments	Grade (1-4)	Core competence	Signature
Prepares and secures the environment, removing distractions and preventing interruptions			END 01	
Prepares patient by giving prior warning of what the conversation will entail (i.e. explains to the individual and carer that there are results to discuss)			CHS48	
Explains evidence accurately, based on the information available and including any areas of uncertainty which may require further tests			END 18 CHS118	
Patient is given time to ask questions and discuss concerns			END 01 CHS48	
Confirms the patient's understanding of the information given and corrects any misunderstandings in a manner which shows sensitivity to the individual's feelings			END 01 CHS48 END18	
Provides written information for the patient and carer about the condition, where appropriate			GEN 14	
Agrees the next steps that the patient and the care team will take.			CHS61	

Where appropriate, engages the patient with advice on specific symptom awareness and healthy living			GEN14	
Makes a clear and accurate record of the information given to the patient which can be followed by other members of the care team, the individual and the carer			CHS61 CHS118 END 19	

Assessment criteria

1. Minimal knowledge and understanding about how the competence relates to practice.
2. Needs supervision to effectively carry out the range of skills within the competence.
3. Performs some skills within the competence effectively without supervision.
4. Confident of knowledge and ability to perform all the identified skills within the competence effectively.

Student: Assessor/ Learning Facilitator

Signature……. Signature…….

Assessment Date

Summary of Care

Review date:

D4 Direct observation of ASP undertaking patient consent for bowel scope screening (if applicable to role)

If it is part of the ASP job role within each screening centre to take consent then in order to be able to undertake consent independently, 5 cases where consent is sought by the ASP must be witnessed by a screening endoscopist or by another practitioner trained and competent in obtaining consent.

Assessment criteria

1. Minimal knowledge and understanding about how the competence relates to practice.
2. Needs supervision to effectively carry out the range of skills within the competence.
3. Performs some skills within the competence effectively without supervision.
4. Confident of knowledge and ability to perform all the identified skills within the competence effectively.

If scores of 3 or 4 the SP is accredited for consent.
If any scores of 1 or 2 are obtained further training is required.

Please note: before starting consent training please ensure that your trust supports nurse-led consent and non-registered people taking consent. There is usually a centrally held list that your name needs to be added to, which shows you have delegated permission to take consent after their training requirements.

	1	2	3	4	5	Comments
Date of witnessed consent						
Obtains consent in a structured fashion giving appropriate amount of information						
Explains indication for procedure						
Explains procedure						
Explains benefits						
Explains risks and complications						
Explains likely level of possible discomfort						
Explains clearly what will happen post procedure						
Uses language appropriately and without jargon						
Allows patient to ask questions and gives satisfactory answers						
Demonstrates respect for patient's views, dignity and concerns						
Was consent acceptable in this case?						
Initials of assessor						

Name of BCSP assistant screening practitioner ……
is now competent to obtain informed consent for bowel scope on screening patients

…… is **not** yet competent to obtain informed consent for bowel scope on screening patients

Signed …….... Print name …… Date …….

Compiling and presenting a practice learning portfolio

A practice learning portfolio, comprising of evidence to support and demonstrate the achievement of the units of competences specified for this role, is an important component of continuing professional development (CPD). For registered nurses this evidence of continued learning is required for NMC registration and for all health care professionals as part of annual appraisal and resultant personal development plans. Your practice learning portfolio should start when you start in the role, summarising key learning experiences, authentic and verified evidence of learning and an action plan for future learning.

Suggested structure

Section 1

Who am I?

- curriculum vitae (CV)
- reflections of transferable skills brought from previous professional practice to this new roles
- reflections on SWOT or SWOB analysis at the start of induction

Section 2

Where do I work?

- job description, KSF aligned
- where do I work, including the demographic nature of the localpopulation
- reflection of how this impacts on the ASP's role, what are the challenges for that service
- what specific health promotion activities are required

Section 3

Reflective practice:

- what is reflection?
- what do you feel you need to reflect on?
- what models of reflection are available?
- what is the rationale for using the chosen reflective model?
- reflections specified within the induction programme
- ongoing critical reflections of the learning journey

Section 4

Log of learning activities:

- for example development of study skills, e-learning packs, library visits, searching skills etc.

Section 5

Completed induction and orientation programme:

- at the end of the induction a reflection on learning to date
- training needs analysis

Section 6

Skills for Health competencies (GIN competencies):

- underpinning supporting evidence
- action plan with short, medium and long term goals identified
- case studies

Section 7

Appraisals:

- review of skills for health competencies as part of this process
- action planning

Section 8

Ongoing clinical supervision, peer review, peer support.

Section 9

CPD activity with reflection.

Be careful not to fill the portfolio with policies, procedures, information leaflets or articles as evidence unless there is also a documented explanation as to their relevance to your practice.

It is important to remember that learning is also a reactive and opportunistic activity as the environment in which we work is dynamic and ever changing and the portfolio should capture this element of practice.