

The Centre for
Advancing Practice

Advanced Practice Pelvic Health Capability Framework

Endorsed 2023



Endorsement by NHS England’s Centre for Advancing Practice

This NHS England commissioned document has met the Centre for Advancing Practice’s criteria for endorsement as an area specific capability framework and is ready for delivery.

It will be kept under regular periodic review to ensure that it remains current and responsive to changing population, patient, service delivery and workforce needs.

Further information on the Centre’s approach to area specific capabilities is available here: <https://advanced-practice.hee.nhs.uk/>

Note:

Minor edits to this document have been made to reflect changes in links.

This document has been rebranded in line with NHS England branding guidelines.

Minor amendment in language from Credential to area specific capability.

No other changes to this document have been made.



Contents

Introduction	4
Further information on advanced practice area specific capability frameworks	4
Key learning outcomes	6
Scope	6
Capabilities	8
Learning, supervision and support	18
Introduction	18
Formal teaching and learning.....	18
Self-directed learning	19
Workplace-based learning	20
Workplace-based supervision	20
Workplace-based coordinating education supervisors	21
Further information on supervision.....	21
Equality, diversity and inclusion	22
Quality management.....	22
Indicative assessment strategy	23
Introduction	23
Approaches to assessment.....	23
Types of assessment	25
Practitioners’ record of progress in their portfolio	26
Assessors	26
Appendix 1	27
Bibliography and resources.....	27
Appendix 2	29
How this area specific capability framework was developed.....	29
Appendix 3	30
Acknowledgements.....	30

Introduction

Developing and retaining the advanced practice workforce is a strategic priority for the NHS. The 2019 [NHS Long Term Plan](#) recognises the potential of advanced practitioners for meeting short-term and long-term workforce demands, while the 2020 [NHS People Plan](#) supports scaling up and optimising advanced practice workforce development and deployment.

NHS England is leading this agenda by working collaboratively across the health and care system. It is seeking to accelerate the development of advanced practice capability and capacity in specific, high-priority areas of practice, including in support of new models of care. This activity is being led by the Centre for Advancing Practice (the Centre) through the development of multi-professional advanced practice area specific capability frameworks.

Area specific capability frameworks. are primarily designed to be delivered as an integral part of Centre-accredited advanced practice Master's degrees. However, they can also be undertaken by practitioners once they have gained an advanced practice Master's degree or demonstrated the educational equivalence of this through the Centre's [ePortfolio \(supported\) route; ePortfolio \(supported\) Route - Advanced Practice \(hee.nhs.uk\)](#).

Centre-endorsed area specific capability frameworks articulate the advanced practice capabilities required to enable safe, effective and efficient service delivery within particular areas of practice. By strengthening opportunities for practitioners' career development within clinical roles, they should also increase the retention of highly valued and skilled staff and facilitate workforce transformation.

Further information on advanced practice area specific capability frameworks

Information on the Centre for Advancing Practice and its approach to area specific capability frameworks can be found at the following: [Advanced Practice \(hee.nhs.uk\)](#) .



Advanced practice area specific capability frameworks for pelvic health

Intended level of learning	Level 7
<p>Aim</p>	<p>This area specific capability framework is for regulated healthcare practitioners who are able to engage with the demands of advanced-level practice and who provide pelvic health services in response to individuals' healthcare needs across a range of pelvic health presentations and conditions.</p> <p>A fundamental aim of this area specific capability framework is to ensure that practitioners lead culturally sensitive pelvic health practices in line with equality, diversity and inclusion standards and in response to changing patient care and service delivery needs. It sets out advanced practice demands that require a high degree of autonomy and complex decision-making and that align with the demands of level 7 (Master's level) learning. The area specific capability framework is relevant to a range of regulated healthcare professions.</p> <p>This includes, but is not limited to, physiotherapy, midwifery and nursing.</p>
<p>Pre-requisites</p>	<p>To meet the demands of this area specific capability framework, healthcare practitioners must hold current registration with the relevant UK regulatory body required for the practice of their profession. They must also have the following:</p> <ul style="list-style-type: none"> - A scope of practice role and practice environment that enable them to engage fully with the demands of the area specific capability framework. - Access to the workplace-based learning and supervision arrangements set out in this document. - Support from their employer to engage with the full requirements of advanced practice (across the four pillars), as set out in the Multi-professional framework for advanced clinical practice in England (2017).
<p>Co-requisites</p>	<p>Practitioners must engage with this area specific capability framework in one of the following ways:</p> <ul style="list-style-type: none"> - As an integral part of undertaking a full advanced practice MSc programme. - Following their successful completion of an advanced practice MSc programme. - Following their successful completion of the Centre's ePortfolio (supported) route. <p>These approaches ensure that practitioners fully meet the advanced practice capabilities across the four pillars of practice, as set out in the Multi-professional framework for advanced clinical practice in England (2017).</p>

<p>Intended volume of learning</p>	<p>The area specific capability framework has a notional volume of learning of circa 350 hours. It is expected that practitioners will normally take up to two years to complete the area specific capability framework, based on being a full-time employee and their learning being integrated into their usual pattern of work.</p> <p>Practitioners may have already developed and demonstrated some of the capabilities through their prior learning. Where the case, there may be flexibility for them to complete the area specific capability framework within a reduced timeframe. However, this will depend on practitioners being able to evidence their learning, including its currency. It will also be subject to individual higher education institutions' academic regulations and processes for recognising prior learning.</p>
---	---

Key learning outcomes

On successful completion of the area specific capability framework, practitioners should have demonstrated that they can do the following in pelvic health:

1. Critically apply their knowledge and skills to elicit and record an accurate clinical history, conduct clinical examination and accurately interpret clinical diagnostic results to ensure timely holistic clinical assessment and diagnosis at advanced practice level, including by managing high levels of risk, uncertainty and complexity and informed by a critical engagement and interpretation of available evidence and data.
2. Synthesise the goals and priorities of individuals with clinical need to initiate, evaluate and modify pelvic health treatment/therapy and care, including by leading complex decision-making where appropriate.
3. Critically appraise the impact of advanced practice in pelvic health on the wider determinants of health, advocating for health promotion and health equality for individuals and populations.
4. Reflect critically and constructively on their knowledge and skills within advanced practice in pelvic health, underpinned by their continual engagement with and critical appraisal of the evidence base.

Scope

Pelvic health considers the relationship between the anatomy, physiology and functionality of the lumbopelvic region in relation to, and its impact on, the entire body. Along with musculoskeletal elements, it encompasses urological, gynaecological, and colorectal conditions.

The area specific capability framework's scope includes cis female, cis male, trans/non-binary-assigned female at birth (AFAB), trans/non-binary-assigned male at birth (AMAB),

and LGBTQIA+ and is designed to respond to changing patient care and service delivery needs.

When the function of the pelvic floor muscles is compromised, this is termed pelvic floor dysfunction. This covers a broad range of clinical presentations, including symptoms associated with bladder and bowel function, pelvic organ prolapse, sexual health, and pelvic pain. Pelvic health extends through various life stages from childhood onwards. It applies to all genders. Pelvic health has a significant role to play in the physical, mental, social, psychological and sexual wellbeing of all individuals of all ages.

The capabilities set out in this framework comprise the following:

- Capabilities that are specific to advanced practice in pelvic health.
- More generic capabilities that are relevant to all primary and community-based advanced practice, including pelvic health.

It is the combination of the area-specific and generic capabilities that is key to safe and effective advanced practice in pelvic health. For clarity, the area-specific and generic capabilities are presented in tables in thematic clusters under shared thematic headings.

The generic capabilities should be developed and assessed through their integration with the area-specific capabilities. They should therefore form a common thread through practitioners' development of the area-specific capabilities. This means that the generic and area-specific capabilities should not be addressed separately.

The capabilities in this area specific capability framework are also mapped to those set out in the [Multi-professional framework for advanced clinical practice in England \(2017\)](#). This mapping is indicated in the righthand column of the capability tables. It illustrates how this area specific capability framework aligns with and contributes to fulfilling the advanced practice capabilities required across the four pillars of practice.

Capabilities

1. Personalised and collaborative pelvic health	Multi-professional framework (2017)
Area-specific capabilities (ASC)	
<p>ASC 1.1 Lead personalised and collaborative pelvic health practice</p> <ol style="list-style-type: none"> 1. Critically apply a range of communication techniques that reflect the complex and sensitive nature of pelvic health, demonstrating flexibility and adaptability to the clinical and personal context/situation and the consultation process and environment (including, but not limited to, an awareness of the use of lay language and specific terms relating to pelvic floor dysfunction). 2. With consent and in line with safeguarding protocols, make use of chaperones as appropriate in the context of the particular sensitivities relating to pelvic health care. 3. Explore and evaluate the sensitive nature of pelvic health and engage with individuals, including where they are reluctant to share their history and/or present their health status. 4. Enable individuals to tell their story recognising that, in the past, they may not have been heard. 5. Appropriately recognise that people (who due to their health and wellbeing status) may face barriers in expressing their needs and preferences in the context of their pelvic health and seek to remove such barriers. 	<p>1.5, 2.2</p>

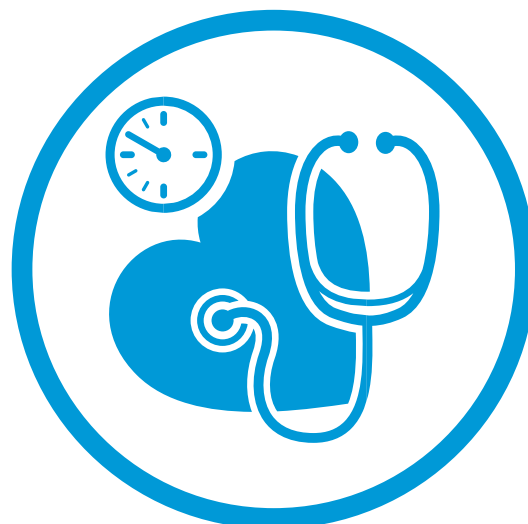


1. Personalised and collaborative pelvic health	Multi-professional framework (2017)
Generic Capabilities (GC)	
<p>GC 1.1 Communication and consultation skills</p> <ol style="list-style-type: none"> 1. Critically appraise communication strategies and optimise communication approaches appropriately using skills such as active listening (e.g. frequent clarifying, paraphrasing and picking up verbal cues, such as pace, pauses and voice intonation). 2. Reflect on advanced communication strategies and skilfully adapt these to ensure their communication strategies foster personal empowerment. 3. Autonomously adapt verbal and non-verbal communication styles in ways that are empathetic and responsive to individuals' communication, cultural and language needs, preferences and abilities (including levels of spoken English and health literacy). 4. Adapt communication approaches based on contextual demands, drawing on a broad range of approaches to broaden and deepen their influence on others. 5. Communicate in ways that build and sustain relationships, seeking, gathering and sharing information appropriately, efficiently and effectively to expedite and integrate individuals' care. 6. Evaluate and modify situations, circumstances or places that make it difficult to communicate effectively and deploy appropriate strategies to overcome these barriers. 7. Communicate effectively with individuals who require additional assistance to ensure an effective interface with practitioners, including through the use of accessible information. 8. Recognise when individuals and their families/carers may have competing agendas and facilitate shared agenda-setting using a triadic consultation approach. 9. Consult in a highly organised and structured way, with professional curiosity as required. 10. Enable effective communication approaches to non-face-to-face situational environments (e.g. phone, video, letters, email and remote consultation). 11. Manage, enable and support individuals (including where applicable, carers and families) effectively, respectfully and professionally, especially when there are conflicting priorities and opinions. 12. Elicit psychosocial history/factors to provide some context for individuals' problems/situation. 13. Advocate for individuals and/or support individuals' empowerment when required. 	<p>1.4, 1.5 2.2</p>

1. Personalised and collaborative pelvic health	Multi-professional framework (2017)
<p>GC 1.2 Practising holistically to personalise care and promote population and personal health.</p> <ol style="list-style-type: none"> 1. Actively explore and act upon day-to-day interactions with individuals to encourage and facilitate changes in behaviour such as smoking cessation, reducing alcohol intake and increasing activity that will have a positive impact on their health and wellbeing, as well as communities and populations (e.g. Making Every Contact Count and signpost additional resources). 2. Actively explore, implement and evaluate approaches/strategies that positively influence health outcomes for individuals, populations and systems. 3. Critically appraise the impact that a range of social, economic, and environmental factors can have on health outcomes for individuals and, where applicable, their family and carers. 4. Recognise the wider determinants of health, including (but not limited to) the impact of psychosocial factors on individuals' presenting problems or general health, such as housing issues, work issues, poverty, discrimination, abuse, family/carer issues, lack of support, social isolation and loneliness. 5. Actively engage individuals in shared and informed decision-making about their care and advanced care planning by: <ol style="list-style-type: none"> a. Supporting them to express their own ideas, concerns and expectations and encouraging them to ask questions. b. Explaining in non-technical language all available options (including doing nothing). c. Exploring with them the risks and benefits of available options, discussing the implications of each, how options relate to them as individuals and supporting their understanding as much as possible. d. Supporting them to decide on their preferred way forward. e. Supporting them to explore the consequences of their actions and inactions on their health status and the fulfilment of their personal health goals. f. Supporting them to self-manage their care where at all possible and where appropriate. 6. Develop and promote shared management/personalised care/support plans with individuals to meet their specific needs, including, where appropriate, in partnership with other health and social care providers and with carers/family members and voluntary organisations, where applicable. 7. Evaluate how individuals' preferences and experience, including their individual cultural and spiritual background, can offer insight into their priorities, wellbeing and managing their own care. 8. Evaluate how the vulnerabilities in some areas of individuals' lives might be overcome by promoting resilience in other areas. 	<p>1.4, 1.7, 1.9, 1.10 2.5, 2.6, 2.9 3.3</p>

1. Personalised and collaborative pelvic health	Multi-professional framework (2017)
<ul style="list-style-type: none"> 9. Recognise and foster the importance of social networks and communities for people and, where applicable, their carers/families in managing long-term health conditions (e.g. linking with statutory and voluntary organisations and support groups). 10. Work collaboratively across agencies and boundaries to improve individuals' health (and other) outcomes at a personal level and to improve health outcomes and reduce health inequalities at a population/ system level. 11. Advise on and refer individuals appropriately to (including, but not limited to) psychological/occupational therapies and counselling services, in line with their needs and wishes, taking account of local service provision. 12. Advocate for and contribute to personalised approaches in the management and development of services. 13. Evaluate the implications of, and apply in practice, the relevant legislation for informed consent and shared decision-making (e.g. mental capacity legislation and the Fraser Guidelines). 	
<p>GC 1.3 Working with colleagues and in teams.</p> <ul style="list-style-type: none"> 1. Advocate and utilise the expertise and contribution of other health and social care professionals to individuals' care and work collaboratively within the multi-professional team to optimise assessment, diagnosis and integrated management and care for people. 2. Work effectively within and across teams, managing the complexity of transition from one team to another or membership of multiple teams. 3. Initiate and lead effective multi-disciplinary teams and understand the importance of effective team dynamics, including (but not limited to) service delivery processes, research, audit and quality improvement, significant event review, and shared learning and development. 4. Synthesise a deep and systematic knowledge and understanding of the wider health and social care and voluntary sector services and teams to make informed independent referrals, using professional judgement, mentoring, and patient and public involvement. 	<p>1.1, 1.2, 1.3, 1.9 2.1, 2.2, 2.3, 2.8, 2.11 3.4, 3.5, 3.7, 3.8</p>
<p>GC 1.4 Maintaining and ethical approach and fitness to practise.</p> <ul style="list-style-type: none"> 1. Lead and advocate for practice that promotes the rights, responsibilities, equalities and diversity of individuals, including (but not limited to) acting as a role model in promoting individuals' rights and responsibilities and ensuring that others do the same. 2. Critically reflect on how personal values, attitudes and beliefs might influence professional behaviour. 3. Critically evaluate and reflect on ethical/moral dilemmas encountered during practice and that may impact on care. 	<p>1.1, 1.2, 1.3 2.2, 2.3, 2.4, 2.10, 2.11 3.2, 3.8</p>

2. Assessment, investigations and diagnosis	Multi-professional framework (2017)
Area-specific capabilities (ASC)	
<p>ASC 2.1 Assessment of pelvic health needs.</p> <ol style="list-style-type: none"> 1. Critically apply sound clinical-reasoning in triaging/prioritising individuals for initial and/or onward care in the context of pelvic health and in line with current guideline recommendations. 2. Recognise and respond to the signs of injury, abuse or neglect and instigate appropriate action by oneself and/or with the appropriate person or agency, as necessary. 3. Recognise, understand and respond to the needs of individuals who are transitioning or who have transitioned. 4. Assess the impact and extent of pelvic dysfunction on individuals' lifestyle, relationships, mental wellbeing and quality of life, making an onward referral, if necessary. 5. Carry out a range of objective assessment techniques, where appropriate, to identify function and dysfunction within the pelvic floor (e.g. surface electromyography, manometry, transabdominal and transperineal ultrasound scanning, endoanal ultrasound scanning). 6. Carry out a variety of neurophysiological assessments/investigations to identify perineal disorders of neurogenic origin. 7. Critically evaluate the needs of individuals with a wide range of pelvic health dysfunction that affect their health and wellbeing. 8. Synthesise and critically apply knowledge and understanding of the anatomy and physiology of the pelvic area, in relation to all aspects of pelvic floor function, dysfunction and pelvic health and relevant abnormalities, including gender- and/or age-specific issues. 9. Disseminate to individuals and the wider health care team the importance of early identification and management of pelvic health issues. 10. Critically apply knowledge and understanding of the treatment options available across the patient pathway, including a broad outline of the surgical options. 	<p>1.4 1.5 1.6 1.11</p>



2. Assessment, investigations and diagnosis	Multi-professional framework (2017)
Generic capabilities (GC)	
<p>GC 2.1 Information-gathering and interpretation.</p> <ol style="list-style-type: none"> 1. Structure consultations so that individuals and/or their carer/family (where applicable) are encouraged to express their ideas, concerns, expectations and understanding. 2. Use active listening skills and open questions to effectively engage and facilitate shared agenda-setting. 3. Undertake general history-taking and focused history-taking (including physical and psychosocial history) to elicit and assess for red flags. 4. Synthesise information to establish a differential diagnosis, taking account of all relevant factors relating to the presenting complaint, condition or circumstance, existing factors, past medical history, genetic predisposition, medications, allergies, risk factors and other determinants of health. 5. Incorporate information on the nature of individuals' needs preferences and priorities from various other appropriate sources (e.g. third parties, previous histories and investigations). 6. Critically appraise complex, incomplete, ambiguous and conflicting information gathered from history-taking and/or examination, distilling and synthesising key factors from the appraisal, and identifying those elements that may need to be pursued further. 7. Provide a diagnosis and test/investigation results (including bad news) sensitively and appropriately in line with local or national guidance, using a range of media (e.g., the spoken word and diagrams) to seek to ensure that individuals understand what has been communicated. 8. Apply a range of care consultation models appropriate to the clinical situation and appropriately across physical, mental and psychological presentations in line with personal scope of practice. 9. Explore and appraise individuals' ideas, concerns and expectations about their symptoms and condition and whether these may act as a driver or form a barrier. 	1.4, 1.5
<p>GC 2.2 Examination and procedural skills.</p> <ol style="list-style-type: none"> 1. Critically understand and adapt practice to meet the needs of different groups and individuals, including adults, children and those with particular needs (such as cognitive impairment, sensory impairment or learning disability), working with chaperones, where appropriate, and in line with personal scope of practice. 2. Apply a range of assessment and/or clinical examination techniques appropriately, sensitively, systematically and effectively as clinically indicated within the context of the situation, managing any risk factors such as suicidal ideation promptly and appropriately. 	1.4, 1.5, 1.8

2. Assessment, investigations and diagnosis	Multi-professional framework (2017)
<p>GC 2.3 Making a diagnosis.</p> <ol style="list-style-type: none"> 1. Consider all the relevant evidence from individuals' history, baseline observations and tests, and clinical examination. 2. Make use of clinical interpretations and reports to make justifiable assessment of the nature, causes and prognosis of individuals' health condition/health status. 3. Formulate a differential diagnosis based on subjective and, where available, objective data. 4. Revise hypotheses in the light of additional information and think flexibly around problems to generate functional and safe solutions. 5. Discuss diagnoses with individuals to enable them to think through the implications and how these can be managed. 6. Recognise when information/data may be incomplete and take mitigation actions to manage risk appropriately. 7. Extrapolate, interpret and synthesise evidence from individuals' history, baseline observations, assessments, tests, and investigations in order to make a diagnosis. 8. Synthesise the expertise of multi-professional teams to aid in diagnosis where needed. 9. Target further investigations appropriately and efficiently, following due process and with an understanding of investigations' respective effectiveness, validity, reliability, specificity and sensitivity and the implications of these limitations. 10. Exercise clinical judgement and select the most likely diagnosis in relation to all information obtained, including the use of time as a diagnostic tool, where appropriate. 	<p>1.1, 1.2, 1.3, 1.6, 1.8</p>

3. Condition management, treatment/therapy and care	Multi-professional framework (2017)
Area-specific capabilities (ASC)	
<p>ASC 3.1 Managing conditions, treatments/therapy and care.</p> <ol style="list-style-type: none"> 1. Recognise, measure and act on the impact that pelvic floor issues can have on individuals’ physical and mental health, relationships, work and lifestyle. 2. Critically evaluate and act on adverse effects and the potential complications of pelvic floor healthcare and take appropriate actions, including, where necessary, by initiating suitable alternatives. 3. Critically evaluate the impact of individuals’ lifestyle and physical activity on their pelvic floor muscle function, symptoms and quality of life and tailor rehabilitation protocols accordingly. 4. Systematically identify and measure a range of psychological components that may impact on individuals’ quality of life, symptoms and pelvic floor muscle rehabilitation. 5. Systematically identify associated and further interventions (including medication, investigations and surgery) as they relate to individuals’ pelvic health. 6. Facilitate and or prescribe the use of other non-medical therapies such as pessaries, anal plugs, etc., where relevant. 7. Enable individuals to undertake self-care, where appropriate, to maintain and/or improve their pelvic health status. 8. Evaluate and promote the availability of appropriate services to further enable individuals’ health and wellbeing (e.g. continence services, patient support services and charities). 9. Appropriately and effectively maintain personal advanced practice knowledge and skills relating to pelvic health and pelvic healthcare. 	<p>1.7 1.8 1.11</p>



3. Condition management, treatment/therapy and care	Multi-professional framework (2017)
Generic capabilities (GC)	
<p>GC 3.1 Clinical management.</p> <ol style="list-style-type: none"> 1. Safely prioritise problems in situations using shared agenda-setting where individuals present with multiple issues. 2. Implement shared management, personalised care and therapeutic intervention/support plans in collaboration with individuals and, where appropriate, carers, families and other healthcare professionals, ensuring the absolute focus on personalised care. 3. Arrange appropriate follow-up that is safe and timely to monitor changes in individuals' condition in response to treatment and advice, recognising the indications for a changing clinical picture and the need for escalation or alternative treatment, as appropriate. 4. Identify when interventions have been successful and complete episodes of care with individuals, offering appropriate follow-on advice to ensure that they understand what to do if situations or circumstances change. 5. Vary the management options responsively according to individuals' circumstances, priorities, needs and preferences, as well as the risks and benefits for those involved, with an understanding of local service availability and relevant guidelines and resources. 6. Evidence and evaluate individuals' outcomes of care against existing standards and manage and adjust plans appropriately in line with the best available evidence. 7. Utilise evidence gathered to inform personal practice and to work across teams/organisations/systems to use such outcome evidence to effect positive changes in practice. 8. Ensure safety-netting advice is appropriate and that individuals understand when and how to seek urgent or routine review. 9. Support individuals who might be classed as frail and work with them, utilising best practice. 	1.5, 1.7 4.2
<p>GC 3.2 Managing complexity.</p> <ol style="list-style-type: none"> 1. Manage acute and chronic problems simultaneously, including with individuals who have multiple health conditions (physical, mental, and psychosocial) and who are frail. 2. Manage both practitioner and people's uncertainty and expectations. 3. Communicate risk effectively to individuals and involve them appropriately in management strategies. 4. Consistently encourage improvement and rehabilitation and, where appropriate, recovery. 5. Critically engage with the complexities of working with individuals who have multiple health conditions (physical, mental, and psychosocial). 6. Recognise the inevitable conflicts that arise when managing and caring for individuals with multiple problems and take steps to adjust and prioritise care appropriately. 	1.2, 1.3, 1.4, 1.8

3. Condition management, treatment/therapy and care	Multi-professional framework (2017)
<p>GC 3.3 Prescribing treatment, administering drugs/medication and pharmacotherapy.</p> <ol style="list-style-type: none"> 1. Safely prescribe and/or administer therapeutic medications, treatments and therapies relevant and appropriate to scope of practice, including (where appropriate) by applying an understanding of pharmacology and considering relevant physiological and/or pathophysiological changes and allergies. 2. Facilitate and/or prescribe non-medicinal therapies such as psychotherapy or lifestyle changes (social prescribing). 3. Advocate for personalised shared decision-making to support adherence leading to concordance. 4. Apply a range of available options other than drug prescribing (e.g. not prescribing, promoting self-care, advising on the purchase of over-the counter medicines). 5. Prescribe/promote non-medicinal treatments that may include (but are not limited to) talking therapies, activity, dietary changes and lifestyle/ workplace/home changes/adaptations. 6. Confidently explain and discuss the risks and benefits of medication with people, using appropriate tools to assist, as necessary. <p>Where a prescriber:</p> <ol style="list-style-type: none"> 7. Critically analyse polypharmacy, evaluating pharmacological interactions and the impact upon physical and mental well-being and healthcare provision. 8. Practise in line with the principles of antibiotic stewardship and antimicrobial resistance using available national resources. 9. Appropriately review individuals' response to medication, recognising the balance of risks and benefits that may occur, taking account of context, what matters to individuals, their experience, the impact for them and their preferences in the context of their life, as well as polypharmacy, multimorbidity, frailty, and individuals' existing medical issues (e.g., kidney or liver issues and/or cognitive impairment). 10. Advise individuals on medicines management, including concordance and the expected benefits and limitations and inform them impartially on the advantages and disadvantages in the context of other management options. 11. Support individuals to only take medications that they require and deprescribe, where appropriate. 12. Keep up-to-date and apply the principles of evidence-based practice, including clinical and cost-effectiveness and associated legal frameworks for prescribing. 	1.5, 1.7

*Prescriber is used here to refer to practitioners who have the legal authority to prescribe medicines.

Learning, supervision and support

Introduction

Practitioners engaging with this area specific capability framework need to have a scope of practice, role and practice environment that provides them with structured, supportive opportunities for relevant, safe and effective workplace-based supervision and learning that enables them to engage fully with the demands of both the specific capabilities set out in this specification and those of advanced practice more broadly.

They also need to commit to engage with the required learning arrangements and assessment requirements outlined here to do the following:

- Meet the learning outcomes.
- Develop and demonstrate the defined area-specific and generic capabilities.
- Integrate all components of learning in their progression and development.
- Engage in learning and development activities that reflect the demands of advanced/level 7 learning (e.g. in terms of engaging with complexity, ambiguity and risk and critically engaging with the evidence base).

Emphasis is on the development and refinement of practitioners' clinical decision-making to manage increasing levels of complexity, ambiguity and risk, including on when to seek assistance and advice from others. An integral part of advanced practice is also developing practitioners' leadership capability and ability to progress new ways of working, underpinned by current evidence.

Practitioners are expected to take responsibility for their own learning and to be proactive in initiating appointments with their supervisors (see below) to plan, undertake and receive feedback on their learning and development.

At all times, practitioners must place the wellbeing and safety of people above all other considerations and take responsibility for recognising and working within the limits of their personal scope of practice and competence.

Formal teaching and learning

Education providers and those providing workplace-based supervision and learning opportunities must use this area specific capability framework to plan learning, teaching and assessment strategies to maximise the quality and integration of educational opportunities in academic and workplace settings.

Practitioners can develop their professional knowledge, skills and behaviours to achieve the capabilities set out in this specification through engaging with a variety of learning and teaching activities and by critically reflecting on their own development and feedback from others. Learning and teaching activities can include, but are not limited to, the following:

- Teaching sessions, including lectures and small-group teaching.

- Case presentations.
- Engagement in research and quality improvement projects.
- Clinical skills simulation.
- Joint specialty meetings.
- Independent learning, including the critical appraisal of research and other evidence-based practice resources.
- Structured reflection on learning.
- Participation in management and multidisciplinary meetings.
- Recommended online resources.

Other learning activities can support practitioners' engagement with the area specific capability framework, providing that they clearly align with the learning outcomes and area-specific and generic capabilities set out in this specification. Delivery of all components requires collaboration between education providers, local service providers and practitioners. Whether practitioners are employed or on placement, local service providers retain full responsibility for all aspects of clinical governance in the workplace, in line with the specific responsibilities set out in locally made collaborative agreements.

Self-directed learning

Practitioners are expected to take a proactive approach to their own learning and development as part of engaging with the area specific capability framework. This includes through taking part in multi-professional team-working, learning and collaboration. Practitioners are responsible for the following:

- Engaging with opportunities for their learning.
- Initiating assessments and appraisal meetings with their supervisors.
- Undertaking self- and peer-assessment.

Practitioners are expected to take the opportunity to learn with their peers (including at a local level) through engaging in peer-to-peer learning, review and discussion.

They are also expected to undertake self-directed learning in line with their personal learning needs to meet the learning outcomes and capabilities set out in this specification. This includes through engaging critically with learning and development materials and evidence-based publications, and critically reflecting on their own learning progression and practice.

Practitioners must maintain a portfolio of evidence of their learning and development as they progress through the area specific capability framework. They should use their portfolio as a medium for critical reflection on their learning and practice in ways that are in keeping with the demands of level 7/advanced practice learning and development.

Reflective practice is an important part of self-directed learning and of continuing professional development. It is an educational exercise that enables practitioners to explore,

with rigour, the complexities and underpinning elements of their actions in order to refine and improve them. Verbal reflection is a useful activity for practitioners to engage in to aid their learning and development.

Writing reflectively also adds to the oral process by deepening practitioners' critical understanding of their practice and their learning from this. Written reflection offers different benefits to verbal reflection. These include a record for later review; a reference point to demonstrate development; and a starting point for shared discussion. Whatever the mode of reflection, it is important that it takes place and that there is a record of it having taken place, whether or not the specific subject or content of the reflection is recorded.

Practitioners should use feedback from their supervisors to inform their focuses for their further professional development, across the four pillars of advanced practice.

Workplace-based learning

Workplace-based learning should provide the majority of practitioners' experiential learning opportunities, working with their supervisors and/or other experienced clinicians. These settings should provide learning opportunities relating to liaising with other practitioners, working within multidisciplinary teams, making referrals (as appropriate) and discharge planning and follow-up.

Continuous systematic feedback and reflection are integral to learning from practice and should be assisted by workplace-based supervision and assessments. Practitioners should be required to keep evidence of their workplace-based learning activity and further development in their portfolio.

The following arrangements should be in place to support practitioners' workplace-based learning:

- Access to online learning facilities and libraries, including e-resources.
- Induction to local policies, procedures and arrangements comparable to senior clinical decision-makers.
- Access to electronic patient records consistent with their level of training and in line with all data security requirements and protocols.
- Use of resources to enable safe and effective learning.
- Access to storage for confidential training records.
- Access to appropriate local training.

Workplace-based supervision

Workplace-based supervision is fundamental to the delivery of safe and effective training. It takes advantage of the experience, knowledge and skills of expert clinicians and ensures practitioners' structured interaction with experienced practitioners.

Supervision is designed to uphold patient safety and effective learning and practice. Learning must be supervised appropriately, depending on practitioners' experience, learning and development needs, and case mix and workload, to ensure the delivery of safe, high quality patient care. As practitioners progress in their learning and development, their level of supervision should be tailored to facilitate their increasing independence, as is consistent with safe and effective personalised care.

Those involved in practitioners' workplace-based education supervision must have the relevant qualifications, experience and training to undertake the role. Specialist skills and knowledge should usually be taught by consultant or advanced practitioners. More generic aspects of practice can also be taught by the wider multi-disciplinary team.

Workplace-based coordinating education supervisors

Practitioners must have a workplace-based coordinating education supervisor who is appropriately trained and with delegated authority to fulfil the role. Supervisors may be consultant practitioners or experienced advanced practitioners who have the necessary skills, knowledge and experience to oversee practitioners' clinical activity and learning. They must be familiar with the area specific capability framework and local arrangements for its delivery and take-up. This includes the precise arrangements for practitioners' supervision, learning and assessment, providing good-quality, constructive feedback and ensuring that practitioners are enabled to develop their capability safely and effectively.

Practitioners' portfolios should include their reflections on their learning experiences and progress. This should provide a record of practitioners' learning agreement meetings, supervision reports and workplace-based assessments, including the outcomes of these.

Workplace-based education supervisors' main responsibilities are to use the evidence held within practitioners' portfolios (including the outcomes of assessments, reflections and the progression of learning agreements) to inform appraisal meetings. Supervisors should update and verify practitioners' record of progress.

Workplace-based coordinating educational and associate education supervisors must have a good understanding of the learning outcomes and capabilities in this specification. They should use them as the basis for their regular discussions with practitioners. This includes to inform the identification of practitioners' learning needs and the formulation of learning development plans.

Further information on supervision

Workplace supervision should be provided in line with the resources provided on advanced practice workplace-based supervision; see [Workplace Supervision for Advanced Clinical Practice - Advanced Practice \(hee.nhs.uk\)](https://www.hee.nhs.uk/workplace-supervision-for-advanced-clinical-practice). The resources set out expectations relating to the following:

- Identifying the specific advanced practice demands (including competence and capability) in the context of the different regulated professions and practitioners' individual scope of practice.
- Approaches to learning and development, including developing and agreeing individual learning plans.
- Taking an integrated multi-professional approach to workplace-based supervision, including the recommended roles of coordinating education supervisor and associate workplace supervisors, as well as employer responsibilities.

Equality, diversity and inclusion

Delivery of this area specific capability framework must ensure compliance with the requirements of equality and diversity legislation, as set out in the Equality Act, 2010. This includes from recruitment through to completion. Equality, diversity and inclusion should be actively monitored. This includes in terms of learner progression and differential attainment in assessment, with attention paid to potential differences arising from professional background, practice environment and work pattern.

Quality management

This area specific capability framework will be kept under review to ensure that it remains current, responsive to changing needs and fit for purpose. This will be done in line with the arrangements set and enacted by Centre for Advancing Practice arrangements for all endorsed area specific capability frameworks.

Indicative assessment strategy

Introduction

A key element of practitioners' preparation for advanced practice in pelvic health is the formal assessment of their fulfilment of the outcomes and capabilities set out in this document. The purpose of the assessment strategy outlined here is to define the principles for a proportionate, robust and consistent approach to practitioner assessment. This includes the following:

- The integration of academic and workplace-based learning in how the capabilities are assessed.
- Formative assessment leading to summative assessment.
- The integration of practitioners' critical reflection on their learning and development within the assessment approach.
- Evidence of practitioners' critical engagement in evidence-based practice.
- Practitioners' development of a portfolio of evidence.
- A proportionate approach to assessment and avoidance of over-assessment.
- Consistency in assessment, including in the quality of feedback and 'feed forward' received by practitioners.

It is recognised that employers and education providers may already have established assessment processes in place that achieve an integrated approach to workplace-based and academic assessment. It is not the intention for this area specific capability framework to add another 'layer' of assessment if this is not needed. Rather, it is to support education providers and employers to ensure that their approach to assessment aligns with and fulfils this strategy and that the assessment load remains proportionate for all parties.

The assessment strategy is designed to allow practitioners to demonstrate their fulfilment of the capabilities set out in this area specific capability framework. This is with a focus on practitioners' delivery of high-quality care to meet population/patient needs within the specific service delivery model in which they have a role and their individual scope of practice.

The approach to assessment must have both formative and summative aspects. Workplace based assessment elements must be carried out by a workplace-based supervisor in practitioners' clinical setting. They should ensure the safe ongoing progression of practitioners' learning to meet the requirements of advanced-level practice and assess practitioners' integration of learning to demonstrate their fulfilment of the multi-faceted nature of advanced practice capabilities.

Approaches to assessment

The achievement of each capability must be demonstrated through sufficient, valid, proportionate evidence that is in line with the demands of level 7 learning and practice. The reliability of the assessment process can be increased through triangulating and integrating

written, observational and oral evidence. The evidence should also be derived from the integration of workplace-based and academic assessment.

The emphasis within evidence of practitioners' fulfilment of the learning outcomes and capabilities must be on quality and not quantity. However, it is acknowledged that assessment drives learning, and practitioners should be encouraged to seek assessment and feedback on their performance and 'feed forward' to inform their on-going learning and development.

The number of formative assessments undertaken prior to a summative assessment is not stipulated. All elements of assessment should contribute to practitioners' learning and development.

Types of assessment

Examples of types of assessment that can be used either on formative or summative basis are listed below.

Multi-clinician report	This captures the feedback of clinicians who have supervised individual practitioners, with a focus on their clinical knowledge and skills and defined aspects of their clinical performance.
Self-assessment	This forms part of a multi-clinician report (see above), with a focus on practitioners' analysis of their existing knowledge, level of ability and preferred learning style, as well as their learning progression. Within their analysis, practitioners should reflect on their performance, including in relation to specific professional activities and deployment of their interpersonal skills, and areas for onward development.
Multisource feedback	This gathers feedback on practitioners' generic professional skills (e.g. communication, leadership and teamworking) and behaviours. Feedback is sought both from people who practitioners care for and colleagues with whom they work (including their manager, peers, junior staff, administrators, and other health and care professionals).
Mini clinical evaluation exercise	This assesses practitioners' skills in history-taking, physical examination, differential diagnosis and formulation of a treatment plan. It therefore assesses their interpersonal, clinical and problem-solving and decision-making skills. Feedback is provided on their performance to support their learning and development.
Case-based discussion	This is an interview, based on written case records, conducted by practitioners' workplace-based supervisor. It assesses their clinical knowledge and clinical-reasoning and decision-making skills. It includes a focus on the rationale for practitioners' clinical decision-making and how their practice is underpinned by their critical engagement with the evidence base. The assessment and feedback on practitioners' performance is documented in support of their learning.
Direct observation of procedural skills	This assesses practitioners' deployment of their clinical and professional skills to perform a range of diagnostic and interventional procedures. It does not have to be performed by practitioners' workplace-based supervisor, but clearly must be undertaken by a suitably qualified and competent assessor in the area of focus. Practitioners may already be proficient in the capability being observed. Assessor feedback is recorded in practitioners' portfolio.
Patient survey	This seeks to triangulate feedback that practitioners receive while undertaking an episode of care, with a focus on their clinical, interpersonal and broader professional skills, behaviours and attitudes and their delivery of personalised care.

Practitioners' record of progress in their portfolio

Practitioners should maintain a portfolio of evidence to demonstrate their achievement of the capabilities set out in this area specific capability framework. They should use their portfolio to gather evidence on their progress, assessments and appraisals and their critical reflection on their learning and development. Practitioners' portfolios should do the following:

- Record their learning activities and feedback from others.
- Capture their own critical reflection on their learning progression.
- Articulate their critical engagement with, and use of, the evidence base in their learning and practice.

Practitioners should also include self-assessment ratings in their record of their progress. The aims of practitioner self-assessment are to do the following:

- Provide critical insights on their progress and the basis for reflection and evaluation of their current practice.
- Inform their discussions with their supervisors and the development of their personal development plans.
- Identify gaps in their experience and learning against the specification capabilities and guide plans for their further (appropriately supervised) clinical exposure and learning opportunities.

Assessors

Assessors involved in the academic and workplace-based assessment of practitioners' learning against this area specific capability framework should fulfil the following requirements:

- Be an advanced practitioner or other senior health or social care professional.
- Be appropriately qualified and skilled in assessment.
- Be competent in the specific areas in which they undertake assessment.
- Be familiar with the required standard and demands of assessment at level 7 and advanced practice level.
- Be familiar with the specific approaches to assessment used, including in terms of formative and summative assessment.
- Have a good knowledge and understanding of the intended learning outcomes and capabilities set out in this area specific capability framework.
- Have delegated authority to perform each assessment.

Appendix 1

Bibliography and resources

Bowel Research UK (2021) *Action needed to address stark inequalities in care across UK pelvic floor services*. <https://www.bowelresearchuk.org/latest-news/pelvic-floor-services/>

Chartered Society of Physiotherapy and Royal College of Midwives (2020) *RCM/CSP Joint statement on Pelvic Floor Muscle Exercises Improving health outcomes for women following pregnancy and birth*. <https://pogp.csp.org.uk/system/files/documents/2020-05/001616%20RCM%20Position%20statement%20update%20v3.pdf>

Cochrane (2020) *How effective is pelvic floor muscle training undertaken during pregnancy or after birth for preventing or treating incontinence?* <https://www.cochrane.org/CD007471/how-effective-pelvic-floor-muscle-training-undertaken-during-pregnancy-or-after-birthpreventing-or>

Continence Foundation of Australia (2020) *Pelvic floor muscles in men*. <https://www.continence.org.au/who-it-affects/men/male-pelvic-floor-muscles>

Health Education England (2017) *Multi Professional Framework for Advanced Clinical Practice in England*. <https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework>

Health Education England (2021) *The Centre for Advancing Practice, Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development*. <https://www.hee.nhs.uk/sites/default/files/documents/Workplace%20Supervision%20for%20ACPs.pdf>

Health Education England (2022) *Governance of advanced practice in health and care provider organisations*. [Governance of advanced practice in health and care provider organisations - Advanced Practice \(hee.nhs.uk\)](https://www.hee.nhs.uk/our-work/advanced-clinical-practice/governance-of-advanced-practice-in-health-and-care-provider-organisations)

Health Education England (undated) *Making every contact count*. [Making Every Contact Count - elearning for healthcare \(e-lfh.org.uk\)](https://www.hee.nhs.uk/our-work/advanced-clinical-practice/making-every-contact-count)

Health Education England and Skills for Health (2017) *Person-centred Approaches*. [http://www.skillsforhealth.org.uk/services/item/575-person-centred-approaches-cstfdownload](https://www.skillsforhealth.org.uk/services/item/575-person-centred-approaches-cstfdownload)

Health Education England and Skills for Health (2019) *Advanced Clinical Practice: Capabilities framework when working with people who have a learning disability and/or autism*. www.skillsforhealth.org.uk/learningdisabilityandautismframeworks

Health Education England, NHS England & Skills for Health (2018) *Musculoskeletal Core Capabilities Framework*. <https://www.skillsforhealth.org.uk/services/item/574-musculoskeletal-core-skills-framework>

Health Education England, NHS England and Skills for Health (2018) *Frailty: A Framework of Core Capabilities*. www.skillsforhealth.org.uk/frailty-framework

Howard, Z. et al (2018) *Outcomes of a physiotherapy-led pelvic health clinic*. The Australian and New Zealand Continence Journal.

<https://search.informit.org/doi/abs/10.3316/informit.621309184640141>

International Urogynaecology Journal (2014) *Dutch guidelines for physiotherapy in patients with stress urinary incontinence*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3906549/>

Institute for Apprenticeships and Technical Education (2018) *Advanced Clinical Practitioner (Level 7) Apprenticeship Standard*. <https://www.instituteforapprenticeships.org/apprenticeship-standards/advanced-clinical-practitioner-degree/>

National Institute for Health and Care Excellence (2021) *Pelvic floor dysfunction: prevention and non-surgical management*. <https://www.nice.org.uk/guidance/ng210>

National Institute for Health and Care Excellence (2019) *Urinary incontinence and pelvic organ prolapse in women: management*. <https://www.nice.org.uk/guidance/ng123>

National Institute for Health and Care Excellence (2007) *Faecal incontinence in adults: management*. <https://www.nice.org.uk/guidance/cg49>

NHS Careers (2009) *Career Framework for Health*. https://www.healthcareers.nhs.uk/sites/default/files/medium_spotlight_images/NHS%20career%20framework.jpg

NHS England (2018) *Excellence in Continence Care*. <https://www.england.nhs.uk/wp-content/uploads/2018/07/excellence-in-continence-care.pdf>

NHS RightCare (accessed 2019). <https://www.england.nhs.uk/rightcare/>

Public Health England (2019) *All Our Health: personalised care and population health*. <https://www.gov.uk/government/collections/all-our-health-personalised-care-and-populationhealth>

Royal College of Surgeons (2015) *Current resource issues for pelvic floor services in the UK*. <https://publishing.rcseng.ac.uk/doi/full/10.1308/003588414X13814021677999>

Skills for Health, Health Education England and Skill for Care (2016) *Mental Health Core Skills Education and Training Framework*.

<https://www.skillsforhealth.org.uk/services/item/525-mental-health-download>

State of Victoria (Australia) *Department of Health and Human Services December (2016) Advanced practice continence and women's health physiotherapy*. [Advanced practice continence and women's health ... - health.vic.gov.au](http://health.vic.gov.au) > Api > downloadmedia

The Pelvic Floor Society (2021) *Seizing the opportunity to improve patient care: Pelvic Floor services in 2021 and beyond*. <https://www.pelvicfloorreport.com/wp-content/uploads/2021/05/Pelvic-Floor-Report-V14-WEB.pdf>

Appendix 2

How this area specific capability framework was developed

Development was guided by a project steering group to provide appropriate multi-professional expertise and cross-sector representation (see Appendix 3. Acknowledgements). A wider 'reference group' was also established – open to any individual or organisation, including voluntary organisations, seeking to be informed about the project and/or engage in the consultation process. Representation included patients, carers and families with relevant lived experience to ensure the patient voice and co-production throughout the process.

Initial desk research identified key references, resources and significant themes or issues for consideration derived from contemporary research and evidence-based practice. Further references and resources continued to be identified during the project (see **Appendix 1. Bibliography and resources**).

Several iterations of the draft area specific capability framework were developed and refined, based on the findings of the desk research and in consultation with the project steering group. Through engagement with the steering group, any differences of view were moderated and addressed through enacting a consensus-building approach.

Subsequently, a full draft of the area specific capability framework was approved for wider consultation. The draft and a link to an online survey were hosted on a project web page, which was disseminated widely through the project steering group, their networks and contacts and with the wider reference group. Based on analysis of these survey outcomes, further amendments and refinements were made, leading to a final meeting of the project steering group and submission of the area specific capability framework to the Centre for Advancing Practice for progression through the endorsement process.

A summary of development activity is as follows:

Development activity	Timeline
Initial research and establishing steering group	May - June 2020
Steering Group meetings to review iterations of the credential	24th June, 25th August, 27th October 2020 and 9th June 2021
Task and Finish Group to review indicative assessment strategy	7th January 2021
Consultation including online survey	25th February - 21st March 2021
Analysis of consultation findings	April 2021
Revisions leading to submission for endorsement by Centre for Advancing Practice	May - June 2021
Review by Endorsement Panel and Education Assurance Group.	December 2021 - January 2022
Revisions and submission	March - July 2022

Appendix 3

Acknowledgements

This area specific capability framework was commissioned by Health Education England (HEE) now NHS England.

The project steering group was chaired by Jane Dixon, independent pelvic health physiotherapist, Montagu House Healthcare.

Project management was provided by Andrew Lovegrove, senior consultant, and Colin Wright, frameworks development manager (Skills for Health).

Representation on the steering group included the individuals and organisations listed below.

Name	Organisation
Gill Adgie	Royal College of Midwives
Sally Ashton-May	Health Education England
Lucia Berry	Brunel University
Debra Bick	Warwick University
Julie Cornish	NHS Cardiff
Vanessa Cullen	Health Education England
Emma Crookes	Patient and service user representative
Charlotte Hill	Health Education England
Kate Lough	Chartered Society of Physiotherapy, POGP
Katie Mann	Chartered Society of Physiotherapy, POGP
Louise Morgan	Health Education England
Charles Podschies	NHS England
Yana Richens	University College Hospital, London

We would also like to thank the 309 respondents to the online consultation survey conducted to inform the area specific capability framework development (see **Appendix 2**).