NHS England

The Centre for
Advancing Practice

Advanced Practice Supporting people with a learning disability, including people with a learning disability who are autistic Capability Framework

Endorsed 2022

Endorsement by NHS England's Centre for Advancing Practice

This framework has met the Centre for Advancing Practice's criteria for endorsement as a multi-professional capability and curriculum 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

Developing and retaining the advanced practice workforce is a strategic priority for the NHS. The *NHS Long-Term Plan*[1] recognises the potential contribution of advanced practitioners to meeting short-term and long-term workforce demands, while the *NHS People Plan*[2] is heavily supportive of scaling up and delivering new roles and models of advanced- practice.

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

Area specific capability frameworks are designed to be delivered as an integral part of Centre-accredited advanced practice Master's degrees and for practitioners' take-up once they have gained an advanced practice Master's degree (or demonstrated the educational equivalence of this through the Centre's ePortfolio (supported) route), where this will usefully build on their prior advanced practice learning and fits with workforce development and service delivery needs.

Area specific capability frameworks articulate the advanced practice capabilities required for the current and future workforce to deliver safe and effective services within a particular area of practice. By strengthening opportunities for career development in clinical roles, they should also support the retention of highly valued and skilled staff and facilitate workforce transformation, all with a focus on achieving public and patient benefit.

Further information on advanced practice area specific capabilities

Current information on the Centre for Advancing Practice and its approach to area specific capabilities can be found at the following: Advanced Practice (hee.nhs.uk).

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[1] NHS England (2019) *Long-term Plan*. https://www.longtermplan.nhs.uk/

[2] NHS England (2020) *NHS People Plan*. NHS England » NHS People Plan

Summary information

Summary information on advanced practice area specific capabilities: Supporting people with a learning disability, including people with a learning disability who are autistic.

Intended level of learning

Level 7

Aim

This area specific capability framework is for practitioners able to engage with the demands of advanced practice and who provide health and social care services to people with a learning disability. This includes people with a learning disability who are autistic and across the life span (including children, young people and adults of all ages).

The area specific capability framework defines the core advanced practice capabilities required to support people with a learning disability across the multi-professional team and that underpin more specialist areas of advanced practice. It reflects the key characteristics of advanced practice. This includes exercising a high degree of autonomy, engaging in complex decision-making, and meeting the demands of level 7 (Master's level) learning.

It is recommended that practitioners working with autistic people who do not have a learning disability engage with the multi-professional advanced practice area specific capabilities in autism (children, young people and adults of all ages); see https://advanced-practice.hee.uk

Pre-requisites

To meet the demands of this area specific capability framework, health and social care practitioners need to hold current registration with the UK regulatory body required for the practice of their profession.

Practitioners also need to have a current scope of practice and role and work in a practice environment that enables them to engage with the full demands of the area specific capabilities. This includes through their having access to the workplace-based supervision, learning and assessment arrangements set out in this document and being supported 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)*.[3]

Co-requisites

This area specific capability framework should be undertaken by practitioners either as an integral part of a full advanced practice MSc programme or following their successful completion of an advanced practice MSc programme or demonstration of educational equivalence of this via the Centre for
Advancing Practice's ePortfolio (supported) route.

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[3] The Multi-professional framework for advanced clinical practice in England (2017) https://advanced-practice.hee.nhs.uk/multi-professional-framework-for-advanced-practice/

This integrated or sequential approach ensures that practitioners fully meet the capabilities set out in the *Multi-professional framework for advanced clinical practice in England (2017)* across the four pillars of practice (clinical, education, leadership and management, and research).[4]

Intended volume of learning

This area specific capability framework has a notional volume of learning of circa 600 hours.

For practitioners who have already completed an advanced practice MSc degree, it should normally take 12 months to complete, based on practitioners being full-time employees and their learning and development to meet the capabilities set out in this document being integrated into their usual pattern of work.

For practitioners who have undertaken relevant prior learning that has currency and enables them to demonstrate fulfilment of some of the capabilities (in line with the area specific capability framework providers' academic regulations), there should be appropriate flexibility for them to complete the area specific capability framework within a reduced timeframe.

Values and behaviours

The values and behaviours set out below underpin the capabilities defined in this area specific capability framework. They focus on the minimum that people with a learning disability and people with a learning disability who are autistic, their family and carers can expect of the people who provide them with support.

The values and behaviours are derived from co-production workshops with people with a learning disability and autistic people that were conducted during the development of the *Core capabilities framework for supporting people with autism* (2019)[5] and the *Advanced clinical practice: capabilities framework when working with people who have a learning disability and/or autism* (2019).[6] The values and behaviours are supplementary to existing legal, regulatory and ethical requirements and codes relevant to professional bodies and employers.

Co-design and co-delivery with people using learning disability services and their families are essential requirements in how this area specific capability framework is delivered.

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[4] Health Education England (2017) Multi-professional framework for advanced clinical practice in England https://advanced-practice.hee.nhs.uk/multi-professional-framework-for-advanced-practice/

[5] Health Education England and Skills for Health (2019) *Core capabilities framework for supporting autistic people*. https://skillsforhealth.org.uk/wp-content/uploads/2020/11/Autism-Capabilities-Framework-Oct-2019.pdf

[6] Health Education England, Skills for Health and NHS England (2019) *Advanced clinical practice: capabilities framework when working with people who have a learning disability and/or autism*. www.skillsforhealth.org.uk/ACPinLD&A

The practitioner will:

A. Demonstrate positivity, recognising the strengths and abilities of people with learning a disability.

B. Gain an understanding of people with a learning disability individual perspective and personal preferences.

C. Be patient, really listen and seek to understand what is being communicated by a person with learning a disability.

D. Recognise the presentation and identity of people with a learning disability and respond with respect and compassion, without judging them or labelling their behaviour in unhelpful ways.

E. Value and acknowledge the individual experience and expertise of people with a learning disability, their families and support networks, enabling choice and autonomy and protecting people's human rights.

F. Act with integrity, honesty and openness, seeking to develop mutual trust in all interactions with people with a learning disability, their families, carers and communities.

G. Be committed to integrated current and future care and support through working in partnership with people with a learning disability, cross-sector teams, communities and organisations.

H. Value collaborative involvement and co-production with people with a learning disability, their families, carers and communities to improve person-centred design and quality of services.

I. Recognise, respect and value people with a learning disability's differences and challenge negative stereotyping.

J. Take responsibility for one's own learning and continuing professional development and contribute to the learning of others.

Learning outcomes

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

A. Critically appraise the evidence base, historical and theoretical approaches to delivering care for people with a learning disability to inform contemporary advanced clinical practice.

B. Lead collaborative assessment, formulation and diagnosis and demonstrate inclusive communication approaches.

C. Lead, evaluate and modify personalised support, working with people with a learning disability to enable their wellbeing, autonomy and navigation through life stages, and advocating for health promotion, health equality and wellbeing.

D. Critically appraise positive risk taking, legislation and safeguarding and advocate for reasonable adjustments to meet the needs and wishes of people with a learning disability, ensuring equality and inclusion.

E. Critically evaluate theoretical perspectives of leadership and management and demonstrate their effective application in the development and delivery of services for people with a learning disability at a strategic level.

F. Critically assess the capabilities and learning needs of self and others across the system and engage in a range of learning and development approaches that extend and broaden practice in meeting the needs of people with a learning disability, while fostering a culture of continuous improvement based on evidence-based practice.

G. Demonstrate a critical understanding of research and the ability to evaluate, synthesise, undertake, generate and disseminate the findings of research to inform practice for self, others and the wider system when meeting the needs of people with a learning disability.

Scope of this area specific capability framework

This area specific capability framework has been developed for practitioners working with people with a learning disability, including people with a learning disability who are autistic, who have complex health needs. In articulating advanced practice capability requirements, it builds on the generic capabilities set out in the *Multi-professional framework for advanced clinical practice in England (2017)*[7], as well as HEE's 2020 *Advanced clinical practice:*

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[7] Health Education England (2017*) Multi-professional framework for advanced clinical practice in England.* https://advanced-practice.hee.nhs.uk/multi-professional-framework-for-advanced-practice/

capabilities framework when working with people who have a learning disability and/or autism.[8]

Throughout this document, the term 'learning disabilities' is used to describe people with a learning disability, including people with a learning disability who are autistic. For practitioners working with autistic people who do not have a learning disability, it is recommended they engage with the multi-professional advanced practice area specific capability framework in autism (children, young people and adults of all ages); see https://advanced-practice.hee.nhs.uk/.

People with a learning disability experience the full range of health care needs and access a full range of health care services. This area specific capability framework has been developed to support the development of the learning disability workforce at advanced practice level across health and social care and community and acute settings.   Practitioners undertaking the area specific capability framework, and those supporting their engagement with it (including employers), need to ensure the relevance and application of the area specific capability framework to their particular practice environment, job role and scope of practice.

The area specific capability framework was developed through an iterative process involving experts in the field. Areas of clinical practice were identified and then benchmarked to the current evidence base (see Appendix 1. How this area specific capability framework was developed).

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[8] 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/ACPinLD&A

Capabilities

The advanced practice capabilities articulated in this document are mapped to generic capabilities set out in the *Multi-professional framework for advanced clinical practice in England (2017)*.[9]**.**

Domain A. Personalised and collaborative working

Capability 1: The advanced practitioner will undertake complex collaborative assessment, formulation and diagnosis to identify health and social care needs.

Mapped to Multi-professional framework: 1.2, 1.3, 1.4, 1.5, 1.6

To achieve this, the advanced practitioner will:

a) Demonstrate a critical understanding of the broadened level of responsibility and autonomy of advanced practice when undertaking complex, comprehensive, collaborative holistic assessment, formulation and diagnosis in line with current best practice and the evidence base, including in relation to the co-morbidities experienced by people with a learning disability.

b) Gather, synthesise and critically appraise information from appropriate sources (including previous histories and assessments) to facilitate person-centred, holistic assessment.

c) Identify different factors that may impact upon people with a learning disability (e.g.. protected characteristics).

d) Critically appraise and analyse complex data to inform personalised and collaborative approaches to the planning of person-centred care.

e) Within clinical competence and scope of practice, act on professional judgement to identify where further specialist assessment is required, including referral for and interpretation of diagnostic tests.

f) Critically appraise information obtained, taking account of potential associated conditions; for example, limited vision, epilepsy, physical disabilities and mental health problems.

g) Use expert knowledge and skills to inform clinical-reasoning, ensuring the synthesis of information from multiple sources to inform evidence-based clinical judgements and diagnoses and including consideration of differential diagnosis and risks relating to diagnostic overshadowing.

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[9] Health Education England (2017*) Multi-professional framework for advanced clinical practice in England.* https://advanced-practice.hee.nhs.uk/multi-professional-framework-for-advanced-practice/

h) Effectively communicate highly sensitive information and plan for postdiagnostic follow up, recognising the needs of families and carers who are providing care and support for people with a learning disability.

i) Demonstrate clinical leadership in collaborative clinical assessment, formulation and diagnosis.

Capability 2: The advanced practitioner will lead inclusive communication approaches to maximise communication with people with a learning disability, their families, significant others and professionals across complex systems of care.

Mapped to Multi-professional framework: 1.3, 1.5, 1.9, 2.5

To achieve this, the advanced practitioner will:

a) Within the sphere of their practice and role, broaden their knowledge, understanding and capability regarding the communication needs of people with a learning disability, or, where communication is an existing area of clinical expertise, further enhance their specialist knowledge and clinical expertise, providing clinical leadership and consultation to others.

b) Demonstrate a critical understanding of inclusive communication approaches to ensure the voice of people with a learning disability, their families and significant others are included and advocated for when making decisions, planning care and making positive changes.

c) Communicate effectively with families, carers and colleagues using a variety of media (e.g. verbal, written and digital) whilst keeping the service user at the centre of care.

d) Communicate with families, carers and colleagues in ways that build and sustain relationships, including by seeking, gathering and sharing information appropriately, efficiently and effectively to expedite and integrate individuals' care.

e) Act on professional judgement about when and how to seek help with communication, demonstrating critical reflection on and self-awareness of their own practice.

f) Critically reflect, evaluate and modify communication with people with a learning disability to support their emotional wellbeing and autonomy.

g) Pro-actively advocate for adoption of the Accessible Information Standard for health and social care organisations, including requirements for policy, procedures, human behaviour and, where applicable, electronic systems.

h) Facilitate and support the effective communication of highly sensitive information and utilise appropriate communication approaches to support shared decision-making in complex situations.

i) Advocate for practices to reduce health inequalities, risks and diagnostic overshadowing and to improve both physical and mental health through enabling reasonable adjustments.

j) Lead new practice and service redesign solutions, role modelling co-production and using clinical expertise to meaningfully involve a diverse range of people with a learning disability to have a voice in service design and delivery, in accordance with national agendas and policies.

k) Demonstrate effective and inclusive communication skills assuring the voice of individuals, carers families and professionals are advocated.

l) Demonstrate critical awareness of the influences of self-advocacy and practice based leadership and apply them safely and effectively to this field of practice.

m) Facilitate a culture of co-production and involve people with complex communication needs to have a voice in local and national agendas and policies

Capability 3: The advanced practitioner will clinically lead personalised care and support for people with a learning disability.

Mapped to Multi-professional framework: 1.7, 1.8, 1.9

To achieve this, the advanced practitioner will:

a) Synthesise the theory and principles that underpin personalised care and support for people with a learning disability, including principles of shared decision-making, health literacy and activation, and apply these principles in practice.

b) Understand and appraise historical and current understanding of learning disability, including people with a learning disability who are autistic, applying cognitive, bio-psycho-social and neurodiversity theories.

c) Critically evaluate the role of positive risk-taking and duty of care in enabling personalised care and support.

d) Lead the development and implementation of systems for goal-based, personalised outcome planning, implementing plans and monitoring the impact of these.

e) Proactively initiate person-centred thinking, planning and co-production in the management and development of services, enabling people to maximise their empowerment within the limits of their capability in complex systems and changing support.

f) Enable healthy psychological environments for people with a learning disability by giving support and advice to carers and families.

g) Explore and appraise the impact that caring for individuals with a learning disability in the family may have on relationships and family members' own wellbeing (including any psychological and/or socio-economic impact).

h) Evaluate how family and carer relationships and support needs may change over the life course and during periods of transition and work with individuals and others to identify positive and negative aspects of a change.

i) Understand, implement and educate others regarding legislation relevant to families' and carers' rights and act as a source of further information for families and carers around legal issues (e.g. lasting power of attorney, mental capacity and liberty protection safeguards).

j) Utilise and support the implementation of relevant legislation and guidance for consent and shared decision-making (e.g. mental capacity legislation and NICE guidance).

k) Critically review their professional role in maintaining and ensuring the wellbeing and independence of people with a learning disability.

l) Apply the evidence, theories and policy drivers that underpin decision-making and judgement in practice.

m) Demonstrate the ability to provide innovative approaches to person-centred planning for people with a learning disability and additional complex needs.

n) Critically examine holistic issues and approaches influencing personalised care and support for people with protected characteristics.

Domain B. Health and wellbeing

Capability 4: The advanced practitioner will act as a powerful advocate for people with a learning disability, ensuring health equality and reasonable adjustments are made across the health and social care system, to meet people's needs and reduce health and social care inequalities, maximising health and wellbeing.

Mapped to Multi-professional framework: 1.5, 1.7, 1.8

To achieve this, the advanced practitioner will:

a) Recognise the biological, psychological and social impact of common health conditions and lead an appropriate response, including for

  a. Life-limiting conditions.
  b. Long-term conditions.
  c. Sensory impairment.

b) Critically appraise the social determinants of health and conditions that affect mortality and cause premature death within the context of a changing demography.

c) Identify through advanced knowledge and practice, health conditions that are more likely to be experienced by people with profound and multiple learning disabilities (PMLD) and the implications of these for on-going health checks, person-centred planning and supporting the capabilities of carers to monitor individuals' health and wellbeing needs on a day-to-day basis.

d) Demonstrate a critical understanding of the signs, symptoms, prevalence and potential impact on the lives of people with a learning disability of mental health conditions and concurrent presentations, including consideration through expert knowledge and practice of potential differential diagnosis and diagnostic overshadowing.

e) Conduct a comprehensive assessment, with the ability to recognise when there is a need to make a referral either to specialist psychological services (e.g. to psychiatry, psychology or arts psychotherapies) for complex mental health issues, or to a therapeutic community group.

f) Critically understand the importance of activity (e.g. daily living skills, education, paid and unpaid work and leisure) that has meaning and purpose to individuals with a learning disability and may provide social engagement as a 'protective factor' to maintain their positive mental health.

g) Critically appraise how the physical and social environment impacts individuals' physical, psychological and social wellbeing and participation, including in home, housing, community, education and work settings.

h) Support and facilitate people with a learning disability to access opportunities for appropriate activities that have interest for them, including through social prescribing where appropriate.

i) Ensure that others (e.g. family members, care/support staff, other members of the multidisciplinary team and those in mainstream health and social care services) recognise the value and importance of therapeutic activities and positive risk-taking and decision-making and that this is reflected in people's care plans.

j) Use advanced clinical skills to respond to and work in partnership with people with a learning disability and others (including family members, other members of the multi-disciplinary team and those in health, education and social care services) to maximise the outcomes of interventions.

k) Analyse why mental or physical health conditions may be overlooked in people with a learning disability (e.g. due to complex or atypical presentations and/or diagnostic overshadowing).

l) Demonstrate critical understanding of pharmacology related to this field of practice, including strategies related to appropriate prescribing, de-prescribing, and polypharmacy across the lifespan, and implement current guidelines and principles aimed at stopping the over-medication of people with a learning disability.

m) Advocate for reasonable adjustments and processes to support people with a learning disability to access healthcare services.

n) Promote and apply the Accessible Information Standard for health and social care organisations, including requirements for policy, procedures, human behaviour and, where applicable, electronic systems.

o) Influence commissioning and lead care across organisations and pathways.

p) Critically appraise the outcome of relevant research and use current evidence to underpin own practice and to inform that of others.

q) Use initiative in decision-making and generate transformative solutions through the synthesis of ideas and information as a result of critical reflexivity.

r) Evidence holistic, in-depth knowledge, skills and behaviours to maximise the health and wellbeing of people with additional complex needs or common comorbidities.

Capability 5: The advanced practitioner will apply advance knowledge and clinical expertise to meet the nutrition and hydration needs of people with a learning disability.

Mapped to Multi-professional framework: 1.10, 1.11, 2.7

To achieve this, the advanced practitioner will:

a) Within the sphere of their practice and role, broaden their knowledge, understanding and capability regarding the nutrition and hydration needs of people with a learning disability, or, where nutrition and hydration is an area of clinical expertise, further enhance their specialist knowledge and clinical expertise and provide clinical leadership and consultation to others.

b) Apply clinical expertise and decision-making to inform and advocate for a balance between a nutritionally balanced diet and providing the opportunity for people with a learning disability to enjoy safely the food and drink of their choice.

c) Critically evaluate how to improve the provision of nutrition and hydration through monitoring food and drink intake using appropriate tools and evaluating the factors that influence a positive mealtime experience.

d) Apply expertise and skills to monitor for other health conditions that may result from poor nutrition and hydration (e.g. skin integrity and diabetes).

e) Involve individuals' family and/or care staff where there may be conflict or differences of opinion if individuals lack capacity to work with professionals to develop their own management approaches.

f) Recognise that adults with a learning disability are a high-risk group for deaths from respiratory problems and ensure robust clinical assessment and care planning to avoid these risks.

g) Critically appraise the risk factors for people with a learning disability that may place them at higher risk of malnutrition; being obese and developing morbid obesity at an earlier age; being constipated; dysphagia and gastrointestinal disorders; and co-morbidities associated with these conditions, and proactively manage these risks and provide interventions to prevent avoidable deterioration.

h) Use expertise to develop and deliver person-centred nutritional care plans with people with a learning disability, taking account of individual, environmental and functional skill factors, assessing individuals' capacity and any support needed, and working with the multi-disciplinary team to consider holistic assessment and guidance.

i) Be aware of the risk of re-feeding syndrome in people who are severely underweight and who have had a period of acute starvation, identifying appropriate referrals to promote safe re-feeding.

j) Actively identify groups of people with a learning disability who are at a particularly high risk for dysphagia and, within their sphere of practice, screen for the risk of choking and dysphagia; promote approaches to reduce the risks of choking; and ensure appropriate referral to a dysphagia-trained practitioner for specialist assessment and clinical guidelines.

k) Critically evaluate how other health conditions have been associated with dysphagia (e.g. under-nutrition, weight loss, urinary tract infections, headaches, constipation, oesophagitis and reduced ability to fight infections).

l) Work with the multi-professional team and clinical experts to recognise when individuals' dysphagia is severe and work with the multi-professional team to evaluate other methods of getting adequate nutrition and hydration, such as enteral feeding.

m) Evaluate decisions regarding methods of getting adequate nutrition and hydration with individuals themselves and, if possible, with their family, care team and GP as well as with other healthcare professionals (e.g. dietitians, dysphagia-trained nurses, occupational therapists, physiotherapists, speech and language therapists).

n) Support others in the learning disability workforce to recognise causes of dysphagia and those at risk of dysphagia through work-based and interprofessional learning, including through the application of agreed standards (within scope of practice), to ensure safety and competency in the workforce.

o) Understand the importance of good oral hygiene, including the impact of gum disease, mouth ulcers, broken teeth, tooth decay, a dental abscess and missing teeth on eating, drinking and respiratory health and wellbeing.

p) Work collaboratively with dieticians, psychologists and sensory specialists to manage disordered or restricted eating in adults with a learning disability.

Capability 6: The advanced practitioner will demonstrate advance knowledge and clinical expertise in positive behaviour support.

Mapped to Multi-professional framework: 1.4, 1.6, 1.8, 1.10

To achieve this, the advanced practitioner will:

a) Develop and implement inclusive, co-produced, multi-element positive behaviour support plans with people with a learning disability, their families and carers, the multi-disciplinary team and other agencies, as appropriate.

b) Actively support and co-produce strategies to enable appropriate and personcentred functional risk assessment.

c) Synthesise appropriate evidence to formulate a comprehensive functional assessment of individuals' needs relating to behaviours described as 'challenging'.

d) Construct evidenced-based, functionally-equivalent support strategies to meet individuals' needs.

e) Develop multi-element, constructionally-based and individualised interventions to support pro-social skills development.

f) Devise comprehensive positive behaviour support-based interventions and strategies that enable safe, evidence-based and least restrictive/reactive strategies, where required.

g) Advocate for and teach support skills that facilitate person-centred positive behaviour support plans.

h) Provide clinical support and supervision to colleagues and families to identify and ameliorate mediator issues.

i) Provide comprehensive monitoring and evaluation of positive behaviour support (PBS) plans to support quality of life measures.

j) Be cognisant of appropriate individualised positive risk-taking strategies and their implications.

k) Critically reflect on their involvement in the development and effectiveness of co-produced, multi-element positive behaviour support plans.

l) Demonstrate the ability to provide effective, safe complex care management, including assessment and management approaches that are informed by local and national agendas and best evidence.

Capability 7: The advance practitioner will work with palliative care specialists to clinically lead high-quality, dignified care for people with a learning disability who have been identified as at end of life.

Mapped to Multi-professional framework: 1.3, 1.4, 1.5, 1.7,2.7

To achieve this, the advanced practitioner will:

a) Proactively work with people with a learning disability and their families and carers to co-ordinate complex planning across services, to develop a personcentred end of life care plan that balances their treatment with care and support needs and preferences.

b) Critically appraise the biological, psychological and sociological aspects associated with end of life/palliative care planning and apply them appropriately to care planning for individuals.

c) Demonstrate a comprehensive understanding of the processes involved in deciding when individuals with a learning disability are deemed to be at end of life and the actions needed.

d) Use specialist knowledge and skills and educate others to identify acute onset illness and deterioration in people with a learning disability and develop care plans to support individuals' access to health services.

e) Synthesise guidance, risks and benefits, and ethical considerations associated with individuals' food- and drink-related needs, including those relating to clinically-assisted nutrition and hydration.

f) Understand referral criteria and initiate processes for referral to specialist services to meet the needs of people with a learning disability and those who are important to them.

g) Critically evaluate ways to overcome the potential barriers that people with a learning disability may face in accessing end-of-life care.

h) Advocate for reviews of death of people with a learning disability and know which organisations should be contacted following the death of individuals with a learning disability.

i) Contribute to the development of practices and services that meet the end-oflife needs of people with a learning disability, ensuring that all agencies are committed to providing urgent and timely interventions that can save lives.

j) Ensure the delivery of care for people with a learning disability at end of life that is person-centred and takes into consideration diversity and cultural needs, alongside professional, ethical and legal perspectives.

k) Demonstrate a critical understanding of the professional, ethical and legal perspectives relating to working with people with a learning disability at the end of life, incorporating sensitivity to diversity and cultural issues.

Capability 8: The advanced practitioner will be able to critically appraise research and practice to ensure that the sensory needs of people with a learning disability are met, including sensory impairment and sensory processing.

Mapped to Multi-professional framework: 1.7, 1.11

To achieve this, the advanced practitioner will:

a) Demonstrate a comprehensive understanding of the implications of sensory impairments on the lives of people with a learning disability, including those with PMLD.

b) Synthesise and appraise the neuroscience and evidence base underpinning theories relating to the processing and integration of sensory stimuli that impact on the lives of people with a learning disability.

c) Promote understanding of the possible sensory processing differences of people with a learning disability and the impact of appropriate and inappropriate environments on their ability to participate in daily activities.

d) Assess, and evidence the need for interventions for the development of sensory integration.

e) Select and plan interventions for the development of sensory integration, including the selection of appropriate outcome measures.

f) Advocate for the provision of appropriate sensory adaptation equipment (e.g. noise-cancelling headphones, suitable lighting, accessibility settings on technology), in line with individuals' requirements and to support their access to and/or engagement in desired activities.

g) Lead the development of organisational policies and plans that prioritise sensory needs and address environmental challenges.

h) Promote reasonable adjustments and the legal requirement for organisations to ensure equality of access for people with a special requirement, including by critically appraising policies and procedures.

Capability 9: The advanced practitioner will apply clinical knowledge and expertise on movement and posture to ensure that the health and wellbeing needs of people who have complex physical disabilities, reduced mobility and deteriorating health are met.

Mapped to Multi-professional framework: 1.6, 1.7, 1.8

To achieve this, the advanced practitioner will:

a) Understand the impact of complex physical disability on individuals' health, care, social interaction, engagement and quality of life, as well as the lives of their network of care and support.

b) Understand that poor posture can have severe and life-threatening complications and implement creative solutions to meet the postural needs of people with complex presentations, including for people with profound learning disabilities who are unable to change their own body position.

c) Anticipate and promote the need for 24-hour postural management to reduce the risk of secondary complications associated with severe physical disability that are linked to morbidity and mortality (e.g. pain, pressure sores, spinal deformity, joint contractures and respiratory infection).

d) Within sphere of practice and role, broaden knowledge, understanding and capability regarding 24-hour postural management of people with a learning disability.

e) Critically evaluate how an agreed 24-hour postural management plan, including positioning equipment, medical management and therapeutic activities, improves health outcomes, care, social interaction, engagement and quality of life.

f) Understand the prevalence, aetiology and impact of respiratory disorders in people with a learning disability and that people with conditions such as PMLD and severe cerebral palsy are at high risk of respiratory problems resulting in increased access to healthcare and premature death.

g) Within sphere of practice, identify, anticipate and promote multi-disciplinary respiratory management for people with a learning disability, including access to community and specialist level respiratory services.

h) Understand the prevalence, aetiology and impact of mobility problems and falls in people with a learning disability and the consequences of these on individuals' health outcomes, social engagement and quality of life.

i) Anticipate and promote the need to reduce falls and mobility problems in people with a learning disability, including implementing strategies to manage any immediate risk such as medical causes, environmental hazards and social/care contributory factors.

j) Within sphere of practice and role, broaden knowledge, understanding and capability of a multi-disciplinary multi-factorial falls assessment, prevention and intervention approach for people with a learning disability, including through the promotion of physical activity, strength and balance exercises, environmental assessments, medication reviews, promotion of bone health and attention to low vision and visual processing difficulties.

k) Implement and evaluate the importance of taking a positive risk management approach to mobility and falls management to ensure that the needs of adults with a learning disability are met in a person-centred manner and in ways that maximise their personal choice and quality of life, and take an evidence-based approach to falls intervention.

l) Actively promote the importance for people with a learning disability to maintain good physical health through exercise, activities, movement and postural management.

Capability 10: The advanced practitioner will demonstrate a comprehensive knowledge and understanding of epilepsy, to inform assessment, diagnosis and care for people with a learning disability and epilepsy.

Mapped to Multi-professional framework: 1.4, 1.6,1.8

To achieve this, the advanced practitioner will:

a) Synthesise current national guidelines relating to the assessment and treatment of epilepsy.

b) Demonstrate a comprehensive understanding of the classification of seizures and the ability to differentiate, through appropriate use of history taking and assessment tools, the type of seizure, syndrome and nonseizure activity.

c) Synthesise data to create a formulation for individuals with a learning disability and epilepsy, and devise appropriate person-centred care and support plans.

d) Evaluate the complexity and co-morbidity of epilepsy in people with a learning disability in order to more effectively manage individuals' condition to improve their quality of life and enhance the support provided to them, and to reduce health inequalities.

e) Use clinical expertise, decision-making and professional judgement to assess and manage risk relating to epilepsy in people with a learning disability.

f) Initiate, monitor and evaluate epilepsy treatment, including knowing the specific idiosyncratic effects in people with a learning disability and the need to take account of potential co-morbidities such as dysphagia.

g) Proactively develop and disseminate health promotion advice to people with a learning disability, their families and carers in relation to epilepsy in accordance with contemporary legislation and guidelines.

h) Apply comprehensive assessment to identify potential differential diagnosis of non-epileptic and dissociative seizures, ensuring appropriate referral for specialist assessment and interventions.

Domain C. Personalised care and support

Capability 11: The advanced practitioner will work across health and social care systems to ensure the wellbeing and independence of people with a learning disability is upheld through person-centred, personalised care.

Mapped to Multi-professional framework: 1.4, 1.5, 1.7

To achieve this, the advanced practitioner will:

a) Advocate across health and social care systems for the personalisation of care and support for people with a learning disability.

b) Actively assist people with a learning disability to develop support plans to meet their identified needs, interests and right to make choices and enable them to realise and implement these plans.

c) Evaluate the value of a broad range of assistive living technologies (new and emerging) in developing support plans for people with a learning disability.

d) Synthesise the theories and principles that underpin outcome-based practice for people with a learning disability.

e) Promote and contribute to the development of practices and services that meet the individual needs of people with a learning disability.

Capability 12: The advanced practitioner will understand the impact of relationships, sexuality and sexual health for people with a learning disability and how these impact upon individuals' wellbeing.

Mapped to Multi-professional framework: 1.4, 1.5

To achieve this, the advanced practitioner will:

a) Evaluate factors that can influence the process of a relationship and work with people with a learning disability to review and evaluate the support they need to maintain and develop relationships if they wish to do so.

b) Appraise the relevance of relationship theories to learning disability care and support.

c) Appraise the impact of relationships and social networks on wellbeing and self-esteem and actively promote and support people with a learning disability to participate in their local community or social networks.

d) Identify and evaluate issues of sexual expression and sexual health for people with a learning disability and how they can be supported.

e) Evaluate the impact of social and family contextual factors on the sexual and sexual health needs of people with a learning disability.

f) Synthesise relevant legislation influencing the support of sexuality and sexual health for people with a learning disability.

g) Appraise the potential for people with a learning disability to be at risk either of entering the criminal justice system due to perceived inappropriate sexual behaviour or of being a victim of sexual abuse and exploitation.

h) Critically examine influencing factors and approaches relating to relationships, exploration of sexuality, sexual health and wellbeing.

Capability 13: The advanced practitioner will have a good knowledge and understanding of life transitions for the health and wellbeing of people with a learning disability, throughout their lives and how to support people with a learning disability, their families, significant others and health and social care professionals as they navigate through life stages.

Mapped to Multi-professional framework: 1.4, 1.6, 1.7

To achieve this, the advanced practitioner will:

a) Appraise types of change that may occur in the life stages of individuals with a learning disability and how their needs and abilities may change over time.

b) Analyse factors that may make change a positive or negative experience and approaches likely to enhance individuals' capacity to manage and experience change positively.

c) Support people to express preferences and anxieties when going through change and adapt support methods to take account of their preferences or anxieties.

d) Recognise and promote the value of early intervention on the lives of children and young people with a learning disability and their families and lead a coordinated approach to intervention across a range of services (e.g. health, education and social services).

e) Support young people with a learning disability and their families and carers to reflect on their transition into adulthood.

f) Evaluate the impact of age-related changes on older people with a learning disability (including dementia, frailty and falls) and how these changes may affect individuals.

g) Evaluate the support provided during a period of change, working with individuals and others to identify positive and negative aspects of a change and to seek additional expertise and advice, if required.

h) Provide accessible information, advice and support that is tailored to individuals' communication needs.

i) Critically examine the biological, psychological and sociological factors relating to the life stages, including transition to adulthood and older adulthood, and apply these to the field of practice.

j)   Support social models of disability in the context of service provision across health and social care systems and the wider community.

Domain D. Risk, legislation and safeguarding

Capability 14: The advanced practitioner will clinically lead care, ensuring high-quality and best practice standards are met in the application of law, ethics and safeguarding for people with a learning disability.

Mapped to Multi-professional framework: 1.8, 2.10, 2.11

To achieve this, the advanced practitioner will:

a) Appraise the legislation, regulations and policies that underpin the protection of people with a learning disability, including key legislation relevant to mental capacity, deprivation of liberty, equality and human rights.

b) Demonstrate a comprehensive understanding of law, ethics and safeguarding, including equality, diversity and inclusion.

c) Analyse the implications for practice of key legal and ethical issues, including how different areas of legislation may interact and impact.

d) Evaluate the options available when informed consent may be compromised.

e) Lead service provision that protects people with a learning disability at risk of harm or abuse, including monitoring and evaluating systems, processes and practice.

f) Demonstrate a comprehensive understanding of the roles and responsibilities of the different agencies involved in investigating allegations of harm or abuse.

g) Manage inter-agency, joint or integrated working to protect people with a learning disability who are at risk of harm or abuse, including through the appropriate sharing of safeguarding information with the relevant agencies.

h) Critically evaluate the role of self and others in supporting people with a learning disability who have experienced harm or abuse.

i) Actively challenge others who are not behaving in an ethical way.

j) Critically review rights-based approaches, ensuring consideration is given to specific legal, ethical and safeguarding frameworks when planning person centred care.

k) Undertake a systematic review of inter-agency, trans-disciplinary models of working.

l) Critically analyse and apply methods for conflict resolution and solution focused problem-solving in inter-agency, integrated and joint working within a multi-professional setting.

Capability 15: The advanced practitioner will clinically lead the delivery of services, ensuring equality, diversity and inclusion is maintained.

Mapped to Multi-professional framework: 1.10, 2.10, 2.11

To achieve this, the advanced practitioner will:

a) Understand the prevalence of learning disabilities and the importance of equal access to learning disability assessments for people from diverse communities.

b) Appraise the legislation, regulations and policies that underpin equality, diversity and human rights.

c) Analyse the impact that discrimination, stigma and unconscious bias may have on the life of people with a learning disability, their family and carers, including those for whom a number of protected characteristics may be applicable.

d) Lead practice and an organisational culture that values and respects equality, inclusion and the diversity of people with a learning disability.

e) Develop, promote and co-produce systems and processes that promote diversity, equality and inclusion.

f) Recognise when own or others' behaviour undermines equality, diversity and human rights and take rectifying action.

g) Critically appraise the approaches that enable advanced practice to maintain and support equality, diversity and inclusion in the delivery of person-centred care.

Capability 16: The advanced practitioner will clinically lead on the provision of high-quality risk assessment and risk management plans to enable positive risk-taking to maximise the health and wellbeing of people with a learning disability.

Mapped to Multi-professional framework: 1.3

To achieve this, the advanced practitioner will:

a) Appraise ways in which risk is an integral part of everyday life.

b) Evaluate the links between risk-taking and responsibility, empowerment and social inclusion, considering the needs and abilities of people with a learning disability.

c) Promote the importance of a positive, person-centred approach to risk assessment and how to apply the principles and methods of a person-centred approach to the process of risk assessment.

d) Evaluate how a service-focused approach to risk assessment would differ from a person-centred approach.

e) Synthesise and explain the legal and policy framework underpinning individuals' right to make decisions and take risks.

f) Ensure that people with a learning disability are facilitated to balance their choices with their own and others' health, safety and wellbeing in light of their mental capacity.

g) Demonstrate a critical self-awareness of how one's values, belief systems and experiences may affect working practice when supporting people to take risks.

h) Critically analyse positive risk-taking as an integral part of everyday life.

i) Apply the evidence, theories and policy drivers that underpin decision-making and judgement in practice.

j) Demonstrate the ability to carry out complex risk assessment and management, being cognisant of positive risk-taking, and associated frameworks to support autonomous, professional decision-making and ensure accurate recording/documentation.

Domain E. Leadership and management, education and research

This domain outlines the advanced practice capabilities specific to learning disabilities relating that relate to leadership and management, education and research. They reflect and build on the generic capabilities for these three pillars that are set out in the *Multi-professional framework for advanced clinical practice in England (2017)*.[10]

Capability 17. The advanced practitioner will provide clinical leadership and manage services and teams to ensure the delivery of high-quality, effective care to people with a learning disability.

Mapped to Multi-professional framework: 2.1 to 2.11

To achieve this, the advanced practitioner will:

a) Evaluate key drivers and policies that influence national learning disability and autism strategy and service development and analyse how these can be used to improve service delivery.

b) Advocate for the rights of people with a learning disability for reasonable adjustments to meet their needs in the planning and development of services.

c) Promote a culture where needs and risks are balanced with health and safety practice in learning disability care and support.

d) Actively seek feedback and involvement from people with a learning disability, families, communities and colleagues in the co-production of service improvements.

e) Continually develop practice in response to changing population health needs, engaging in horizon scanning for future developments to reduce health inequalities for people with a learning disability (e.g. the impacts of genomics, new treatments and changing social challenges).

f) Develop relationships with service commissioners to advocate for the health and social care needs of people with a learning disability and to develop the capacity and capability of integrated care systems to meet these needs.

g) Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect people with a learning disability, families, communities and colleagues' safety and wellbeing when necessary.

h) Demonstrate critical awareness of the influences of self-advocacy and practice-based leadership and apply these safely and effectively to this field of practice.

i) Use initiative in decision-making and generate transformative solutions through the synthesis of ideas and information as a result of critical reflexivity.

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[10] Health Education England (2017) Multi-professional framework for advanced clinical practice in England
https://advanced-practice.hee.nhs.uk/multi-professional-framework-for-advanced-practice/

Capability 18. The advanced practitioner will engage in education and personal development to ensure provision of evidence-based practice.

Mapped to Multi-professional framework: 3.1 to 3.8

To achieve this, the advanced practitioner will:

a) Promote the roles and professions of people who work with people with a learning disability to build the future workforce.

b) Engage with, appraise and respond to individuals' motivations, development stage and capacity, working collaboratively to support health literacy and empower people with a learning disability to participate in decisions about their care and to maximise their health and wellbeing.

c) Advocate for and contribute to a culture of organisational learning to inspire future and existing staff to optimise their responsiveness to the needs of people with a learning disability.

d) Facilitate the co-production (design and delivery) of education and training, working in partnership with people with a learning disability.

Capability 19. The advanced practitioner will engage in research, audit and evaluation to identify and implement service improvements.

Mapped to Multi-professional framework: 4.1 to 4.8

To achieve this, the advanced practitioner will:

a) Critically engage in research activity, enabling inclusive research for people with a learning disability and adhering to good, ethical research practice guidance so that evidence-based strategies are developed and applied to enhance quality, safety, productivity and value for money.

b) Advocate for reasonable adaptations to enable people with a learning disability to participate in audit, quality improvement initiatives, evaluation and research.

c) Ensure research materials and processes are accessible to people with a learning disability, where appropriate.

d) Co-produce approaches to evaluating services and measuring impact, including the use of outcomes reported by people with a learning disability, their families and carers.

e) Critically appraise the ethical issues and influence processes relating to conducting research with people with a learning disability, including their informed consent to participate in research projects.

Learning, supervision and support

Introduction

Practitioners undertaking this area specific capability framework need to have a scope of practice and role and to be working in a practice environment that provides them with structured, supportive opportunities for relevant, safe and effective workplace-based learning and supervision and 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 to do the following:

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

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

Emphasis is on the further development and refinement of practitioners' decision-making to manage increasing levels of complexity, ambiguity and risk, including on when to seek assistance and advice from others. 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.

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 workforce development across academic and workplace-based settings.

Practitioners should be enabled to develop their professional knowledge, skills and behaviours to achieve the learning disability specific capabilities set out in this specification. To do this, they need access to a variety of learning and teaching activities and to be supported to engage in critical reflection on their own development, informed by feedback from others.

Learning and teaching activities should meet level 7 academic requirements and be delivered by nationally recognised experts in the field of learning disability practice. The delivery of the area specific capability framework must consider the multi-professional needs of practitioners, as well as the different sectors and settings in which individual practitioners are working.

Delivery of the area specific capability framework can include, but is not limited to, the following:

- Teaching sessions including lectures and small group teaching.

- Case presentations.
- Engagement in research and quality improvement projects.
- 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 multi-disciplinary meetings.
- Access to 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 capabilities set out in this specification.

Delivery of all components of the area specific capability framework 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 engaging with multi-professional team-working, learning and collaboration. Practitioners are responsible for the following:

- Engaging with opportunities for 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.

Practitioners are also expected to undertake self-directed learning in line with their personal learning needs to meet the area specific capability framework's learning outcomes and capabilities. 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 should 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 learning and advanced practice.

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 deepens practitioners' critical understanding of their practice and their learning from this. Written reflection offers different benefits from 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 that it has taken place, whether or not the specific subject or content of the reflection is recorded.

Practitioners are expected to use feedback from their supervisor to inform their on-going 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 within the area specific capability framework, supported by practitioners' supervisor and other experienced colleagues. These settings should provide learning opportunities that include liaison with other practitioners, working closely within the multi-disciplinary team, making referrals as appropriate, and follow-up where required.

Continuous, systematic feedback and reflection are integral to learning from practice and should be assisted by workplace-based supervision and assessments. Practitioners are required to keep evidence of their workplace-based learning activity and their 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 that are comparable to senior decision-makers.
- 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 education and training. It takes advantage of the experience, knowledge and skills of expert practitioners and ensures practitioners' interaction between experienced practitioners.

Supervision is designed to ensure safety by encouraging safe and effective practice and professional conduct. Practitioners' learning must be supervised appropriately, depending on their experience, case mix and workload and their learning and development needs, with a

focus maintained on upholding the delivery of high-quality, safe patient care. As practitioners progress, the level of their supervision should be tailored to facilitate their increasing independence, as is consistent with delivering safe and effective person-centred care.

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

There must be a clear plan in place for support and communication with workplace-based supervisors.

Workplace-based co-ordinating education supervisors

Practitioners must have workplace-based co-ordinating education supervisors who are appropriately trained and have the delegated authority to fulfil the role. Supervisors may be senior 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 the local arrangements for its delivery and take-up. This includes the precise arrangements for supervision, learning and assessment; providing good-quality, constructive feedback; and ensuring that practitioners are enabled to develop their capability safely and effectively.

Practitioners' portfolio should include their reflections on their learning experiences and progress. They should also include a record of their learning agreement meetings, their supervision reports and workplace-based assessments and 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 progression of learning agreements) to inform appraisal meetings. Supervisors are also expected to update and verify practitioners' record of progress.

Workplace-based co-ordinating educational supervisors must use the learning outcomes and capabilities set out in this area specific capability framework as the basis for their discussion with practitioners. This includes to inform the identification of practitioners' learning needs, to formulate their individual learning development plans, and to keep their learning progress under review.

Further information

NHS England has published guidance for *Workplace Supervision for Advanced Clinical Practice* (2021).[11] This sets out detailed guidance for the workplace-based supervision of practitioners undertaking advanced practice education. This includes on the following:

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[11] Health Education England (2021) *The Centre for Advancing Practice, Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development.* https://advanced-practice.hee.nhs.uk/our-work/supervision/

- 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.

Indicative assessment strategy

Introduction

A key element of practitioners' preparation for advanced practice in working with people with a learning disability is the formal assessment of their fulfilment of the outcomes and capabilities set out in this area specific capability framework. The purpose of the assessment strategy set out here is to define the principles for a proportionate, robust and consistent approach to practitioner assessment. This includes the following, in line with the demands of level 7 learning and advanced practice:

- The integration of academic and workplace-based learning in how practitioners' fulfilment of the capabilities is 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' engagement in evidence-based practice.
- Practitioners' development of a portfolio of evidence.
- A proportionate approach to assessment and the avoidance of over-assessment.
- Consistency in assessment, including in the quality of feedback and 'feed forward' received by practitioners.[12]

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 ensure that their approach to assessment aligns with and fulfils the requirements set out in this area specific capability framework and that the assessment load remains proportionate for all parties.

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

The assessment approach should have both formative and summative aspects. Practitioners' workplace-based assessments must be carried out by their workplace-based supervisors in their practice setting. This should ensure the safe ongoing progression of practitioners' learning to meet the requirements of advanced practice to demonstrate their fulfilment of the multifaceted nature of advanced practice capabilities.

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[12] Jisc (2016) Guide: *Feedback and Feed Forward*. Feedback and feed forward | Jisc

Approaches to assessment

The achievement of each capability must be demonstrated through sufficient, valid, proportionate evidence in line with the demands of level 7/advanced practice.

The reliability of the assessment process can be increased through triangulating and integrating written, observational and oral evidence. The evidence should also integrate 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. Practitioners should be encouraged to seek assessment and feedback on their performance, as well as '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, as well as evidencing their progression towards and fulfilment of the learning outcomes and capabilities.

Types of assessment

Examples of types of assessment evidence that can be used either formatively or summatively include, but are not limited to, the following:

Supervisor report:

This is designed to help capture the opinions of experienced practitioners who have supervised practitioners. Supervisors are asked to comment on practitioners' knowledge, skills and behaviours and important aspects of performance in support of their learning progression.

Self-assessment:

Practitioners undertake self-assessment that encourages their analysis of their existing knowledge, level of ability and preferred learning style. Within this analysis, practitioners are encouraged to reflect on self, performance, task and suitability is encouraged to explore, develop and evaluate their capability, including their interpersonal skills.

Multisource feedback:

This is used to gather feedback on generic skills, such as communication, leadership and teamworking, alongside assessing practitioners' behaviours. Feedback is sought from people with a learning disability and their families that practitioners work with, as well as their work colleagues, including their manager, peers, junior staff, administrators and other members of the multi-disciplinary team.

Case-based discussion:

This is an interview conducted by workplace-based supervisors to assess practitioners' knowledge, clinical-reasoning and decision-making, with a focus on written case records. It enables either formative or summative assessment and feedback to be documented to support practitioners' learning.

Direct observation of performance:

This is used to assess a range of practitioner knowledge, skills and behaviours. Assessors do not have to be practitioners' workplace-based supervisor. Assessors provide written feedback for practitioners' portfolio and verbal developmental feedback. Practitioners may already be proficient in the capability being observed, and this must be recorded in their portfolio and approved by a suitably qualified/competent assessor.

Service-user survey:

This is aimed at triangulating feedback that practitioners receive in undertaking an episode of care. It relates to practitioners' interpersonal and professional skills, including behaviours and attitudes, including to ensure that their service provision is person-centred.

Practitioners' record of progress in their portfolio

Practitioners are expected to keep and develop a portfolio of evidence to demonstrate their achievement of the learning outcomes and capabilities set out in this area specific capability framework.

Practitioners should use their portfolio to gather evidence on their progress, assessments and appraisals. This includes through recording their learning activities and feedback from others and capturing their own critical reflection on their learning progression.

Practitioners are expected to add their own self-assessment ratings to record their view of their progress. The aims of this self-assessment are as follows:

- To provide the means for reflection and evaluation of current practice.
- To inform discussions with supervisors to help both gain insight and assist in developing personal development plans.
- To identify gaps or shortcomings in practitioners' experience and capabilities and the areas defined in this area specific capability framework to guide and plan their future clinical exposure and learning and development focuses.

Assessors

Assessors should be advanced practitioners or other senior health or social care professionals who are appropriately qualified and skilled in assessment and have delegated authority to undertake practitioner assessment as part of the area specific capability framework's delivery.

Assessors should undertake both formative and summative assessments. They must be competent in the area they are assessing and be familiar with the standard of, and approach to the assessment required, in line with the learning outcomes, capabilities and assessment strategy set out in this area specific capability framework.

Appendix 1 How this area specific capability framework was developed

Development of this area specific capability framework was commissioned by Health Education England (HEE – now NHS England). The capabilities in this area specific capability framework were derived from the two previously developed capabilities frameworks outlined below.

- *Advanced Clinical Practice: Capabilities framework when working with people who have a learning disability and/or autism* (2020).[13]

This framework's development was led by a steering group that included representation from HEE, NHS England, Skills for Health and a range of key stakeholder organisation, including royal colleges and other professional bodies, NHS Trusts and voluntary sector organisations. A wider stakeholder list was also established to include a more diverse range of organisations and individuals that wished to be updated on the development of the framework and to provide feedback as part of the consultation process. Individuals were able to register their interest from a project web page. Initial desk research was undertaken to identify key references and resources. Each of the capabilities was also cross-referenced to other relevant frameworks for learning disabilities and autism. Initial revisions to the framework were based on the findings of the desk research and consultation with the project steering group. Subsequently, during March 2019 a wider online consultation survey was conducted, with a total of 221 respondents. Based on analysis of these survey outcomes, and following consultation with the steering group, a final draft of the framework was competed in April 2019.

- *Core Capabilities Framework for Supporting Autistic People* (2019).[14]

This capabilities framework was developed in collaboration with Skills for Care, the National Autistic Society and Opening Minds Training & Consultancy. A project steering group comprised representatives of key stakeholder organisations and included autistic people and people with autistic family members. Development work included a series of ten co-production workshops at locations across England, followed by further workshops specifically for autistic children and young people. Over 700 individuals downloaded a final draft of the framework from the project web page and 353 people responded to an online consultation.

Building on this previous development work, further desk research identified more recent references, resources and policy documents (see Appendix 3. Bibliography and Resources).

An indicative assessment strategy, including assessment approaches and amples of types of evidence were identified, working closely with education providers and services through the steering group, to ensure its delivery within universities' advanced practiced programmes, as well as meeting the requirements the Centre for Advancing Practice.

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[13] Health Education England, Skills for Health and NHS England (2019) *Advanced Clinical Practice: Capabilities framework when working with people who have a learning disability and/or autism*. www.skillsforhealth.org.uk/ACPinLD&A

[14] Health Education England and Skills for Health (2019) *Core Capabilities Framework for Supporting Autistic People*. https://skillsforhealth.org.uk/wp-content/uploads/2020/11/Autism-Capabilities-Framework-Oct-2019.pdf

In 2021, HEE commissioned two higher education institutions (HEIs) to deliver a postgraduate certificate in learning disabilities and autism in line with the 2020 capability framework (see above). The HEIs formed a reference group with multi-professional representation and used a co-design and co-delivery approach to develop and deliver their provision. Learning from delivering the 2020 capability framework within the two HEIs' postgraduate certificates has informed on-going activity to produce this area specific capability framework.

Appendix 2 Acknowledgements

Development of the *Advanced Clinical Practice: Capabilities framework when working with people who have a learning disability and/or autism* (HEE and Skills for Health, 2020) was led by a project steering group co-chaired by Dr Della Money, Associate Director for Allied Health Professionals (Nottinghamshire Healthcare NHS Trust) and RCSLT National ALD Network, and Rebecca Chester, Consultant Nurse for people with a learning disability BHFT, Chair United Kingdom Learning Disability Consultant Nurse Network.

The steering group comprised representatives of the following organisations:

- Alder Hey Children's Hospital
- Association of Chartered Physiotherapists for People with Learning Disabilities
- Avon & Wiltshire Mental Health Partnership NHS Trust
- Berkshire Healthcare NHS Foundation Trust
- British Institute of Learning Disabilities
- Edge Hill University
- Health Education England
- NHS England
- Nottinghamshire Healthcare NHS Trust
- Royal College of Occupational Therapists
- Royal College of Psychiatrists
- Royal College of Speech & Language Therapists (RCSLT)
- Skills for Health
- The British Association of Social Workers
- United Kingdom Learning Disability Consultant Nurse Network (UKLDCNN)

In addition, colleagues at many other organisations contributed to development of the capabilities, in particular:

- The Association for Dance Movement Psychotherapy
- The British Association for Art Therapy
- The British Association for Music Therapy
- The British Dietetic Association
- Public Health England
- Royal Cornwall Hospitals NHS Trust, Learning Disability Dietetics.

Appendix 3 Bibliography of resources that have informed the development of this area specific capability framework

This bibliography includes the source documents identified and reviewed as part of the development process for producing the capability frameworks in 2019/2020 and this area specific capability framework (2022).

ADASS, CQC, DH, HEE, LGA and NHS England (2015) *Transforming Care for People with Learning Disabilities-Next Steps.*
http://www.england.nhs.uk/wpcontent/uploads/2015/01/transform-care-nxt-stps.pdf

BASW (2020) *Curriculum outline for postgraduate qualification pathway for social work with autistic people: For social work educators. BASW: Birmingham:*
https://www.basw.co.uk/system/files/resources/autistic-people-mapping.pdf

BILD (2014) BILD *Code of Practice for minimizing the use of restrictive physical interventions: planning, developing and delivering training.* (4th edition)
http://www.bild.org.uk/ourservices/books/positive-behaviour-support/bild-code-of-practice/

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