NHS England

The Centre for Advancing Practice

Advanced practice neurological rehabilitation (including stroke) capability framework

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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.

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Introduction

The NHS Long Term Plan and the NHS People Plan each identifies advanced practice area specific capabilities as a way of expediting sustainable workforce development to meet patient care and service delivery needs in particular areas of practice[1]. Advanced practice roles are central to optimising service delivery. This includes by increasing capacity, capability, productivity and efficiency within inter-disciplinary teams.

Meeting population health and patient care needs

People living with long-term neurological conditions, and their caregivers/families, face multiple and complex challenges with rehabilitation. These can include accessing timely and relevant assessments, receiving accessible information about their condition and their rehabilitation plans, and a lack of integration of health and social care services[2-4]. Advanced practitioners have the skills and knowledge to manage the high levels of complexity, uncertainty, unpredictability and risk that feature across neurological rehabilitation settings. They are valued for their expertise in communication, problem-solving, clinical-reasoning and critical appraisal. They are therefore excellently placed to provide high-quality, person-centred care and to improve health-related outcomes[5].

This area specific capability framework defines the multi-professional capabilities (skills, knowledge and behaviours) required of advanced practitioners, across regulated healthcare professions, to work with people living with a range of neurological conditions. It is primarily intended for use by higher education institutions in their design and delivery of advanced practice education. However, it will also support and inform employers, system-level bodies and practitioners in planning, commissioning and engaging in advanced practice education and training in support of meeting workforce development and deployment needs.

The document has been co-produced with academic staff, service users and healthcare professionals. Its development has been informed by a comprehensive review of the literature and consultations with stakeholders (see Appendix 8) to underpin its rigour, relevance and value and to support its approach to multi-disciplinary teamworking and care.

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Advanced practice area specific capability frameworks

Developing and retaining the multi-professional advanced practice workforce is a strategic priority for the NHS. The NHS Long-Term Plan recognises the potential of advanced practitioners to meet short-term and long-term workforce demands, while the NHS People Plan strongly supports scaling up and delivering new roles and models of advanced practice.

NHS England has led this agenda by working collaboratively across health and care systems to develop and recognise advanced practice workforce development and deployment to deliver new models of care. NHS England's approach is defined and underpinned by its Multi-professional framework for advanced practice in England (2017).

Area specific capability frameworks articulate the advanced practice capabilities required to deliver services in specific areas of practice and including within new models of care. By strengthening clinical career pathway opportunities, they have the potential to enhance the retention of highly valued and skilled staff and facilitate workforce transformation. Area specific capability frameworks should also enhance how advanced practice education provision responds to population, patient care, service delivery and workforce deployment needs. This includes by creating transferable advanced practice education and training routes in which all stakeholders can have shared confidence.

The Centre for Advancing Practice ('the Centre') accredits advanced practice MSc programmes, endorses area specific capability frameworks and approves area specific capability framework delivery. It does the latter by considering higher education institutions' delivery of area specific capability frameworks either as an integral part of their advanced practice MSc provision or as a follow-on component of standalone learning specifically for practitioners who have already successfully completed an advanced practice MSc programme or the Centre's ePortfolio (supported) Route. Centre workforce development initiatives and quality assurance arrangements are designed to assert a consistent, national standard of advanced practice, including within specific areas of practice.

The scope of this framework

The aim of this document is to define the learning and development requirements of advanced practice workforce development in neurological rehabilitation (including stroke) to deliver safe and effective professional activity, personalised care and services.

The document defines the advanced practice capabilities (knowledge, skills and behaviours) that need to be developed, assessed and demonstrated within neurorehabilitation (including stroke). A differentiation is made between core capabilities, as defined by the Multiprofessional framework for advanced clinical practice in England, and the capabilities that are specific to advanced practice in neurological rehabilitation (including stroke).

The framework captures the capabilities required of advanced practitioners working with adults living with all types of neurological conditions. This includes conditions that are intermittent, progressive and sudden, as well as those that are stable and those that present changing needs[6]. A list of the neurological conditions to which the advanced practice

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capabilities relate is provided in Appendix 1. However, the list should not be read as being exhaustive.

A range of specialised rehabilitation services is provided across the National Health Service (NHS). They are provided for people with highly complex rehabilitation needs following neurological illness or injury. Inter-disciplinary teams work to provide people (and their caregivers, friends and family) with holistic, person-centred specialist care and support. Individualised rehabilitation programmes assist people to achieve their maximum potential for physical, cognitive, social and psychological function, participate in society, and maintain a quality of living. There is a strong evidence base to support the effectiveness of neurological rehabilitation. This relates to cost-effectiveness, healthcare utilisation and health outcomes[7,8].

This framework is designed to be inclusive of the variety of neurological rehabilitation settings in which multi-professional advanced practice is undertaken across complex health and care settings. This includes acute and in-patient settings, remote clinics, and community rehabilitation. It is designed to be adaptable to the diversity of needs across service provision across NHS Trusts in England. Advanced practice in neurological rehabilitation (including stroke) is expected to feature in workforce development and deployment across integrated care pathways (including across teams, agencies, sectors and settings) and to meet people's needs in safe, effective, timely and accessible ways.

It is also designed to be inclusive of regulated professions who practise in neurological rehabilitation and who can develop advanced practice capabilities. The professions to which it is relevant include (but is not limited to) dieticians, nurses, occupational therapists, orthoptists, paramedics, physiotherapists, prosthetists and orthotists, and speech and language therapists.

Key terminology

A collaborative approach to team-working, underpinned by mutual respect, understanding and appreciation of different roles and contributions from each member, is essential across all areas of neurological rehabilitation to meet the complex needs of individuals and their caregiver/family. Reference in this document to the inter-disciplinary team denotes a team of health and/or social care professionals who share a common set of goals in relation to a person's care or therapy.

In practice, 'inter-disciplinary team' may be used interchangeably with 'inter-professional' or 'multi-disciplinary team'. The team is inclusive of medical practitioners (doctors), nurses, all allied health professions (AHPs) and healthcare assistants. It also includes representatives of external agencies (e.g. voluntary or social services, wheelchair services or community programme leads) that contribute to service delivery and models of care.

It is recognised that there is variety in preferred terminology for service users living with neurological conditions. For brevity and consistency, adults living with a neurological condition are referred to as 'the person'. Unless otherwise stated, 'caregiver' refers to any individual who provides (informal) care and/or assistance with daily activities.

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Some trainee advanced practitioners may already have expertise or specialism in a specific neurological condition (for example, Parkinson's Disease). Others may work with people who live with a variety of neurological conditions. The document uses the phrase 'a person living with a neurological condition(s)' as a way of encompassing this diversity.

Overarching objectives

The overarching objectives of this framework are to do the following:

1. Develop practitioners' theoretical knowledge and advanced practice clinical capabilities within specific and specialist areas of neurological rehabilitation, including to manage high levels of complexity, uncertainty, unpredictability and risk.
2. Develop practitioners' advanced practice leadership and management skills to support the wider inter-disciplinary team and identify and respond to multi-factorial influences that may impact on their clinical leadership.
3. Develop practitioners' critical understanding of the theoretical, practical and ethical concepts of research in practice and to promote the importance of person-centred health and social care investigations and evaluations.
4. Provide practitioners with the advanced practice capabilities to contribute to a culture of learning and teaching to inspire and develop the existing and future neurological rehabilitation workforce.

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Engaging with this framework

This framework is endorsed by the Centre for Advancing Practice as an area specific capability framework. It is primarily designed for use by higher education institutions in their curriculum design and delivery within their advanced practice education. It is also intended to inform commissioning and workforce planning to increase advanced practice capability and capacity within neurorehabilitation. This is to enable standardised learning provision in an area of high-priority need for which at-scale workforce development and deployment is required.

The framework's delivery, funded via different routes and enabling full- or part-time take-up, will involve the following:

- Its integration within universities' advanced practice MSc programmes, including via delivery of the advanced clinical practitioner apprenticeship.
- Its availability for take-up by practitioners who either already hold an advanced practice MSc degree or who have successfully completed the Centre's ePortfolio (supported) Route.

Higher education institutions seeking to deliver the framework should seek Centre approval of their plan to do this. Delivery arrangements should include appropriate recognition of practitioners' prior learning (RPL), where this is appropriately evidenced, fully aligns with the capabilities set out in this framework, is current and adheres to individual institutions' academic regulations for RPL.

Eligibility criteria

To engage with this framework, practitioners need to meet the following criteria:

- Hold current registration with the relevant statutory regulator for the practice of their profession.
- Have an agreed scope of practice and role, underpinned by appropriate levels of post registration clinical experience, that relate to and support their development of advanced practice capability in neurorehabilitation (including stroke).
- Have their employer's support to engage with the full demands of the area specific capability framework, including to complete it

Either

  – As an integral component of undertaking an advanced practice MSc programme or

  – Following their successful completion either of an advanced practice MSc or the Centre for Advancing Practice's ePortfolio (supported) Route.

- Have workplace-based supervision arrangements in place to meet the full requirements set out in this document.

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The outcomes and capabilities required for advanced practice in neurological rehabilitation (including stroke)

The language used to articulate the advanced practice capabilities in neurological rehabilitation (including stroke) in this framework are mapped to level 7 taxonomy[9]. This is in line with the Multi-professional framework for advanced practice in England (2017)[10] and the expectation that advanced practitioners operate at Master's (MSc) degree level.

Broadly, practitioners need to develop and demonstrate the ability to do the following through engaging with this framework as an integral part of their advanced practice education:

- Make sound judgements in the absence of full information.
- Manage varying levels of risk when there is complex, competing or ambiguous information or uncertainty.
- Exercise skills in problem-solving and critical thinking in their clinical decision-making.
- Evaluate the impact and outcomes of their interventions.
- Engage in safe, effective, autonomous and reflective practice, informed by the available evidence and established best practice.

Structure of the capabilities' presentation

This framework articulates the capabilities that are specific to advanced-level practice in neurological rehabilitation (including stroke). They are tailored to support people living with neurological conditions and to reflect specialisms within neurological rehabilitation. The area specific capabilities directly align to the generic advanced practice capabilities defined by the Multi-professional framework for advanced practice in England (2017). This is captured in the tables below that set out the area-specific capabilities in full.

The framework provides an overview of the required advanced practice capabilities in neurorehabilitation (including stroke). It may be appropriate to identify additional areas of practice in which trainees need to develop specific capabilities, in line with their individual scope of practice and role, practice setting and the people with whom they work and to whom they deliver a service.

An overview of the capabilities' presentation within a series of domains is summarised in the table below. This follows the care model that a person participating in neurological rehabilitation may experience. In turn, the capability statements within each domain are numbered for ease of reference in the subsequent tables. However, this ordering and numbering does not indicate a process or hierarchy.

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An overview of the framework domains

Advanced practice pillars	Domains of the framework for advanced practice in neurological rehabilitation (including stroke)
Clinical Practice	**Domain A – Scientific knowledge base**
	To include: • Neuroanatomy and neurophysiology • The aetiology of neurological conditions
	Domain B - Assessment, investigations and informing the diagnosis of neurological conditions
	To include: • Information-gathering, interpretation and informing a diagnosis • Examination and procedural skills
	Domain C - Specialist neurological rehabilitation
	To include: • Neurological condition management and specialist neurological rehabilitation • Pharmacotherapy for people living with neurological conditions • Transition and seamless transfers of care
	Domain D - Personalised and collaborative working
	To include: • Communication (including aphasia management) • Working with colleagues and in teams • Maintaining an ethical approach and fitness to practise
Leadership and management in practice	**Domain E (Multi-Professional Framework core capabilities, pillar 2)**
	To include: • Skills and behaviours • Further capabilities for neurological rehabilitation (including stroke)
Education in practice	**Domain F (Multi-Professional Framework core capabilities, pillar 3)**
	To include: • Skills and behaviours • Further capabilities for neurological rehabilitation (including stroke)
Research in practice	**Domain G (Multi-Professional Framework core capabilities, pillar 4)**
	To include: • Skills and behaviours • Further capabilities for neurological rehabilitation (including stroke)

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Key learning outcomes in clinical practice

On successful completion, practitioners will be able to do the following:

- Critically appraise and apply a range of communication skills, including those appropriate for people living with communication and/or cognitive impairment, that enable a person-centred approach to neurological rehabilitation.
- Accurately and effectively work as part of an interdisciplinary team, exercising professional leadership and engaging in supervision and mentoring in situations that are complex and unpredictable and demonstrating the ability to work across professional boundaries to promote person-centred care.
- Critically appraise and undertake advanced clinical assessments, using evidence-based strategies, to inform the diagnosis of a neurological condition(s) and formulation of specialised rehabilitation plans.
- Formulate, implement and recommend innovative and evidenced-based neurological rehabilitation programmes, based on the needs and preferences of the person living with a neurological condition(s) (and their caregiver/family), and demonstrate an awareness of service delivery across different neurological rehabilitation settings.
- Autonomously study and critically appraise emerging theory and contemporary issues that underpin and support advanced practice in neurological rehabilitation and contribute towards sustainable service delivery, by means of interdisciplinary disciplinary teamworking, research and education provision.

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Clinical practice capabilities

Domain A – Scientific knowledge base

Expert knowledge and understanding of the scientific basis of neuroanatomy and neurophysiology, including neurological condition-specific considerations.

1.1 Neuroanatomy and neurophysiology

Mapped to Multi-professional Framework clinical practice capabilities 1.11

Skills and behaviours:

- Lead in teaching and educating the inter-disciplinary team in neuroanatomy, neurophysiology and pathology.
- Lead in teaching and educating the inter-disciplinary team about existing and new theory and research pertaining to a neurological condition(s).
- Communicate appropriately the pathology of a neurological condition(s) to the person and all those affected by it.

Knowledge and understanding:

- Advanced knowledge and understanding of neuroanatomy, neurophysiology and neuroimmunology (including anatomical structures and functions of the brain, spinal cord and the central nervous system.
- Advanced knowledge and understanding of whole systems pathophysiology and anatomy, other health conditions and their association with neurological conditions.

1.2 Aetiology of neurological conditions

Mapped to Multi-professional Framework clinical practice capabilities 1.4, 1.6, 1.7, 1.10, 1.11

Skills and behaviours:

- Sensitively explore with the person and their caregiver/family the natural history of progressive conditions and how to mitigate anticipated changes in symptoms or presentation.
- Demonstrate sensitivity to the impact of traumatic events, and the sudden change this has on the person and their caregiver/family, taking account of their current life stage (e.g. being of working age).
- Educate the person and their caregiver/family to understand the causes of and the potential impact of a neurological condition(s) as a result of biological, sociological, psychological and environmental factors and support them to access and understand appropriate information.

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- Use advanced clinical-reasoning skills to understand and manage how accumulative neurological impairments may impact the person (and their caregiver/family) in terms of their participation and occupation within social and cultural environments.

Knowledge and understanding:

- Advanced knowledge and understanding of the likely underpinning aetiology of a neurological condition(s), including emerging science and evidence.
- Advanced knowledge and understanding of disease processes and their association with the person's risk factors and history.
- Demonstrate enhanced understanding of the range of responses the person (and their caregiver/family) may have to the diagnosis of a neurological condition(s) and the impact of this on them physically, emotionally, psychologically, financially, their life roles and identity.
- Advanced knowledge and understanding of the accumulative (and also fluctuating) impact of a neurological condition(s) on whole-body systems and processes, including:
    - Cognitive impairments
    - Communication impairments
    - Physiological and physical impairments
    - Psychological and emotional problems
    - Social and relationships problems
    - Nutrition and feeding
    - Visual and sensory impairments.
    - Advanced knowledge and understanding of the impact of a neurological condition(s) on other co-morbidities, and vice versa.

Examples of evidence that may be provided or assessment methods for this domain:

- Multiple-choice examination
- Oral presentations (group and/or individual)
- Service user feedback
- Practice-based assessments and simulations
- Teaching observation
- Reflection and critical analysis.

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Domain B – Assessment, investigations and informing the diagnosis of neurological conditions

Knowledge, skills and behaviours for activities related to neurological assessment and assisting in diagnoses.

2.1 Information gathering, interpretation and informing a diagnosis

Mapped to Multi-professional Framework clinical practice capabilities 1.4, 1.6, 2.9

Skills and behaviours:

- Lead in formulating a general and focused person-centred history, to elicit and assess 'yellow' and 'red' flags (including physical, psychological and social history).
- Lead in triaging and co-ordinating referrals for neurological (and other) assessments across a range of healthcare settings and from/with multiple sources.
- Structure consultations so that the person and their caregivers/family (where applicable) can express their ideas, concerns, and expectations.
- Identify and address the possible influence of, and sensitively include questions about, socio-economic status (e.g. household poverty, employment status) in taking a health history.
- Synthesise information, taking account of factors that may include the presenting neurological condition, past health (subjective and objective, where available), progression or deterioration of condition symptoms, genetic predisposition, medications, allergies, risk factors, social and psychological factors and other (wider) determinants of health.
- Gather a history for people where communication is difficult, including people who present with receptive and/or expressive communication impairments, cognitive impairment or behaviour disturbance, and adapt consultation methods accordingly.
- Recognise when information/data may be incomplete and take mitigating actions to manage risk appropriately.
- Demonstrate expertise in early diagnosis relating to the rapid deterioration and poor prognosis of some neurological conditions and detect subtle changes based on advanced understanding of a neurological condition(s).
- Critically assimilate complex, incomplete, ambiguous and conflicting information, distilling and synthesising key factors, identifying elements that may need to be pursued further.
- Evaluate the relevance and impact of medicines and other factors (including, dependency on technology or specialist equipment, postural management and movement impairments) and their possible side-effects on an assessment.

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- Apply resources appropriately in cases of diagnostic uncertainty and communicate uncertainty with the person and their caregiver/family in a safe and effective way.
- Use expert clinical-reasoning to identify and address any neurological misconceptions (or other illness perceptions) that may lead to increased disability and distress.
- Communicate sensitively and appropriately test/investigation results (and diagnoses, where appropriate) with the person and their caregiver/family, using a range of mediums, and enable them to consider how the results are managed.
- Revise hypotheses or formulate a differential diagnosis, based on additional subjective data and, where available, objective data, and think flexibly around problems to generate functional and safe solutions.

Knowledge and understanding:

- A holistic understanding of the needs of the person and their caregivers/family, in line with their self-identified societal interactions, roles and responsibilities, embedding what is important to them into neurological rehabilitation planning.
- Advanced knowledge and critical understanding of national standards associated with brain imaging, and the implications and limitations of neuro-radiological investigations.
- Advanced knowledge and critical understanding of assessments, examinations and procedures across different areas of neurological rehabilitation, including their availability, feasibility and appropriateness within each setting.

2.2 Examination and procedural skills

Mapped to Multi-professional Framework clinical practice capabilities 1.4, 1.6, 1.10, 1.11, 2.9

Skills and behaviours:

- Build and maintain a positive rapport with the person and their caregiver/family, characterised by confidence, empathy and trust.
- Within the scope of professional practice and/or neurological rehabilitation setting, independently (or as part of the inter-disciplinary team, where necessary) conduct advanced and specialised assessments and/or clinical examination techniques of body structures and functions, adjusting for specific factors, such as age, language, culture or impairment.
- Recognise and respond to fluctuations, crisis or relapse in neurological conditions, including changes in cognitive health (e.g. loss of mental capacity or communication ability).
- Critically appraise nationally recognised assessment tools to assess a person's condition and advise the inter-disciplinary team, clinical service and/or organisation on

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what assessments are most suitable for the person, with consideration given to neurological rehabilitation settings.

- Develop a culture that constantly evolves assessment processes for the person, identify gaps within service-related outcome measures, and work nationally (or internationally) in partnership with stakeholders to develop and validate clinical assessment tools.
- Lead in educating healthcare professionals locally and nationally (or internationally) to complete and interpret clinical assessments accurately and implement findings to select treatment options.
- Explore and appraise how to assess the person, their environments and their biopsychosocial determinants of health in highly complex and unpredictable contexts, using ethical, evidence-informed assessments across a continuum of care, age and setting.

Knowledge and understanding:

- Advanced knowledge and critical understanding of clinical assessments and measures used in various neurological rehabilitation settings; including their psychometric properties, indications and contraindications.
- Advanced knowledge and critical understanding of the impact that a range of health, personal social, economic and environmental factors can have on assessment results for the person (and their caregiver/family, where appropriate).

Examples of evidence that may be provided or assessment methods for this domain:

- Case studies
- Case-based discussion
- Direct observation of procedural skills
- Mini-clinical evaluation exercise
- Oral presentations (group and/or individual)
- Objective structured clinical examination (OSCE)
- Practice based assessments and simulations
- Reflection and critical analysis.

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Domain C – Specialist neurological rehabilitation

Knowledge, skills and behaviours required to implement and deliver specialist neurological rehabilitation across a variety of care settings.

3.1 Neurological condition management and specialist neurological rehabilitation

Mapped to Multi-professional Framework clinical practice capabilities 1.2, 1.3, 1.5, 1.6, 1.7, 1.8, 1.10, 1.11

Skills and behaviours:

- Assess the readiness of the person to change (e.g. activation tools), adopt appropriate behavioural change strategies, and explore problem-solving strategies to agree goals in order to improve long-term self-management of a neurological condition(s).
- Discuss and agree realistic short- and long-term goals with the person and their caregiver/family that reflect their priorities, taking account of local service availability, relevant guidelines and resources.
- Safely prioritise problems in situations using shared agenda-setting where the person presents with multiple issues (i.e. co- or multi-morbidity).
- Use advanced clinical-reasoning skills to promote and design individualised management strategies around the person's needs and personal priorities, within highly complex situations and where no precedent may have previously been set.
- Explore and appraise people's ideas, concerns and expectations about their symptoms and neurological condition, including whether these may act as a driver or form a barrier to participating in neurological rehabilitation.
- Recognise where there may be bias in decision-making and address issues that arise from ethical dilemmas, conflicting information, or differing professional decisions.
- Actively engage people in shared decision-making about their care by:
    - Explaining in non-technical language all available options within neurological rehabilitation (including, in some cases, doing nothing).
    - Exploring with the person and their caregiver/family the risks and benefits of each available option, discussing potential implications, how it relates to them and promoting their understanding as much as possible.
    - Supporting them to decide on their preferred way forward.
    - Supporting them to explore their own health status and the fulfilment of their personal health goals.

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    - Supporting them to self-manage their care, where possible and where appropriate.
- Where appropriate, employ early integrated neurological rehabilitation services to ensure people's timely access to treatment and inter-disciplinary team support before a diagnosis is confirmed.
- Demonstrate expertise in supporting the inter-disciplinary team in the development and co-ordination of new and/or ongoing neurological rehabilitation and support plans.
- Vary neurological symptom management options responsively, according to the circumstances, priorities, needs and preferences for the person and their caregiver/family.
- Carry out a robust (risk) assessment of the environment, available staff and resources, and evaluate findings to advise on expert neurological condition management plans and recognise and act on the need to implement changes.
- Enable the person and their caregiver/family to select the most appropriate assistive technology/equipment for their needs and lifestyle within the community, provide education on its use, and construct and/or modify technology/equipment according to the person's needs.
- Ensure equitable access to healthcare service provision, resources and education for the person and their caregiver/family.
- Manage situations where neurological rehabilitation is needed beyond traditional working hours to ensure a cohesive 24-hour approach and understand how to enable the necessary arrangements for the person and their care giver/families.
- Explore transparently and work non-judgmentally with people who express resistance and ambivalence to neurological rehabilitation, including illness beliefs, multiple dimensions of health inequalities, health literacy, multi- or co-morbidities, environmental factors and other barriers to neurological rehabilitation engagement, identifying innovative approaches to addressing such complex challenges with the person and their care giver/ families within rapidly changing systems and environments.
- Lead and work closely with the inter-disciplinary team to prioritise the needs of the person and provide specialist neurological rehabilitation and therapy within the scope of personal professional practice specialist skills and the neurological rehabilitation setting.
- Lead in developing and delivering well-planned, person-centred, evidence-based neurological rehabilitation, including specialised preventative, restorative and

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compensatory techniques and physical modalities at the appropriate intensity for the person.

- Enable and support the person and their caregiver/family to transfer skills and knowledge acquired during neurological rehabilitation/therapy sessions to their daily living activities.
- Champion initiatives (e.g.11) and work collaboratively with other organisations to advocate for access to the optimal frequency and intensity of neurological rehabilitation (across various settings), as supported by the evidence base.
- Identify and facilitate the use of innovation in the delivery of neurological rehabilitation.
- Recognise and assess any adverse or unexpected effects of neurological rehabilitation and modify interventions appropriately.
- Recommend lifestyle modifications and relevant service provision to support and reduce the decline in a person's neurological condition(s).
- Actively explore, implement and evaluate approaches/strategies that positively influence health outcomes for the person.
- Actively explore and act on day-to-day interactions with the person to encourage and facilitate changes in behaviour that may impact a neurological condition(s), such as increasing activity, to have a positive impact on the health and wellbeing of the person (e.g.12).
- Critically appraise and evaluate a range of neurological rehabilitation interventions and potential modes of delivery, including, but not limited to, group sessions and telerehabilitation.
- Identify appropriate intervals for monitoring and evaluating progress towards the person's desired outcomes or existing standards (e.g. by observation, self-report and family or caregiver perceptions) and where necessary, agree change (or maintenance) within a management plan in line with the best available evidence.
- Arrange safe and timely follow-up to monitor changes in the person's 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.
- Ensure safety netting advice is appropriate and the person and their caregiver/family understands when and how to seek an urgent or routine review.
- Communicate risk effectively to the person and their caregiver/family and involve them appropriately in developing and implementing management strategies (e.g. monitoring, outcomes assessment and feedback).
- Where appropriate and in line with local employer polices, contribute to the fitness to work certification process and help people remain in, or enter, work by using focused

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interventions that address their work ability, the demands of their job and working environment, and advise on and develop return to work plans using the statement of fitness for work or the AHP Health and Work Report[13].

- Work with other agencies to provide vocational assessment, support and guidance on returning to or remaining in work, support and advice on withdrawing from work, and support and advice on specialist vocational services.
- Sensitively carry out a holistic needs assessment and review current treatment in line with the Care Act 2014[14], identifying when palliative care, advanced care planning or end of life care might be needed and facilitate any transfers between settings appropriately.
- Where appropriate and within scope of personal professional practice, formulate advanced care plans and identify the need to write and/or facilitate in writing do not attempt cardiopulmonary resuscitation (DNRCPR) forms, in line with local employer polices.
- Provide care and support for caregivers/family/friends, including emotional and practical bereavement support.

Knowledge and understanding:

- Advanced knowledge and critical understanding of relevant national guidance, policies and procedures relating to neurological rehabilitation.
- Advanced knowledge and critical understanding of the complexities of neurological impairment, such as pain, psychological and/or cognitive impairment (including mood disturbances, apathy, and a potential inability to engage with processes), acknowledging the impact they may have on people's ability, levels of motivation and/or engagement in the neurological rehabilitation process and addressing any issues appropriately.
- Critically evaluate and apply new and emerging evidence and strategies for neurological (or other co-morbidity) symptom management.
- Comprehensive knowledge of indications and contraindications for the implementation of neurological rehabilitation interventions.
- Advanced knowledge and critical understanding of the evidence base supporting service delivery, including the optimal frequency and duration typically required for neurological rehabilitation interventions, and further considerations for their selection.
- Advanced knowledge and critical understanding of the role of innovation to support adherence to neurological rehabilitation interventions for individuals (e.g. smart phone applications and wearables) and acknowledge the person's level digital literacy and competency in using such tools.

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- Appraise methods and techniques for implementing interventions, including resource management, consumable requirements, standard operating procedures for equipment/ technology and the management of costs.
- Advanced knowledge and critical understanding of methods of training and supporting family members or caregivers to deliver or assist with neurological rehabilitation interventions and/or therapy.
- Advanced knowledge and critical understanding of principles associated with social prescribing.
- Synthesise information to ensure strategies on health inequalities are given status at all levels of the organisation, so that the culture is one of equality and fairness.
- Advanced knowledge and critical understanding of the concept of multi- and co-morbidity.
- Integrate and apply evidence-informed approaches in the presentation of health promotion and secondary prevention neurological rehabilitation programmes.
- Demonstrate a critical understanding of the principles of evidence-based practice and the mechanisms for implementation and evaluation.
- Advocate for and contribute to personalised approaches to the management and development of services.
- Advanced knowledge and critical understanding of the methods used to determine the need and requirements for ongoing support and follow-up that the person (and their caregivers/family) may require, including anything that may affect transitions of care.

3.2 Pharmacotherapy for people living with neurological conditions

Mapped to Multi-professional Framework clinical practice capabilities 1.4, 1.7, 1.8, 1.10, 1.11

Skills and behaviours:

- Safely prescribe and/or administer therapeutic medications, treatments and therapies relevant and appropriate to personal scope of practice.
- Appropriately support and, where possible, provide training for care givers/family members to administer medications to the person.
- Recognise and react to the risk factors for medicine use, including swallow, communication and cognitive function.
- Lead and evaluate medication risk assessments for those with multi/co-morbidities, including people living with a learning disability.
- Maintain accurate, legible and contemporaneous records of medication prescribed and/or administered and advice given in relation to medicines or treatments/advice.

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- Within scope of personal practice, advise people 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.
- Advocate for personalised shared decision-making to support adherence leading to concordance.

Where legally able to prescribe medicines, and only within scope of personal practice,

- Critically analyse polypharmacy, evaluating pharmacological interactions and the impact upon physical and mental well-being and healthcare provision.
- Practise in line with the principles of antibiotic stewardship and antimicrobial resistance using available national resources.
- Appropriately review response to medication, recognising the balance of risks and benefits that may occur, taking account of context, including what matters to the person and their experience and impact for them and their preferences in the context of their life as well as polypharmacy, multi-morbidity, frailty[1] and existing health issues (e.g. kidney or liver issues and cognitive impairment).
- Keep up-to-date and apply the principles of evidence-based practice, including clinical and cost-effectiveness and associated legal frameworks for prescribing.
- Lead in complex inter-disciplinary meetings and lead ward rounds to facilitate with medicine reviews.
- Confidently explain and discuss risk and benefit of medication with people using appropriate tools to assist, as necessary.
- Support people to only take medications that they require and de-prescribe, where appropriate.

Knowledge and understanding:

- Advanced knowledge and understanding of the main drug groups used to treat and/or reduce the risk of neurological condition onset or progression.
- Advanced knowledge and understanding of polypharmacy, drug interactions, and co-morbidity in the person.
- An applied understanding of pharmacology which considers relevant physiological and/or pathophysiological changes and allergies.

3.3 Transition and seamless transfers of care

Mapped to Multi-professional Framework clinical practice capabilities 1.4, 1.6, 1.7, 1.9, 1.10, 1.11

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Skills and behaviours:

- Recognise when discharge is appropriate, lead on establishing plans and facilitating the process with the person and their caregiver/family, providing support for self-referral and self-management post-discharge.
- Collaborate with the inter-disciplinary team and the person (and their caregiver/family) to ensure effective and efficient transfers of care and information is provided when transitioning to the next stage and/or setting of neurological rehabilitation.
- Recognise and exhibit confidence to refer/escalate to specialist colleagues (e.g. pain management and counselling services) and act accordingly with seamless communication of the individual's diagnosis and neurological rehabilitation plan, taking account of local service provision.
- Recognise and foster the importance of social networks and communities for the person (and their caregiver/family) in managing long-term health conditions, such as linking with statutory and voluntary organisations and support groups.
- Identify and advocate for local additional services and resources that are best placed to address the needs of the person and their caregiver/family and provide support to overcome barriers and facilitate participation and inclusion, within the rules governing confidentiality.
- Use principles of social prescribing[15] to connect people to community groups and services, enabling people to manage their health and wellbeing and develop skills and confidence.

Knowledge and understanding:

- Appraise the transformative links between local (and national) neurological rehabilitation care models throughout transition periods, between paediatric, adult and older person services, and implement strategies to manage the needs of the person during transitions.
- Advanced knowledge and critical understanding of the information required and methods for determining discharge readiness, including typical indications and contraindications for discharge and logistical requirements.
- Synthesise a deep and systematic knowledge and understanding of the wider health and social care, voluntary sector services and teams and refer independently using professional judgement.
- Extensive knowledge of different models of multi-agency care, including typical eligibility criteria of providers (e.g. health, social, voluntary, independent sector), packages of care, finance and personal budgets, respite care, equipment, education,

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employment, housing, transport, and the potential costs and logistical requirements for accessing providers.

- Synthesise understanding of partnership working with local authorities, services and other organisations to support the person (and their caregiver/family).

Examples of evidence that may be provided or assessment methods for this domain:

- Appraisal activities
- Case studies
- Case-based discussion
- Direct observation of procedural skills
- Mini-clinical evaluation exercise
- Multi-clinician report
- Objective Structured clinical examination (OCSE)
- Practice-based assessments and simulations
- Research proposal and project
- Reflection and critical analysis
- Workplace-based assessment.

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Domain D – Personalised and collaborative working

Knowledge, skills and behaviours required to deliver person-centred care, aiming to improve health outcomes and reduce inequalities.

4.1 Communication

Mapped to Multi-professional Framework clinical practice capabilities 1.5, 1.6, 1.8, 1.9, 1.11

Skills and behaviours:

- Consult in a highly organised and structured way, with professional curiosity, as required.
- Autonomously adapt verbal and non-verbal communication styles in ways that are empathetic and responsive to people's communication, cultural and language needs, preferences and abilities (including levels of spoken English and health literacy) and using innovation and/or assistive technology, where appropriate.
- Expertly manage the environment to support effective communication, taking into consideration noise, privacy, comfort and space.
- Listen and respond to the person (and/or their caregiver/family) who may be experiencing emotionalism or aggression and recognise and react to potential conflicts that arise.
- 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).
- Communicate in ways that build and sustain relationships, seeking, gathering and sharing information appropriately, efficiently and effectively to expedite people's rehabilitation.
- Adapt communication approaches for people to enable effective communication within non-face-to-face situational environments (e.g. phone, video, email consultation and/or a range of augmentative and alternative communication [AAC] methods).
- Critically reflect on advanced communication strategies and skilfully adapt those employed to ensure communication strategies foster an environment of person empowerment.
- Recognise when the person and their family/care giver may have competing agendas and facilitate shared agenda-setting.
- Convey information and address issues in ways that avoid jargon and assumptions and respond appropriately to questions and concerns to promote understanding, including by providing verbal, written and digital information.

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- Advocate for the use of consistent language and terminology across health, care and rehabilitation settings and among professionals to provide relevant and accessible information to all and to reduce risk of complications and adverse events resulting from confusion and ambiguity arising during transition points.
- Document observations regarding the person's ability to understand written and verbal information and express their wishes.
- Initiate open and honest communication with the person, their caregiver/family/friends to approach the potential need to implement palliative or end-of-life care in a non-judgemental, empathetic, genuine, collaborative and supportive manner that is appropriate to them and the situation.

Knowledge and understanding:

- Advanced knowledge and critical understanding of communication approaches that are appropriate to the situation and circumstance.

4.2 Working with colleagues and in teams

Mapped to Multi-professional Framework clinical practice capabilities 1.1, 1.2, 1.4, 1.9, 1.10

Skills and behaviours:

- Communicate effectively with colleagues using a variety of media (e.g. verbal, written and digital) to serve people's best interests.
- Advocate and utilise the expertise and contribution of other practitioners and work collaboratively within the inter-disciplinary team to optimise assessment, diagnosis and integrated management and care for people.
- Initiate and lead an effective inter-disciplinary team and understand the importance of effective team dynamics.
- Manage and enable people effectively, respectfully and professionally, especially at times of conflicting priorities and opinions, and implement and evaluate collaborative and creative strategies to manage conflict among the inter-disciplinary team.
- Instigate and lead in developing inclusive and transparent partnerships with key stakeholders that advance health literacy, equity of access to care, education and support in the community.
- Work collaboratively across agencies and professional boundaries to improve health (and other) outcomes and reduce health inequalities.
- Educate and lead training for healthcare professionals in principles relating to shared management, personalised care, shared-agenda setting, prioritisation and goal-setting.

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- Lead by example in self-awareness and reflective practice and promote these approaches within the inter-disciplinary team.
- Acknowledge the knowledge and skills (and confidence) within the inter-disciplinary team to enable effective teamworking and promote learning from others, including service users.
- Support the inter-disciplinary team to understand models and concepts related to behaviour change[16] and to recognise a 'teachable moment'.
- Lead and work closely with the inter-disciplinary team to enquire about the fidelity of individual interventions and, where necessary, educate practitioners who may be less familiar with specialist neurological rehabilitation and/or neurological condition management.
- Implement strategies to accommodate different learning styles and needs when educating the inter-disciplinary team, other health and social care professionals, service users and other audiences.
- Interact with and contribute to the development of support workers (i.e. non-clinical/-regulated staff or those working in other sectors) to support co-ordinated transitions of care and to support people with complex needs to live well in society.

Knowledge and understanding:

- Advanced knowledge and critical understanding of underpinning theory and models of leadership (e.g. the Clinical Leadership Competency Framework[17]).

4.3 Maintaining an ethical approach and fitness to practice

Mapped to Multi-professional Framework clinical practice capabilities 1.1, 1.2, 1.3, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11

Skills and behaviours:

- Lead by example ways of preserving dignity and privacy during assessments and interventions in all settings of neurological rehabilitation.
- Where necessary, undertake robust cognitive assessments to determine the capacity of a person and adapt any procedures or advice to suit their needs and promote the involvement of a caregiver/family member if marked cognitive decline is detected.
- Assess whether a person is at a risk of harm to themselves and/or others and implement protection strategies, risk-factor management and, where necessary, onward referral, promptly and appropriately.
- Advocate for applying the relevant legislation or undertaking assessments, such as the Mental Health or Mental Capacity Act[18], for people living with a neurological

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condition in ways that enables people to maintain their desired activities and to maintain their safety, using positive risk-taking, where appropriate.

- Advocate for people living with a neurological condition when there is a legal duty to instruct an independent mental capacity advocate (IMCA), taking account of religious and cultural aspirations.
- Identify and react to any safeguarding matters appropriately by developing action plans and leading the inter-disciplinary team in plans' implementation.
- Promote professionalism and advocate adherence to relevant professional codes of conduct; consideration of ethical issues and practice within the limits of current personal scope and competence.
- Keep up-to-date with (and lead, where appropriate) mandatory training and fulfil relevant professional registration and revalidation/CPD requirements in ways that reflect the demands of advanced practice.
- Identify and act appropriately when own or others' behaviour undermines equality, diversity and human rights.
- Respond promptly and impartially when there are concerns about self or colleagues, taking advice from appropriate people and, if necessary, engaging in a referral procedure.
- Lead and advocate for professional and clinical practice that promotes the rights, responsibilities, equalities and diversity of the person, their caregiver/family and the workforce, including by (but not limited to) acting as a role model in promoting individuals' rights and responsibilities and seeking to ensure that others do the same.
- Critically evaluate and reflect on ethical/moral dilemmas encountered during personal practice that may impact on care, advocating for equality, fairness and respect for people and colleagues in day-to-day practice.
- Critically reflect on how one's own values, attitudes and beliefs might influence one's professional behaviour.
- Take responsibility for one's own wellbeing and promote the wellbeing of colleagues, escalating any causes for concern appropriately.
- Promote mechanisms such as complaints, significant events and performance management processes in order to improve people's care.
- Promote mechanisms such as compliments and letters of thanks to acknowledge and promote good practice.
- Evaluate the implications of, and apply in practice, the relevant legislation for informed consent and shared decision-making (e.g. mental capacity legislation).

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- Effectively employ Public Health England's All Our Health framework in own and wider community of practice[19].

Examples of evidence that may be provided or assessment methods for this domain:

- Appraisal activities
- Case-based discussion
- Oral presentations (group and/or individual)
- Portfolio
- Practice based assessments and simulations
- Research proposal and project
- Reflection and critical analysis
- Reports
- Self-assessment
- Teaching observation
- Workplace-based assessment.

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Key learning outcomes in leadership and management in practice

On successful completion, practitioners will be able to do the following:

1. Critically evaluate appropriate theoretical frameworks of leadership and management and critically appraise the relevance of these to their own practice.
2. Demonstrate the application of theoretical perspectives of leadership and management to their own advanced clinical practice.
3. Evaluate a range of multi-factorial influences which impact on their clinical leadership and management role.

Leadership and management capabilities in practice

Domain E – Leadership and management in practice

Multi-Professional Framework for Advanced Clinical Practice in England (2017)

- Lead multi-professional teams, including practitioners working in first-contact and advanced roles, demonstrating an understanding of relevant profession-specific frameworks.
- Proactively initiate and develop effective relationships, fostering clarity of roles within the inter-disciplinary team to encourage productive working.
- Demonstrate team leadership, resilience and determination, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence in others.
- Work within practice and across multi-organisational and multi-professional teams, care pathways and systems (e.g. Clinical Commissioning Groups and Integrated Care Systems), including across health and social care and with the voluntary sector.
- Proactively construct and develop effective relationships, fostering clarity of roles within teams to encourage productive working and positively influence practice.
- Role model the values of being an advanced practitioner in neurological rehabilitation, demonstrating a personalised approach to service delivery and development.
- Critically and strategically apply advanced clinical expertise across professional and service boundaries to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice.
- Lead on and work in partnership with others to plan how to put strategies for improving health and wellbeing into effect, including to ensure one’s own role is impactful and that such impact can be measured.

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- Actively engage in peer review to inform own and others' practice, formulating and implementing strategies to act on learning and make improvements.
- Demonstrate the impact of advanced practice on service function, effectiveness and quality (i.e. the outcomes of care, experience and safety).
- Inform and influence change at a system level that builds on clinical excellence and outcomes for individuals across the system.
- Actively enable, facilitate and support change across care pathways and traditional boundaries.
- Lead new practice and service redesign solutions with others in response to feedback, evaluation, data analysis and workforce and service need, working across boundaries and broadening personal sphere of influence.
- Lead new practice and service redesign solutions in response to feedback, evaluation and need, working across boundaries and broadening sphere of influence.
- Actively seek feedback and involvement from individuals, families, carers, communities and colleagues in the co-production of service improvements.
- Evaluate own practice and participate in multi-disciplinary service and team evaluation, demonstrating the impact of advanced practice on service function, effectiveness and quality (i.e. the outcomes of care, experience and safety).
- Actively lead the on-going development of practice in response to changing population health needs, engaging in horizon-scanning to identify future developments and add value (e.g. the impacts of genomics, new treatments and changing social challenges).
- Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect people, families, carers, communities and colleagues' safety and well-being when necessary.
- Negotiate own and others' scope of practice within legal, ethical, professional and organisational policies, governance and procedures, with a focus on managing risk and upholding safety.
- Deal with compliments and complaints appropriately, following professional standards and applicable local policy.
- Be well organised with due consideration for people and colleagues, carrying out both clinical and non-clinical aspects of work in a timely manner, demonstrating effective time management within the constraints of neurological rehabilitation practice.

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Further capabilities for neurological rehabilitation (including stroke):

- Evaluate key drivers and policies that influence national neurological rehabilitation strategy and service development and analyse how these can be used to improve service delivery.
- Advocate for the rights of people with neurological conditions and for reasonable adjustments to meet their needs in the planning and development of services.
- Promote a culture where needs and risks are balanced with health and safety practice in neurological rehabilitation.
- Collate and share data across organisations in compliance with local protocols and legal and professional requirements.
- Develop relationships with service commissioners to develop the capacity and capability for an integrated care system.

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Key learning outcomes in education in practice

On successful completion, practitioners will be able to do the following:

1. Critically assess and evaluate the multi-professional team in order to build capacity and capability through work-based inter-professional learning.
2. Appraise, facilitate and collaborate on a range of learning and development strategies and approaches and assess that are most appropriate and provide a robust rationale.
3. Evaluate learning strategies and foster a culture of continuous improvement.

Education in practice capabilities

Domain F – Education in practice

Multi-Professional Framework for Advanced Clinical Practice in England (2017)

Skills and behaviours:

- Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning needs and support team members to address these.
- Act as a role model, educator, supervisor, coach and mentor, seeking to instil and develop the confidence of others and actively facilitate the development of others.
- Promote and utilise supervision for self and other members of the healthcare team to support and facilitate advanced practice professional development.
- Supervise a multi-professional team/s, including practitioners working in first-contact and advanced practice roles, underpinned by an understanding of relevant profession-specific frameworks and portfolios of evidence requirements.
- Advocate for, and contribute, to a culture of organisational learning to inspire future and existing staff.
- Enable the wider team to build capacity and capability through work-based and inter-professional learning and the application of learning to practice.
- Identify further continuing professional development needs among the inter-disciplinary team and support individuals to address these.
- Engage in self-directed learning, critically reflecting on own practice to maximise advanced skills and knowledge and personal potential to lead and develop both care and services.
- Actively seek and be open to feedback on own practice by colleagues to promote ongoing development.

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- Embed a culture of clinical audit into one's own and others' practice, ensuring a culture of continual learning and reflection that is based on data gained from one's own and others' practice.
- Actively seek to share best practice, knowledge and skills with other members of the team (e.g. through educational sessions and presentations at meetings).
- Work closely with higher education institutions to support advanced practitioner development.
- Critically assess and address own and others' learning needs within the inter-disciplinary team, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced practice or other professional standards, as appropriate.
- Recognise people as a source of learning in their stories, experiences and perspectives, and as peers to co-design and co-deliver educational opportunities.
- Lead education in personal area of expertise.
- Support the wider team to build capacity and capability through workplace-based and inter-disciplinary learning and the application of learning to practice.
- Engage with, appraise and respond to individuals' motivation, development stage and capacity, working collaboratively to support health literacy and empower individuals to participate in decisions about their care and to maximise their health and well-being.

Further capabilities for neurological rehabilitation (including stroke):

- Facilitate the co-production (design and delivery) of education and training, working in partnership with people living with a neurological condition (and their caregiver/family).
- Evaluate the effectiveness of teaching and learning interventions.

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Key learning outcomes in research

On successful completion, practitioners will be able to do the following:

1. Critically analyse gaps in the evidence base and their application to practice, informing and collaborating with appropriate organisations to explore how gaps can be addressed in a safe, pragmatic way.
2. Demonstrate a critical understanding of research and exhibit the ability to evaluate, synthesise, undertake research and audit projects.
3. Disseminate research findings at national (and/or international) levels and their implications for clinical practice, policy and further research opportunities.

Research in practice capabilities

Domain G – Research in practice

Multi-Professional Framework for Advanced Clinical Practice in England (2017)

Skills and behaviours:

- Critically engage in research activity, adhering to good research practice guidance, so that evidence-based strategies are developed and applied to enhance quality, safety, productivity and value for money.
- Evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods and then acting on the findings.
- Critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice and to inform that of others.
- Take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way.
- Actively identify potential need for further research to strengthen evidence for best practice, involving acting as an educator, leader, innovator and contributor to research activity and/or seeking out and applying for research funding.
- Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review.
- Disseminate best practice research findings and quality improvement projects through appropriate media and fora (e.g. presentations and peer review research publications).
- Facilitate collaborative links between clinical practice and research through proactive engagement and networking with academic, clinical and other active researchers.

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Further capabilities for neurological rehabilitation (including stroke):

- Co-produce approaches to evaluating services and measuring impact, including the use of outcomes reported by people with a neurological condition (and their caregiver/family).
- Promote a systematic approach to using and developing outcome measures to underpin current and future practice.
- Advocate for reasonable adaptations to enable people with a neurological condition to participate in audit, evaluation and research, including those with cognitive and/or communication impairment.
- Ensure research materials and processes are accessible for people with a neurological condition (e.g. for people with aphasia or spatial neglect).
- Critically appraise ethical issues and influence processes related to conducting research with people with a neurological condition, including gaining consent to their participation.
- Deploy an in-depth clinical and research knowledge to empower people to make well-informed decisions about participating in research projects

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Approach to supervision, learning and assessment

Workplace-based supervision arrangements

Trainee advanced practitioners must have a nominated co-ordinating education supervisor who supports them as they progress through this framework. Given the multi-professional nature of advanced practice workforce development, trainees should also have access to a variety of associate workplace supervisors, who are matched to specified aspects of their advanced practice development across the four pillars of advanced practice (clinical, leadership and management, education and research). An integrated approach to associate workplace supervisors resonates with the workplace diversity that is exemplified in neurological rehabilitation. Appropriate workplace-based supervision arrangements should be made that are inclusive of practitioners across different rehabilitation settings.

Workplace-based supervision arrangements for individual trainees should include the following:

- The identification and agreement of the expected scope and demands of their role within their practice context.
- The identification and agreement of how their fulfilment of the capabilities set out in this document should be developed within their defined scope, role and practice context.
- Acknowledgement of the added value of multi-professional collaboration within their defined setting.
- Self-assessment of their learning needs and the development of an individualised learning plan that enables them to develop their advanced practice capabilities to meet needs within their practice context safely and effectively.
- The recognition of socio-professional factors that have the potential to influence their professional development and their transition to and within advanced practice roles.
- The adoption of an integrated approach to addressing their advanced practice development needs, including through input from a range of associate workplace-based supervisors relevant to their scope of practice, role and practice context.
- Investment in workplace-based supervisor development opportunities and mechanisms for their ongoing support, including as they move into advanced practice roles.

NHS England has provided further guidance on advanced practice supervision. This aims to overcome variation in the support provided to advanced practice workforce development across the health and care system.

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Approaches to learning and teaching

A range of learning and teaching methods should be used to enable trainees to develop and demonstrate their fulfilment of the intended learning outcomes and all capabilities set out in this framework. Approaches include (but are not limited to) the following:

- Clinical case scenarios
- Continuing professional development activities
- Debates
- Dissertation and research project
- Group work
- Lectures
- Oral presentations
- Portfolio development
- Self-directed learning (e.g. reading journals and other literature)
- Seminars
- Simulation
- Workplace-based learning
- Workshops.

Information on indicative learning content is provided in Appendix 2.

Assessment

This section details the assessment requirements for trainee advanced practitioners who engage with this framework as an integral part of their advanced practice education. It will be of interest to practitioners, employers, education providers and healthcare service users. For practitioners to be deemed to have successfully met the requirements set out in this framework, they must have evidenced their fulfilment of all its learning outcomes and capabilities within their scope of practice and in line with the demands of their role, practice setting and contribution to service delivery within neurological rehabilitation. This fulfilment needs to be tested and demonstrated through robust assessment approaches. Evidence and confirmation of this must be captured in their professional portfolio.

A variety of flexible, engaging approaches to assessment should be used. The specific type and combination of selected assessments must be appropriate to test the specific capabilities in full. This includes to test trainees' integration of their academic and workplace based learning and to reflect the demands of level 7 learning and advanced-level practice.

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

- Appraisal activities
- Case studies

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- Case-based discussions
- Direct observation of procedural skills
- Essays
- Exams, including multiple choice questions (MCQ)
- Literature reviews
- Mini-clinical evaluation exercises
- Multi-clinician reports
- Multi-source feedback
- Oral presentations (group and/or individual)
- Objective structured clinical examinations (OSCE)
- Service user feedback
- Portfolio
- Practice-based assessments and simulations
- Research proposal and project
- Reflection and critical analysis
- Reports
- Self-assessment
- Teaching observation
- Workplace-based assessment.

These suggested approaches to learning and assessment are provided as a benchmark for higher education institutions to ensure their assessments demonstrate alignment to the requirements set out in this framework and include an appropriate mix of academic and workplace-based components.

To uphold the validity and reliability of their assessment processes, higher education institutions must ensure the following:

- Assessors are occupationally competent, recognised as such by their employer and/or the university and familiar with the chosen assessment tool.
- A range of assessors, trained in the relevant assessments, are involved in the assessment process, including practitioners and educators from different professions and who have the appropriate academic and clinical experience and expertise, including at advanced and consultant practice level.
- Healthcare providers invest in and support staff to undertake the assessment(s) in practice.

The assessment approach should neither replace nor replicate other learning and assessment requirements and strategies. It must test and enable trainees to demonstrate

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their fulfilment of the learning outcomes and all the capabilities set out in this framework at advanced practice level and in line with the demands of level 7 learning.

Trainees are expected to participate in annual appraisal activities. This is to determine their eligibility and capability to continue to engage with the requirements of the framework and to ensure that they are making appropriate progress in their learning and development.

Assessments should provide a diverse range of perspectives on trainees' development against the outcomes and capabilities. They should draw on examples from a diverse range of people. Assessments should also be used as a vehicle to raise awareness of equality, challenge established stereotypes, and promote respect for individual difference.

Assessment grading

The assessment approach set out in this document should be viewed as a minimum requirement. The grading criteria are offered as a guide. It is not essential that they are directly followed. However, higher education institutions must ensure that they can demonstrate that their assessment criteria align with those set out in this document. Trainee advanced practitioners must achieve at least a 'Capable' (or equivalent), depending on the threshold of the assessment methods, in order to be deemed to have completed individual components of learning successfully and to have achieved the outcomes and capabilities set out in this document. The overall grade is determined by the 'lowest' grade from each one of the assessment methods. The table below provides examples of grading criteria that may be used and adapted to assess trainees' learning against this framework.

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Example grading criteria

Grade	Criteria An individual is characterised by evidence of the following:	Overall Outcome
Excellent	• An excellent level of knowledge and understanding of complex issues, underlying concepts and is at the forefront of clinical practice, including ability to evidence this in their clinical setting. • Evidence of original, independent, and critical thought and demonstrates this through strong, well-structured argument that is convincing and well-supported. • Explores the boundaries of existing knowledge and has robust and empirical insight into advanced clinical practice. • Excellent communication skills.	Pass
Capable	• A satisfactory level of knowledge and understanding of advanced practice relevant to their role. • Able to describe and use a range of the major concepts, theory and methodology of practice. • Ability to structure an argument that connects aspects of core subject knowledge and, where appropriate, their application. • Some use of relevant source materials or examples to support argument. • Good communication skills. Clear style and presentation of analysis that is generally coherent and well-structured. • Demonstrates consistently safe, effective care at an advanced practice Level.	Pass
Needs further development	• Shows some understanding of advanced practice but is not able to demonstrate consistently. • Inadequate attention to structure and organisation of their practice. • Satisfactory communication skills but with some errors in expression or style. • Evidence of advanced practice is evident but not consistently and robustly applied either through direct care and/or discussion.	Fail
Grade	**Criteria** An individual is characterised by evidence of the following:	**Overall Outcome**

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Underperforming / not demonstrating capability	• Fragmentary or no evidence of familiarity with advanced practice • Clinical Practice that is fundamentally wrong. • Unable to distinguish between assertion and argument or fails to offer any relevant view. • Fails to address question and/or opinions offered are purely subjective • Extremely limited communication skills, difficulties in communicating simple ideas. • Very poor presentation skills.	Fail

Equality, diversity and inclusion

Education providers, employers and commissioners must ensure that they comply with the requirements of equality diversity legislation set out in the Equality Act, 2010[10]. They must be compliant with anti-discriminatory practices form recruitment through to completion of training. As part of this, education providers, employers and commissioners should actively monitor equality, diversity and inclusion and differential attainment within workforce development. Professional background, clinical setting or environment should each be considered and accounted for in the provision of professional development opportunities and in advanced practice learning assessments.

People living with a neurological condition(s) should have fair access to high-quality care and rehabilitation. Services should enable understanding and appreciation of, as well as effective response to, the diverse range of experiences, beliefs and needs of individuals and the people who are important to them. These include beliefs, culture, disability, ethnicity, living conditions/circumstances, religion, spirituality, sexual identity and sexuality. Appropriate support should be made available. It should not be assumed that the person and their caregiver/family share the same beliefs and needs, or that these beliefs and needs remain stable throughout neurological rehabilitation. They should therefore be continually addressed.

Quality management

Periodic review of this framework as an area specific capability framework will be undertaken to ensure its currency and validity. The Centre will oversee the document's monitoring, periodic review and development to ensure it reflects and remains responsive to changes in service delivery, rehabilitation care models, innovation and population and patient care needs. External evaluation may be sought as part of quality management process.

There should be regular, on-going review and evaluation of the specification's delivery. This should include use of the following methods:

- Proactively seeking learner feedback relating to their experience of assessments, so that any perceived bias for a specific student group is investigated and addressed, if necessary.

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- Ensuring smaller programmes or professional groups have adequate representation by setting up appropriate practitioner fora.
- Ensuring clinical examination arrangements are appropriate for all learners, including those for whom reasonable adjustments need to be made.
- Ensuring a range of learners are represented on equality and diversity committees and teaching committees, as a further route to ensure inclusive approaches to assessment.
- Review and scrutiny by external bodies and external examiners, including engagement with the Centre for Advancing Practice's arrangements for the annual quality review of the delivery of Centre-endorsed area specific capability framework.
- Review of examination board data to ensure minority groups are not disadvantaged in assessment tasks, including by looking for potential correlations in referral rates and appropriate action planning arising from this.

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Appendix 1

List of neurological disorders

- Acoustic neuroma
- Ataxia
- Autism
- Batten disease
- Brain, CNS and other intracranial tumours
- Carpel tunnel syndrome
- Cavernoma
- Cerebral palsy
- Charcot-Marie-Tooth disease
- Chronic fatigue syndrome
- Chronic inflammatory demyelinating polyneuropathy
- Cluster headaches
- Dementia (including Alzheimer's disease)
- Dystonia
- Encephalitis
- Epilepsy
- Essential tremor
- Fibromyalgia
- Functional neurological disorder
- Guillain-Barre syndrome
- Hemiplegia
- Huntington's disease
- Hydrocephalus (congenital)
- Idiopathic intracranial hypertension
- Meningitis
- Migraine
- Motor neuron disease
- Multiple sclerosis
- Multiple system atrophy
- Muscular dystrophy
- Myasthenia
- Myelopathy
- Narcolepsy
- Neurofibromatosis
- Neuromyelitis optica
- Parkinson's disease
- Post-polio disease
- Progressive supranuclear syndrome
- Rett syndrome
- Spina bifida
- Spinal cord injury
- Spinal muscular atrophy
- Stroke (ischemic and haemorrhagic)
- Tourette syndrome
- Transverse myelitis
- Traumatic brain injury
- Trigeminal neuralgia
- Tuberous sclerosis complex

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Appendix 2

Indicative learning content

Components of learning	Examples of indicative learning content	Mapping to neurological rehabilitation specific capabilities	Mapping to MPF ACP framework (clinical practice pillar)
Aetiology of neurological conditions	• Biopsychosocial model • Causes of neurological condition(s) • Co- and multi-morbidities • Disease processes • Emerging theory and research pertaining to neurological conditions • Neuroanatomy, neurophysiology and pathology • Presentation (or symptoms) of neurological conditions • Risk factors • The potential impact of neurological conditions • Whole systems pathophysiology and anatomy	*1.1. 1.2 2.1*	*1.4, 1.6, 1.7, 1.10, 1.11*
Assessment, investigations and informing the diagnosis of neurological conditions	• Contraindications of and influencing factors of assessment • Information gathering (including person-centred history-taking) • Interpretation skills • Managing complexity, uncertainty and risk • Managing diagnostic uncertainty • Models of consultation • National standards, guidance, policy and procedure associated with neurological assessment and investigations • Problem-solving skills • Risk assessment and stratification • Specialised and advanced neurological examination • Wider determinants of health • Working with people who are living with cognitive impairment	*2.1. 2.2, 3.3, 4.1, 4.2, 4.3*	*1.4, 1.6, 1.10, 1.11,2.9*

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Components of learning	Examples of indicative learning content	Mapping to neurological rehabilitation specific capabilities	Mapping to MPF ACP framework (clinical practice pillar)
Specialist neurological rehabilitation	• Barriers and facilitators to participation, adherence and/or compliance • Collaboration and co-production with service users • Goal-setting principles • Health inequality and health literacy • Non-medical prescribing (where applicable) • Pharmacotherapy • Prioritisation, • Problem-solving strategies, • Promoting population health (e.g. secondary prevention) • Rehabilitation outcomes measures • Self-management strategies and activation tools • Service delivery (i.e. intervention or therapy implementation) • Shared agenda-setting • Shared decision making • Social determinants of health • Symptom management • Theory and application of behaviour change • Transitions through neurological rehabilitation care models • Use of innovation (e.g. digital applications, web-based platforms)	*2.1, 2.2, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3*	*1.2, 1.4, 1.3, 1.5, 1.6, 1.7, 1.8, 1.10, 1.11*
Personalised and collaborative working	• Communication (including supported communication for aphasia) • Conflict management • Consultation models • Effective ways of inter-disciplinary team working • Professionalism • Safeguarding • Self-awareness and reflective practice • Shared agenda setting • Teaching and education • Working across professional boundaries	*1.1, 4.1, 4.2, 4.3*	*1.1, 1.2, 1.4, 1.5, 1.6, 1.8, 1.9, 1.10, 1.11*

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Appendix 3

Mapping

Mapping of this document to the Multi-professional advanced clinical practice framework in England (MPF) (2017)

Overarching objectives of the educational framework for ACP in neurological rehabilitation (including stroke)	Pillars of advance practice	Mapping MPF (2017)	Domains of ACP in neurological rehabilitation (including stroke)
1. To advance the theoretical knowledge and clinical capabilities of practitioners within specific and specialist areas of neurological rehabilitation.	Clinical practice Research and audit Education	1.2, 1.3, 1.11 2.9 3.1	A B C D
2. To develop advanced practitioners who can safely undertake a focused history and use enhanced clinical reasoning skills to inform an appropriate diagnosis and subsequently act autonomously to provide neurological rehabilitation for people requiring complex assessment and treatment.	Clinical practice	1.1 – 1.11 2.1 2.7 2.9	B C D
3. To advance leadership and management skills to support the wider inter-disciplinary team and react to multi-factorial influences that may impact the clinical leadership role.	Leadership and management	1.1, 1.10 2.1 – 2.11 3.4, 3.5, 3.6, 3.7 4.5	D E
4. To advance a critical understanding of theoretical, practical and ethical concepts of research and to promote the importance to person-centred health and social care investigations and evaluations.	Research and audit Education	1.10 2.5, 2.9 4.1 – 4.8	D G
5. Disseminate evidence-based knowledge to continually enhance neurological rehabilitation service delivery.	Clinical practice Education Leadership and management Research and audit	1.2, 1.3, 1.7 2.2, 2.9 4.7	B C G
6. Advance and contribute to a culture of learning and teaching to inspire and develop the existing (and future) workforce of neurological rehabilitation workers.	Leadership and management Research Education	1.1 1.3, 1.7 3.1 – 3.8 4.5	D E F

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Appendix 4

Glossary of key terms

Recognition of prior learning	The recognition of prior learning enables applicants and/or current students on taught courses to gain recognition for qualifications they have already achieved at other institutions, or for the learning they have gained from their experiences, for example in the workplace. It does this by providing exemption from some part(s) of the chosen course of study.
Advanced practice	Advanced practice is delivered by experienced, regulated health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision-making that is underpinned by a Master's level award, or equivalent, that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area-specific clinical capabilities.
Allied health professionals (AHPs)	The allied health professions (AHPs) comprise 14 distinct occupations including: art therapists, dietitians, drama therapists, music therapists, occupational therapists, operating department practitioners, orthoptists, osteopaths, paramedics, physiotherapists, podiatrists, prosthetists and orthotists, diagnostic and therapeutic radiographers, and speech and language therapists. They are graduate, regulated, professionally autonomous practitioners. AHPs provide system-wide care to assess, diagnose and treat people through adopting a holistic approach to healthcare. Their focus is on prevention and improvement of health and wellbeing to maximise the potential for individuals to live full and active lives within their family circles, social networks, education/training and the workplace.
Appraisal	A formal review of a practitioner's performance, skills and behaviours involving discussion and usually completed annually.
Behaviours	Observable conduct towards other people or activities that are durable, trainable and measurable.

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Capabilities	The extent to which individuals can adapt to change, generate new knowledge and continue to improve their performance. For advanced practitioners, this includes the ability to engage in complex clinical reasoning and decision-making, manage situations that may be unpredictable and involve high levels of risk, adapt to change and demonstrate flexibility, and engage in critical review and reflection and continuous improvement.
Co-production	Where individuals, services and systems, share experience and/or expertise to plan, design and deliver research, projects or initiatives.
Formative assessment	Informal assessments that monitor practitioners' learning and progress and provide them with feedback to enhance their ongoing learning. Formative assessment helps to identify practitioners' strengths and weaknesses and target areas in which further development is needed.
Neurological conditions	Neurological disorders are diseases of the central and peripheral nervous system, including the brain, spinal cord, cranial nerves, peripheral nerves, nerve roots, autonomic nervous system, neuromuscular junction and muscles. See Appendix 1 for a list of conditions as defined by the Neurological Alliance.
Neurological rehabilitation	A set of interventions designed to optimise functioning and to reduce disability among people living with neurological conditions, accounting for biological, psychological sociological and environmental factors.
Portfolio	A paper or electronic folder used to maintain a record of workplace assessments, reports, meetings/discussions, reflections, learning agreement and appraisals to evidence practitioners' learning, development and progress, with specific reference to fulfilment of defined capabilities.
Practitioner	An individual working clinically in health, social care and other services.
Summative assessment	Formal assessments to test practitioners' fulfilment of the intended learning outcomes and capabilities that are defined for a component of learning.

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Appendix 5

How this document was developed

The development of this document was commissioned by Health Education England (HEE) now NHS England.

It was produced by a research team in the School of Health Sciences at the University of East Anglia (UEA), comprising Dr. Allie Welsh, Dr. Kathryn Mares and Dr. Nicola Hancock, Steve Smith and Neil Coull.

A comprehensive scoping review of the current evidence base was undertaken to collate existing educational (or competency) frameworks relating to neurology and rehabilitation. Articles detailing people's experience of neurological rehabilitation were also collated. A content analysis of existing evidence and documentation determined a preliminary list of the skills, knowledge and behaviours required for advanced practice in neurological rehabilitation (including stroke). A first draft of the educational framework was developed.

Academic staff from the UEA were invited to participate in an initial survey (n = 6) to provide feedback on the first draft of skills, knowledge and behaviours appropriate for advanced practice in neurological rehabilitation (including stroke). A focus on framework implementation by higher education institutions and adherence to level 7 taxonomy was emphasised. The language used within the capability statements was addressed to reflect the key attributes of advanced practice capabilities, particularly in terms of managing high levels of complexity, uncertainty, unpredictability and risk.

A series of focus groups with a variety of healthcare professionals (n = 27) was conducted to review the first draft of the document. Participants were asked to consider how advanced practice in neurological rehabilitation (including stroke) should be defined and the added value that advanced practice roles should bring to the workforce. Findings revealed the added value pertained to continuity of care, early recognition, complex-case management and shared knowledge. These were translated into capability statements. Collaborative and interactive sessions allowed participants to discuss and review key learning outcomes and proposed domains of the clinical practice pillar of advanced practice in neurological rehabilitation (including stroke). Analysis of the focus group findings broadly conformed to thematic analysis. This enabled key themes to be identified and subsequently addressed.

An online survey designed to accompany a second draft of the document was disseminated nationally to healthcare professionals (n = 48). Further revisions to the framework were made based on an analysis of responses. The analysis included a particular focus on areas to be added to the document, strengthened within it, or omitted from it. As an example, the needs were identified to include a greater emphasis on an evidence-based approach to practice and to accommodate and reflect greater diversity in service delivery provision.

Concurrently, an online survey was shared with service users (n = 9) to seek and gather their perspective of advanced practice in neurological rehabilitation (including stroke).

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Participants shared what they felt those practising at advanced practice level could do for them, including by facilitating care provision, decision-making and goal-setting across various neurological rehabilitation settings. The draft framework was reviewed against the feedback to ensure statements aligned with service user needs, preferences and suggestions.

Based on a triangulation of the consultation findings and discussion among the research team, a final draft of the framework was completed in August 2021 and submitted to the Centre for Advancing Practice for taking through its endorsement process. Endorsement of the document was conferred in December 2021, with a final draft of the document produced in May 2022.

Work to develop the framework has been presented at the UK Stroke Forum and an abstract subsequently published.

Welsh, A. Hancock, N.J & Mares, K. Advanced Clinical Practice in Stroke and Neurological

Rehabilitation: The development and co-production of an educational framework. *Int J Stroke*, 2021; 16(3s): p15

The Centre for Advancing Practice will oversee arrangements to ensure the on-going currency of the document through its periodic review as a Centre-endorsed area specific capability framework.

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Appendix 6

Bibliography

A breadth of documents relating to healthcare education and practice, including at advanced practice level, informed the development of this area specific capability framework. They included uni- and multi-professional frameworks, guidelines and policy documents. They are listed below. Some material was accessed while in draft. Where the case, a link is provided to the finalised, accessible version of them.

Documents that directly shaped the content of this area specific capability framework are included as references; see Appendix 7.

Department for Work and Pensions (2022) Fit note collection. Fit note - GOV.UK (www.gov.uk)

Department for Health and Social Care (2005) National Service Framework: Long Term Conditions

Health and Care Professions Council (2018) Standards of Proficiency for Allied Health Professionals

Health Education England (2022) Advanced Practice Credential Specification Community

Rehabilitation: Healthy Ageing

Health Education England (2022) Advanced Practice Credential Specification: Supporting people with learning disability, including people with a learning disability who are autistic

Health Education England (2021) Non-medical prescribing courses HEI Information

Health Education England (2021) Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development

Health Education England (2017) Multi-professional framework for Advanced Clinical Practice in England

The Neurological Alliance (2019) Neuro Numbers 2019. A report by the Neurological Alliance

NHS (2020) People Plan

NHS (2019) Long Term Plan

Royal Pharmaceutical Society (2021) A Competency Framework for all Prescribers

The Royal Society of Public Health (2019) Social prescribing: A framework for Allied Health Professionals

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Skills for Health, Health Education England and NHS England (2018) Frailty: A Framework of Core Capabilities

Skills for Health (2017) Person-centred approaches

World Health Organisation (2021) Rehabilitation Competency Framework.

The Neurological Alliance (2019) Neuro Numbers 2019. A report by the Neurological Alliance.

The document has been mapped to the standards and frameworks listed below relating to neurological rehabilitation.

A competency framework for nurses working in Parkinson's disease management Allied Health Professionals' competency framework for progressive neurological

conditions Australian Clinical Guidelines for Stroke Management, Chapter 5: Rehabilitation – Communication difficulties

Clinical Leadership Competency Framework

Frailty: A framework of core capabilities

New Zealand Clinical Guidelines for Stroke Management

Occupational Therapy Clinical Competencies Integrated Stroke Program

Prescribing Competency Framework for all prescribers

Scottish Intercollegiate Guidelines Network (SIGN): Management of Patients with Stroke or TIA

Specialising competencies for physiotherapists working in stroke care

Specialising competencies for speech & language therapists working in stroke care

Stroke Specific Education Framework (SSEF)

The National Service Framework for Long-term Conditions

World Health Organisation – Rehabilitation Competency Framework

The above is not an exhaustive list of relevant national standards or frameworks.

Development of the specification was also informed by the following guidance documents:

Advanced Care Planning Framework

Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use

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BSCN Clinical Practice Guidelines

Clinical Practice Recommendations for Improving Life Participation for People with Aphasia in Long-Term Care

East of England Community Tracheostomy Guidelines for Adults

HEE Advanced Clinical Practice: capabilities framework when working with people who have a learning disability and/or autism

MND Association: Managing emotions - Information for people with or affected by motor neurone disease

National Stroke Service Model: Integrated Stroke Delivery Networks

NHS England: Comprehensive model of personalised care

NHS Right Care - Progressive neurological conditions toolkit

NICE Pathways: Neurological conditions

NICE: Shared decision making

Recommendations for post-stroke aphasia rehabilitation: an updated systematic review and evaluation of clinical practice guidelines

Royal Pharmaceutical Framework guidelines

Specialist Neuro-Rehabilitation services: providing for patients with complex rehabilitation needs (BSRM)

The Gold Standards Framework (GSF) Centre in End of Life Care

The person-centred nursing framework

The Royal College of Physicians: National Clinical Guidance for Stroke

NICE guidance, advice, pathways and quality standards for the following were considered in the production of this credential: brain cancers, cerebral palsy, chronic fatigue syndrome, chronic and neuropathic pain, delirium, dementia, epilepsy, faecal incontinence, headaches, metastatic spinal cord compression, motor neuron disease, multiple long-term conditions, multiple sclerosis, Parkinson's disease, tremor and dystonia, spasticity, spinal conditions, stroke and transient ischemic attack, transient loss of consciousness, urinary incontinence.

Again, the list above is not intended to be exhaustive.

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Appendix 7

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Appendix 8

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Staff in the School of Health Sciences at the University of East Anglia (UEA) largely comprise registered health and social care practitioners, many of whom also practise in clinical settings. We are a passionate and vibrant community of staff and students with a shared desire to improve lives in an ever-changing health environment. Our expertise in teaching spans nursing, midwifery, physiotherapy, speech and language therapy, occupational therapy, operating department practice and paramedic science. As an institution that works for the public good, UEA has a strong commitment to developing, enhancing and assisting current health and social care services to evolve and develop in line with the needs of the population.

We fully acknowledge how essential advanced practice roles are to fulfilling the ambitions of the NHS Long Term Plan, the NHS People Plan[1]. Each strategic document identifies advanced practice credentials (area specific capability frameworks) as a way to expedite workforce development to meet service and care needs in sustainable ways. Advanced practice roles are central to optimising service delivery, including by increasing capacity, capability, productivity and efficiency within inter-disciplinary teams of healthcare professionals. This includes in neurology.

People living with long-term neurological conditions, and their caregivers/family, face multiple and complex challenges with rehabilitation. These can include accessing timely and relevant assessments, receiving accessible information about their condition and their rehabilitation plans, and a lack of integration between health and social care services[2-4]. Advanced practitioners have the skills and knowledge to manage high levels of complexity, uncertainty, unpredictability and risk, as depicted across neurological rehabilitation settings. They are valued for their advanced skills in communication, problem-solving, clinical-reasoning and critical appraisal. They are therefore best placed to provide high-quality, person-centred care to improve health-related outcomes[5].

In support of inter-disciplinary working and to promote rigour, relevance and value, this area specific capability framework has been co-produced with academic staff, service users and healthcare professionals. Its development has been informed by a comprehensive review of the literature and consultations with stakeholders. Further details on what has informed the document's development are provided in Appendix 1. This area specific capability framework defines the advanced practice capabilities (skills, knowledge and behaviours) required of practitioners, across professions, to work with people living with a range of neurological conditions. It is intended for use by higher education institutions, employers, commissioners and practitioners. It may be used to underpin commissioning and workforce planning, as well as to shape advanced practice education and training.

We thank all individuals who took part in the consultation series for their time and input in the development of this work.

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Centre for Advancing Practice

Norfolk Community Health and Care Trust

Parkinson’s UK

Royal College of Occupational Therapists

Royal College of Psychiatrists

Royal College of Speech & Language Therapists

Skills for Health

Stroke research team at the University of Central Lancashire

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University of East Anglia

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