



# Workforce Education Reform Programme

Practice-based learning framework for pre-registration prosthetic and orthotic learners



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# Foreword

Prosthetic and Orthotic (P&O) practice has transformed over the years and offers a challenging, inspiring, demanding and rewarding career for those entering the profession. The diverse roles that prosthetists and orthotists occupy are more varied than ever and the opportunities for career development and progression are immense. However, as the profession evolves, so must the training and education of future generations of prosthetists and orthotists.

The NHS long term workforce plan<sup>1</sup> has ambitious targets to increase apprenticeships as a route of entry into the profession by between 25-50% by 2031/32, with a year-on-year increase in overall training numbers of 64% between 2022 (baseline) and 2031. For this to happen, the profession must ensure that practice-based learning continues to evolve, and experiences continue to inspire and prepare those joining the profession. The creation of quality practice-based learning environments and delivery of quality learning experiences will need to keep pace with this training model.

It is hoped that the Practice-Based Learning (PBL) framework will provide support and structure to the way in which PBL activity is organised. The framework asks that PBL is embraced, fully exploring the breadth and depth of learning that can take place in a PBL environment to provide a richer, more diverse experience to learners that traditional 'placement' activity may not have achieved.

The framework is centred around the learner, with 12 PBL statements. Each statement is mapped to the HCPC Standards of Proficiency (SOPs). There are four clusters of clinical learning – these are professionalism, clinical skills, patient and person-centred care and evidence-informed practice. Each learning statement is mapped to the four cluster areas of clinical learning.

The four pillars of clinical practice, namely, leadership, clinical practice, evidence and research, and development and facilitating learning are mapped to both the learning statements and the four clusters of clinical learning. There are examples of what activity could map to each area. The examples given combine knowledge, skills, and attributes for a range of activities in a range of settings. The examples are not exhaustive nor prescriptive. They are intended to guide the learner and the educator to explore what activity can be provided in clinical and non-clinical learning environments to help meet practice-based learning requirements of pre-registration Prosthetics and Orthotics training and education and preparing the future workforce for 21st century practice.

As a department, organisation, or system you can use the information freely to build your own PBL capacity. If you are an individual, you can use the content to help prepare for your learning. The links to additional resources will help you further your understanding of practice-based learning.

The PBL framework contributes towards ensuring that our learners, and all the staff that support our learners, have the resources they need to deliver high-quality, structured and relevant learning experiences. This will ultimately lead to the workforce of tomorrow, delivering 21st-century Prosthetics and Orthotics services and providing patients with the care they need in the communities we serve.

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1. <https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.1.pdf>

# Acknowledgements

The Practice Based Learning framework is the result of many hours of dedicated work. The activity descriptors, that is central within the framework, was co-created with higher education institute (HEI) colleagues from the University of Salford, University of Brighton, and University of Wolverhampton.

The project was led by **Dr Beverley Durrant** Director at Vectis Health Care Solutions.

The following individuals contributed to many discussions to build the framework content.

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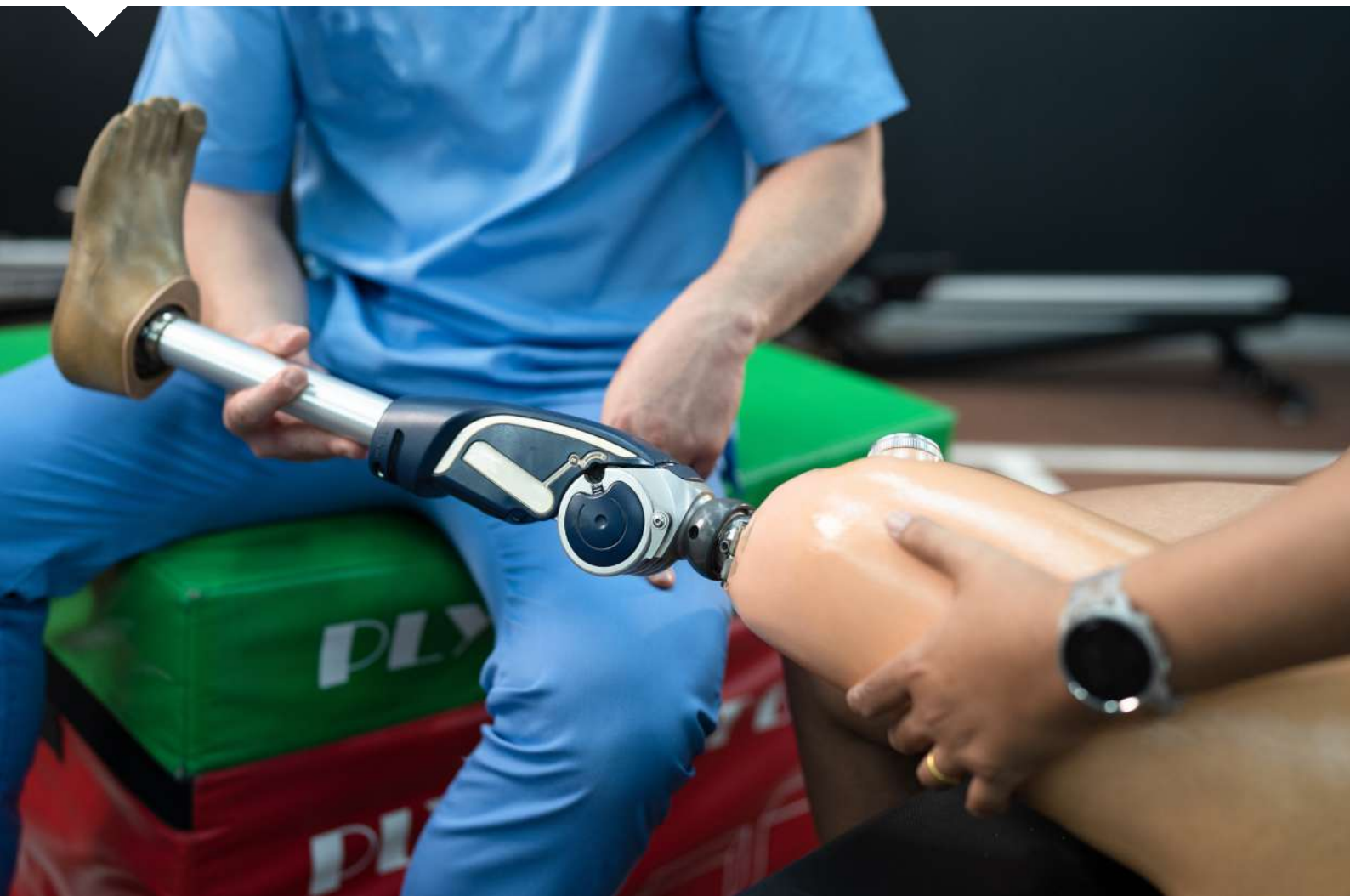
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## Context and Introduction

Practice-based learning (PBL) is recognised in the NHS Long Term Plan<sup>2</sup> as a vital investment in the future NHS and social care workforce. The plan drives a vision of 21<sup>st</sup> century care which requires an all-rounded, skilled, and flexible Allied Health Professional (AHP) workforce. By providing aspiration for a varied career ahead, we can help improve the retention of prosthetists and orthotists ensuring the future sustainability of the workforce. PBL is changing and learners are encouraged to experience a placement model, that includes learning that extends beyond clinical work. If we are to adequately prepare our future generation of clinicians, we need to ensure that at an early stage, learners are exposed to a range of PBL learning opportunities that extend to cover the four pillars of clinical practice<sup>3</sup>.

With the introduction of the degree apprenticeship, a new generation of prosthetists and orthotists is emerging. The way our future prosthetists and orthotists are educated has evolved and this has helped to pave the way for a change in approach to practice learning. Non-traditional models of learning, such as modern apprenticeships, have provided an alternative to studying for a degree in a university-based setting. In this situation, learners are not students but employees. Apprentices are not on a placement but learning within a workplace setting. Never has there been such an opportunity to explore practice education, as the profession is responsive to the rapidly changing healthcare environment.

Students and apprentices apply and consolidate their learning, bringing together academic theory and workplace learning to develop the skills and competencies needed to become an HCPC registrant. This is the case whether you are a student or an apprentice, and practice-based learning unites both types of learners.

PBL can take place in a range of settings. While quality 'traditional' placements are usually provided in familiar environments, there is an opportunity to explore diversity within learning environments, while also exploring different models of practice-based learning. A diverse and broad range of skills is needed to meet the needs of the 21<sup>st</sup> century Prosthetist and Orthotist. These include but are not limited to, assessment and diagnostic capability, behaviour change approaches, patient education, working in integrated multi-disciplinary teams, using healthcare technologies, evaluating, and influencing change, practising preventative care from a public health perspective, as well as developing a healthy engagement with evidenced based practice and research, engagement in leadership activities.

Not all learning environments have to be patient-facing. Learners can have learning opportunities in non-clinical settings and these hours can count towards their practice hours. A range of experiences that support learners to meet the required standards of proficiency is crucial.

Leadership, research, and blended content in a diverse range of settings can offer invaluable learning and assist students and apprentices meeting the required standard. Students and apprentices can contribute to evidence-based practice, inform service improvement, understand policy, and develop key leadership skills, helping to facilitate the full depth and breadth of P&O practice. Exposure to new skills delivered in new environments could unlock amazing learning potential.

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2. <https://www.longtermplan.nhs.uk/>

3. <https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf>

# What is Practice-Based Learning (PBL)?

PBL is a crucial, fundamental, and indispensable part of the training to become an allied health professional. PBL provides learning environments that enable the application of theoretical knowledge in clinical, patient-facing, and non-patient-facing contexts. PBL provides a rich and diverse environment that supports the clinical and non-clinical development of the learner. It provides environments where learners, colleagues, and peers, can work together effectively to enhance the learner journey providing space where interpersonal and therapeutic skills can flourish. Patients and service users often contribute to the learner experience by giving their permission for students and apprentices to be present and participate in providing interventions at treatment appointments, helping learners develop clinical skills. Patients and service users also help learners indirectly, by providing feedback and contributing to service or course development events or by providing feedback in formal clinical examinations.

## Who is this Framework for?

Front and central to this framework is the learner. It places the learner at its heart and recognises that to inspire the next generation of prosthetists and orthotists a fresh approach to practice-based learning is needed. All learners, whether they be students, apprentices, those returning to practice or prospective learners will find this framework useful. The example activity provides the learner with a real flavour of what their practice-based learning experience could look like. The case studies provide a vital link to real learner stories, captured while they engaged with practice-based learning during their education and learning experience.

Education providers will also find this framework useful for informing the planning and development of practice-based learning content. It may also inspire education providers to think beyond their current PBL model and move to a more inclusive practice-based learning model. In fact, anyone involved in providing PBL from the commercial, private, independent, or voluntary sectors, either as a learner or provider may be interested in accessing this framework.

## How is the Framework Structured?

The framework is centred around 12 PBL statements. Each statement is mapped to the HCPC Standards of Proficiency (SOPs). There are four clusters of clinical learning - these are: Professionalism, clinical skills, patient and person-centred care, and evidence-informed practice. Each learning statement is mapped to the 4 cluster areas of clinical learning. The four pillars of practice, namely, leadership, clinical practice, evidence, research, and development and facilitating learning are mapped to both the learning statements and to the four clusters of clinical learning. For each area, there are examples of what activity could map to each area. The examples given combine knowledge, skills, and attributes for a range of activities in a range of settings. The examples are not exhaustive nor prescriptive. They are intended to guide the learner and the educator to explore the depth and breadth of what can be provided in clinical and non-clinical learning environments, to help meet practice-based learning requirements of preregistration prosthetic and orthotic training and education.

Figures 1-3, illustrate how the framework is structured.

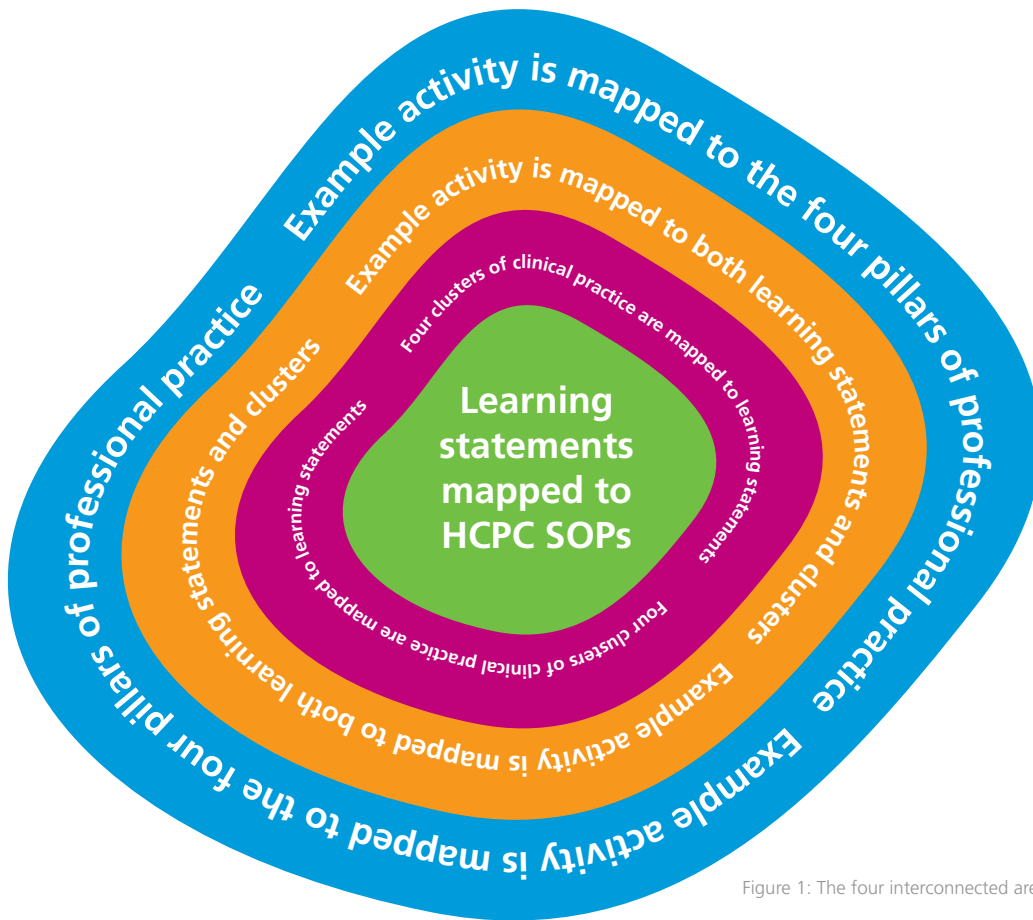


Figure 1: The four interconnected areas of the PBL framework

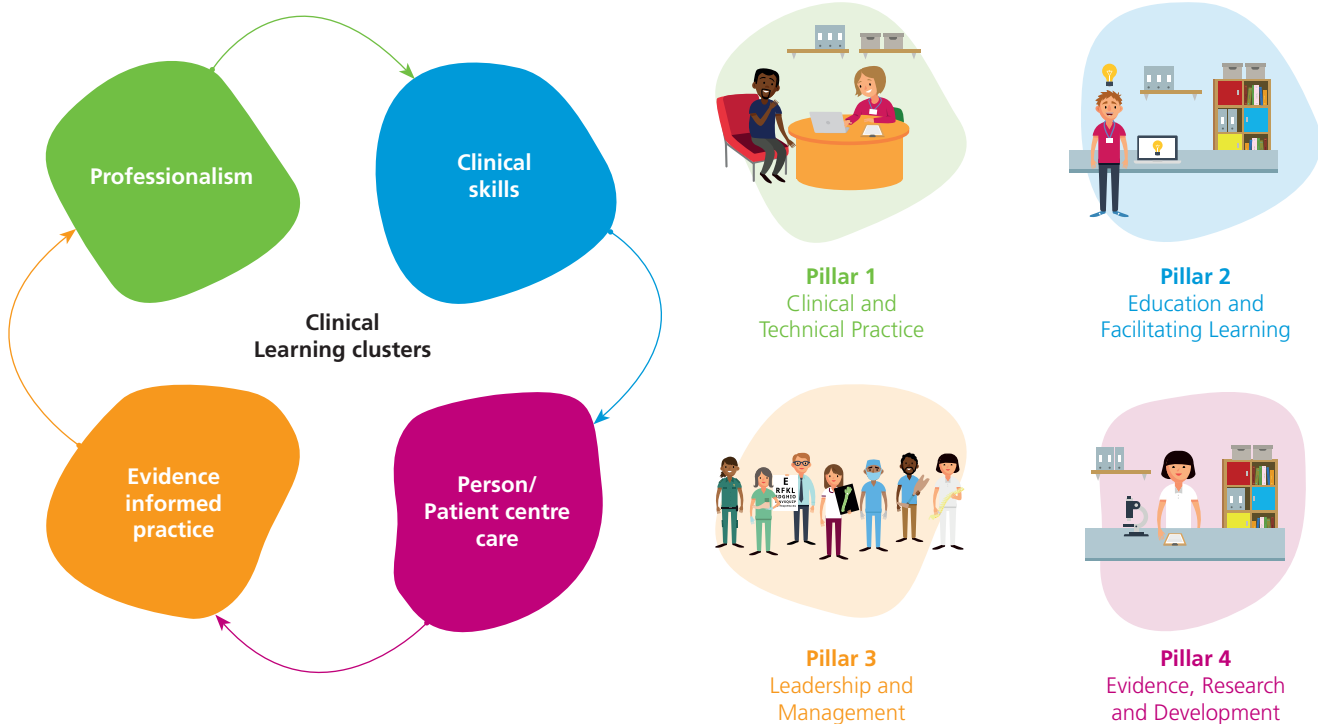


Figure 2: Four clusters of clinical learning and the four pillars of professional practice



Figure 3: The four clusters of clinical learning can be applied across the four pillars of professional practice

## Interaction between clinical learning and professional practice

### Practice-based learning statements

A practice-based learning experience will provide learners with:

1. Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (4, 7, 8)
2. Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15)
3. Opportunities to maintain effective record-keeping in line with national and Trust standards and guidelines, including GDPR legislation, using digital technology, and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11)
4. Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and to uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11)
5. Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their carers are treated appropriately. (1, 2, 5, 6, 7, 8)
6. Opportunities to engage in the provision of supervised core clinical P&O interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14)
7. Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (1, 7, 14)



8. Opportunities to engage in developing management plans that meet the needs of people who have a range of prosthetic and orthotic conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14)
9. Opportunities to undertake P&O assessment, interventions, and management planning, using a P&O care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14)
10. Opportunities to assess and implement identified support strategies for each individual patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-P&O related services. (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15)
11. Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15)
12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).

## Mapping the learning statements to the clusters of clinical learning

### Mapped cluster and practice-based learning statements

**Key to clusters:** 1. professionalism, 2. clinical skills, 3. patient/person-centred care, 4. evidence-informed practice

Learning Statements A practice-based learning experience will provide learners with:	Clusters mapped to statements			
	1	2	3	4
1. Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	X		X	
2. Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).	X	X		
3. Opportunities to maintain effective record-keeping in line with national and Trust standards and guidelines, including GDPR legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).	X			
4. Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).	X	X	X	X
5. Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their carers are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).		X		
6. Opportunities to engage in the provision of supervised core clinical P&O interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).		X	X	

## Mapped the learning statements to the clusters of clinical learning continued

**Key to clusters:** 1. professionalism, 2. clinical skills, 3. patient/person-centred care, 4. evidence-informed practice

Learning Statements A practice-based learning experience will provide learners with:	Clusters mapped to statements			
	1	2	3	4
7. Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention control, and health and safety (HCPC SOP 1, 7, 14).		X		
8. Opportunities to engage in developing management plans that meet the needs of people who have a range of prosthetic and orthotic conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).		X		
9. Opportunities to undertake P&O assessment, interventions, and management planning, using a P&O care model which is based on recognised, contemporary theories and evidence (HCPC SOP 9, 12, 13, 14).		X		X
10. Opportunities to assess and implement identified support strategies for each individual patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-P&O related services. (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).		X	X	X
11. Opportunities to promote and engage in the learning of others. This could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).	X	X	X	
12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).	X	X	X	X



## Mapped cluster and practice-based learning statements

**Key to clusters:** 1. professionalism, 2. clinical skills, 3. patient/person-centred care, 4. evidence-informed practice

Practice-based Learning Statements:	Volume of examples of each statement			
	1	2	3	4
1. Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role. (HCPC SOP 4, 7, 8).	9		7	
2. Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development. (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).	8	3		
3. Opportunities to maintain effective record keeping in line with national and Trust standards and guidelines, including GDPR legislation, using digital technology and digital record keeping tools where appropriate. (HCPC SOP 2, 6, 8, 9, 10, 11).	4			
4. Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and to uphold a commitment to provide best care to patients and service users. (HCPC SOP 1, 2, 3, 4, 5, 10, 11).	3	3	1	2
5. Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their carers are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).		45		
6. Opportunities to engage in provision of supervised core clinical P&O interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).		80	3	
7. Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention and control and health and safety. (HCPC SOP 1, 7, 14).		5		
8. Opportunities to engage in developing management plans that meet the needs of people who have a range of prosthetic and orthotic conditions, who also may have complex underlying co-morbidities with complex health and social care needs. (HCPC SOP 5, 8, 12, 13, 14).		3		
9. Opportunities to undertake P&O assessment, interventions, and management planning, using a P&O care model which is based on recognised, contemporary theories and evidence. (HCPC SOP 5, 9, 12, 13, 14).		51		7
10. Opportunities to assess and implement identified support strategies for each individual patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-P&O related services. (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).		6	5	2
11. Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider health care team. It may include peer to peer or near peer support and supervision. (HCPC SOP 4, 7, 8, 10, 11, 15).	14	9	14	
12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels. (HCPC SOP 2, 4, 6, 7, 8).	17	21	13	9

# Clusters of clinical learning examples mapped to practice-based learning statements and the four pillars of professional practice.

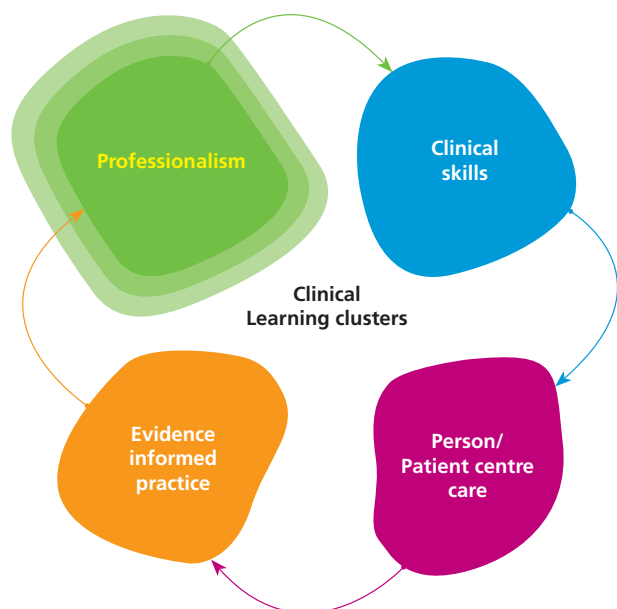


Figure 3: The four clusters of clinical learning can be applied across the four pillars of professional practice.

## Professionalism cluster

1. Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role. (HCPC SOP 4, 7, 8).
2. Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development. (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
3. Opportunities to maintain effective record-keeping in line with national and Trust standards and guidelines, including GDPR legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
4. Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users. (HCPC SOP 1, 2, 3, 4, 5, 10, 11).

5. Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a nondiscriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their carers are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
6. Opportunities to engage in the provision of supervised core clinical P&O interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
7. Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention and control, and health and safety. (HCPC SOP 1, 7, 14).
8. Opportunities to engage in developing management plans that meet the needs of people who have a range of prosthetic and orthotic conditions, who also may have complex underlying co-morbidities with complex health and social care needs. (HCPC SOP 5, 8, 12, 13, 14).
9. Opportunities to undertake P&O assessment, interventions, and management planning, using a P&O care model which is based on recognised, contemporary theories and evidence. (HCPC SOP 5, 9, 12, 13, 14).
10. Opportunities to assess and implement identified support strategies for each individual patient in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-P&O related services. (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
11. Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support or near-peer and supervision. (HCPC SOP 4, 7, 8, 10, 11, 15).
12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels. (HCPC SOP 2, 4, 6, 7, 8).

## Professionalism cluster

### Learning Statements

A practice-based learning experience will provide learners with:

#### 1. Opportunities to communicate effectively in all aspects of the role as a prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity</b>				
1. Exhibits self-management surrounding timekeeping, clinical dress and professional appearance.	X			
2. Can build and sustain relationships with patients, carers, and members of the health care team.	X	X		X
3. Undertakes a holistic approach to care – smoking cessation/ health check/ exercise/ alcohol consumption.	X	X	X	
4. Understanding of compassion and care given through relationships based on empathy, respect, and dignity.	X			
5. Maintains appropriate relationships with colleagues/prosthetic and orthotic team.	X	X		X
6. Maintains appropriate relationships with patients and carers.	X			
7. Treats all service users with respect, upholding their rights and values.	X	X		X
8. Works in partnership with service users, carers, colleagues, and others to optimise patient care.	X	X	X	X
9. Communicates effectively in written, verbal, and non-verbal contexts at an introductory stage and throughout episodes of care with service users and makes reasonable adjustments where needed to ensure individual communication needs and preferences of service users and carers are met.	X	X		X



## Professionalism cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**2. Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development. HCPC (SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity</b>				
1. Follows ethics, values, and behaviours commensurate with becoming a health and care professional.	X	X		X
2. Engages with self-evaluation of practice through reflection and develops autonomous critical self-appraisal processes.		X	X	X
3. Can identify areas of own practice where there is scope for further development.	X	X		X
4. Demonstrate how critical thinking and critical reflection can enable improved risk management, therefore influencing safe and effective service delivery.	X		X	X
5. Recognise your contribution in a structured quality improvement project at department level and how this contributes to your development as a leader e.g. project planning, monitoring and evaluation.	X		X	X
6. Demonstrate knowledge of approaches to involving patients in healthcare improvement.	X		X	
7. Critically analysing significant events/critical incidents to identify the effect on patient outcomes.	X		X	X
8. Taking part in a service improvement project.	X		X	X

## Professionalism cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**3. Opportunities to maintain effective record-keeping in line with national and trust standards and guidelines, including GDP legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity</b>				
1. Always maintains professional conduct.	X			X
2. Uses social media and web-based materials appropriately and responsibly.	X			X
3. Applies in practice, the concepts of confidentiality and informed consent, appreciating that this extends to all mediums, including illustrative clinical records, such as photography, video and audio recordings and digital platforms.	X		X	
4. Maintains clear, accurate records and detailed records in line with university and practice-based learning provider policies and procedures.	X		X	X

### Learning Statements

A practice-based learning experience will provide learners with:

**4. Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and serviceusers (HCPC SOP 1, 2, 3, 4, 5, 10, 11).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity</b>				
1. Recognises limitations of own practice.	X		X	X
2. Takes appropriate steps to ensure clinical activity remains within the scope of practice as detailed in supporting materials such as handbooks, module descriptors, Trust policies and procedures and other forms of written guidance provided by the placement provider.	X			X
3. Ensures professional practice aligns with expectations set out in regulatory threshold standards such as the HCPC Standards of Proficiency.	X	X		X

## Professionalism cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**11. Opportunities to promote and engage in the learning of others. This could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity</b>				
1. By initiating engagement with a team you develop opportunities to have courageous conversations, sharing inspiring visions and fostering co-production principals.		X		
2. Communicating feedback from patients, relatives, carers colleagues will be useful to supervisors in planning services.	X	X	X	X
3. Supporting and motivating others within group learning by taking part in the design and delivery of a student project.	X	X	X	X
4. Communicate feedback on educational activities to peers and fellow learners.		X	X	X
5. Encourage improvement and innovation by using small group learning as an opportunity to debate and question the status quo with peers and other team members.		X	X	X
6. Recognise opportunities for contexts for change by taking part in opportunities to learn about the healthcare system, NHS policy environment, organisation and structures.		X		
7. Appreciate the organisational context for decisions by taking part in multidisciplinary team meetings and listening to patient experiences during clinical learning.	X	X	X	X
8. Evaluate impact by seeking opportunities to learn how effective service changes have been.		X	X	X
9. Works in partnership with service users, carers, colleagues, and others to optimise patient care.		X		
10. Communicates effectively in written, verbal, and non-verbal contexts at an introductory stage and throughout episodes of care with service users and makes reasonable adjustments where needed to ensure individual communication needs and preferences of service users and carers are met.	X	X		
11. Appropriate advice given to the patient e.g. self-care and lifestyle issues (e.g. smoking cessation, managing blood sugars).	X	X		
12. Provides the patient and/or carer with up-to-date verbal and written advice.	X	X	X	
13. Patients are placed at the centre of their care and ensure their full involvement through meaningful engagement, informed choice, and collaboration.	X	X		
14. Recognises and corrects misinformation the patient may hold about their condition, and the effects of this misinformation on self-care behaviours and their consequences.	X	X	X	

## Professionalism cluster

### Learning Statements

A practice-based learning experience will provide learners with:

#### 12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Focus on self</b>				
1. Appreciates that discovering own values, personality and personal drivers, can effectively contribute to building leadership capacity in the workplace.				X
2. Appreciate that by Identifying as a leader within yourself and your professional practice, you create opportunities to lead by example with your peers and fellow learners.	X	X		X
3. By reflecting on and in practice, as a leader and as a learner, you can build on your strengths and identify your weaknesses, to help inform your leadership development and to help build self-confidence.				X
4. Knowing and leveraging your strengths, boundaries and limits, helps you with being an open and accountable leader.				X
5. Demonstrate the ability to balance personal and professional roles and responsibilities, managing time effectively.	X			X
6. Demonstrate the ability to recognise manifestations of stress on self.	X			X
7. Demonstrate the ability to prioritise tasks, having realistic expectations of what can be completed by self and others.	X			X
<b>Managing services</b>				
8. Asking questions within clinical learning environments, and seeking understanding about how plans are formulated.	X			X
9. Taking personal responsibility for their designated role within the team.				X
10. Examining the potential impact of their performance.				X
<b>Improving health care services</b>				
11. Recognise your contribution in a structured quality improvement project at department level and how this contributes to your development as a leader e.g. project planning, monitoring and evaluation.			X	X
<b>Setting direction</b>				
12. Encourage improvement and innovation by using small group learning as an opportunity to debate and question the status quo with peers and other team members.				X
13. Recognise opportunities for contexts for change by taking part in opportunities to learn about the healthcare system, NHS policy environment, organisation and structures.		X		X

## Professionalism cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8) continued.**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Setting direction</b>				
14. Critically analysing appropriate information and data to determine trends.			X	X
15. Apply principles of evidence-based practice and share with peers to strengthen service provision discussions.		X		X
16. Appreciate the organisational context for decisions by taking part in multidisciplinary team meetings and listening to patient experiences during clinical learning.	X	X		X
17. Evaluate impact by seeking opportunities to learn how effective service changes have been.			X	X





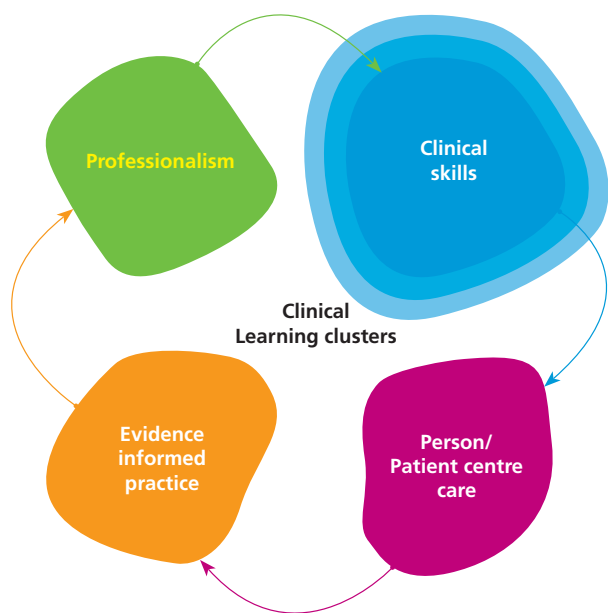


Figure 3: The four clusters of clinical learning can be applied across the four pillars of professional practice.

## Clinical Skills cluster

1. Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role. (HCPC SOP 4, 7, 8).
2. Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development. (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
3. Opportunities to maintain effective record-keeping in line with national and Trust standards and guidelines, including GDPR legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
4. Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users. (HCPC SOP 1, 2, 3, 4, 5, 10, 11).
5. Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a nondiscriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their carers are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
6. Opportunities to engage in the provision of supervised core clinical P&O interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
7. Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention and control, and health and safety. (HCPC SOP 1, 7, 14).
8. Opportunities to engage in developing management plans that meet the needs of people who have a range of prosthetic and orthotic conditions, who also may have complex underlying co-morbidities with complex health and social care needs. (HCPC SOP 5, 8, 12, 13, 14).
9. Opportunities to undertake P&O assessment, interventions, and management planning, using a P&O care model which is based on recognised, contemporary theories and evidence. (HCPC SOP 5, 9, 12, 13, 14).
10. Opportunities to assess and implement identified support strategies for each individual patient in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-P&O related services. (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
11. Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support or near-peer and supervision. (HCPC SOP 4, 7, 8, 10, 11, 15).
12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels. (HCPC SOP 2, 4, 6, 7, 8).

## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**2. Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development. HCPC (SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).**

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
<b>Example activity: Clinical conduct and communication (P&amp;O)</b>				
1. Demonstrates an awareness of the requirement of using up-to-date evidence-based practice in clinical work.	X	X	X	
2. Awareness of areas for personal and professional development.	X	X	X	
3. Ensures professional practice aligns with expectations set out in regulatory threshold standards such as the HCPC Standards of Proficiency.	X	X	X	

### Learning Statements

A practice-based learning experience will provide learners with:

**4. Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 5, 10, 11).**

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
<b>Example activity</b>				
1. Recognises limitations of own practice.	X		X	X
2. Takes appropriate steps to ensure clinical activity remains within the scope of practice as detailed in supporting materials such as handbooks, module descriptors, Trust policies and procedures and other forms of written guidance provided by the placement provider.	X			X
3. Ensures professional practice aligns with expectations set out in regulatory threshold standards such as the HCPC Standards of Proficiency.	X	X		X

## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**5. Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 2, 5, 6, 7, 8).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity: Patient Assessment P&amp;O</b>				
1. Effectively gather subjective findings that may influence treatment strategies including medical and social history with informed consent (from different sources including service user, patient files and referrals).	X			
2. Effectively gather objective findings that may influence treatment strategies with informed consent (from different sources including service user, device history, patient file and referrals).	X			
3. Undertake a thorough and holistic patient assessment that considers; Pain, Ranges of Movement, Muscle Powers, leg Length Discrepancy, Skin Condition, Temperature, Sensation, Proprioception, Cognitive Function, Hand dexterity, Hygiene etc.	X			
4. Describe the principles of musculoskeletal function and locomotion in the context of different anatomical segments.	X			
5. Can undertake closed and open chain examinations and analyse gait.	X			
6. Able to accurately Record Clinical Findings in an appropriate SOAP format to HCPC and BAPO best Practice Guidelines.	X			
7. Can prepare a patient and a clinical facility for a consultation, casting session, fitting and follow up appointment as required, (including tools, files, order forms etc).	X			
<b>Clinical conduct and communication</b>				
8. Treats all service users with respect, upholding their rights and values.	X			
9. Works in partnership with service users, carers, colleagues and others to optimise patient care.	X			
10. Has a positive attitude towards clinical care, learning and development.	X			
11. Is punctual and professionally dressed.	X			
12. Communicates effectively in written, verbal, and non-verbal contexts at an introductory stage and throughout episodes of care with service users and makes reasonable adjustments where needed to ensure individual communication needs and preferences of service users and carers is met.	X			
13. Applies in practice, the concepts of confidentiality and informed consent, appreciating that this extends to all mediums, including illustrative clinical records, such as photography, video and audio recordings and digital platforms.	X			

## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**5. Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 2, 5, 6, 7, 8) continued.**

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
<b>Function Foot Orthoses (O)</b>				
14. Can describe common Foot and Ankle Conditions that may require FFOs.	X			
15. Can describe the clinical evidence base, biomechanical principles and theoretical paradigms that inform the use of FFOS.	X			
16. Recognises the different FFO options that are available to Service Users and Clinicians (off the shelf/bespoke/flatbed/FFO/TCI).	X			
17. Is aware of the different rectification and manufacturing techniques that are employed when making Bespoke FFOs (CAD/CAM, Rectified, Draped/Vacuum formed, 3D Printed).	X			
<b>Stock and Bespoke Footwear (O)</b>				
18. Can use accurate terminology and identify the different constituent parts of a shoe.	X			
19. Can describe the pathophysiology of common conditions and clinical presentations that may precipitate the need for therapeutic footwear - including complex co-morbidities and at-risk patients.	X			
20. Can identify footwear adaptations and is able to describe how footwear is manufactured.	X			
21. Recognises and can distinguish the differences between stock, modular and bespoke footwear.	X			
22. Can identify when stock footwear may be required and measure for stock footwear - selecting an appropriate last.	X			
23. Can describe the different types of material and design choices that can be made for the sole, tread, upper, linings and fastenings.	X			
<b>Stock &amp; bespoke ankle foot orthoses (O)</b>				
24. Can describe the pathophysiology of common foot and ankle conditions that may require AFOs.	X			
25. Can describe the 3 point pressure and bio-mechanical force systems that are employed within AFO prescriptions. Recognises that there are different AFO options (stock, bespoke, flexible, rigid, conventional, cosmetic etc.) that are available to service users and clinicians.	X			
26. Understands the different rectification and manufacturing techniques that are employed when making Bespoke AFOs (Draped/Vacuum formed, 3D Printed).	X			

## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**5. Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 2, 5, 6, 7, 8) continued.**

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
<b>The knee and kafos (O)</b>				
27. Can describe the pathophysiology of common conditions that may require knee orthoses.	X			
28. Can describe the mechanical force systems that are employed within the provision of knee orthoses and can discuss the evidence base behind their use.	X			
29. Is aware of the different classifications of knee orthoses (stock, bespoke, prophylactic, rehabilitative, functional, offloading, KAFOs).	X			
<b>The hip (O)</b>				
30. Can describe common conditions that may require hip orthoses.	X			
31. Can describe the mechanical treatment goals and alignment changes that are required within the provision of hip orthoses.	X			
32. Is aware of the different classifications of hip orthoses (SWASH, Pavlik Harness, HABS, SPICAs and HKAFOS).	X			
<b>Upper limb orthoses (O)</b>				
33. Can describe the pathophysiology of common conditions that may require upper limb orthoses and the evidence base behind their use.	X			
34. Can describe the pathophysiology of common conditions that may require upper limb orthoses and the evidence base behind their use.	X			
35. Is aware of the different classifications of upper limb orthoses of the fingers, hand, wrist, forearm, elbow, humerus and shoulder.	X			
<b>Compression hosiery (O)</b>				
36. Can describe the pathophysiology of common conditions that may require compression hosiery.	X			
37. Can describe the mechanical treatment goals of compression hosiery and explain the evidence base that supports their use.	X			
38. Is aware of the different classifications of compression hosiery and able to identify a complete referral inclusive of the level and class of compression required).	X			



## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**5. Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their cares are treated appropriately. (HCPC SOP 2, 5, 6, 7, 8) continued.**

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
<b>Trans-tibial prosthetics (P)</b>				
39. Can describe the basic principles of lower limb prosthetics and the causes of transtibial amputations and congenital limb absence.	X			
40. Can describe and communicate transtibial socket theory to colleagues and service users and describe up-to-date clinical practices.	X			
41. Has a good understanding of the manufacturing processes, materials and componentry used in transtibial prosthetics.	X			
42. Able to capture 3D anatomical segments accurately acknowledging the correct posture that is needed and identify all relevant anatomical landmarks (measuring, casting, scanning).	X			
43. Able to rectify 3D anatomical segments accurately based on socket design, acknowledging the correct cast work that is required (positive casts) and complete local order forms.	X			
44. Able to fit and adjust a transtibial check socket, considering safety, comfort and user function.	X			
45. Able to identify and correct alignment discrepancies and gait deviations in static and dynamic contexts.	X			

### Learning Statements

A practice-based learning experience will provide learners with:

**6. Opportunities to engage in the provision of supervised core clinical prosthetic and orthotic interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).**

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
<b>Patient assessments (P&amp;O)</b>				
1. Able to undertake a holistic assessment that acknowledges and can interpret findings to identify biomechanical and functional deficits that may require prosthetic and orthotic intervention.	X			
2. Able to communicate effectively to understand and gather pertinent information to inform decisions about suitable prosthetic and orthotic Interventions.	X			
3. Able to undertake functional and diagnostic testing to understand biomechanical, neurological and physical deficits of different anatomical segments (Jacks, Silverskiold, DSHR, Ashworth Scale, Lachman's Test, Thomas Test, 10g Monofilament etc).	X			

## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

#### 6. Opportunities to engage in the provision of supervised core clinical prosthetic and orthotic interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14) continued.

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
4. Able to accurately and appropriately formulate treatment plans based on findings, considering user perception and user needs, health and safety and the appropriate biomechanical principles to be employed.	X			
<b>Clinical conduct and communication (P&amp;O)</b>				
5. Able to effectively communicate with service users during assessment appointments to gather pertinent information.	X			
6. Able to effectively communicate during scanning and casting procedures, to explain processes and intended outcomes.	X			
7. Awareness of the importance of asking for assistance when required and knowing the limitations of their scope of practice (as a student and an MDT participant).	X			
8. Able to effectively communicate at fitting and follow up appointments (explaining how devices should be worn, cared for and used).	X			
<b>FFOs (O)</b>				
9. Able to make appropriate recommendations and design prescriptions for service users based on subjective and objective findings.	X			
10. Able to accurately order and capture all required information to produce/order stock/off the shelf and bespoke devices (able to complete local order forms).	X			
11. Able to capture 3D anatomical segments accurately acknowledging the correct posture that is needed (anatomical landmark location, casting, foam impression boxes, scanning).	X			
12. Identifies the material properties and design features that could be incorporated into different clinical FFO scenarios (posting, padding, recesses, skives, topcoats etc).	X			
<b>Stock &amp; bespoke footwear (O)</b>				
13. Able to appropriately identify and interpret when modular and bespoke footwear may be indicated based on presentation.	X			
14. Can interpret measurements to make appropriate decisions about using modular lasts with appropriate additions or bespoke devices as required.	X			
15. Able to effectively draft and measure for bespoke footwear and can communicate the principles and evidence bases behind therapeutic footwear provision to service users and colleagues.	X			

## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

#### 6. Opportunities to engage in the provision of supervised core clinical prosthetic and orthotic interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14) continued.

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
16. Identifies the material properties and design features that could be incorporated into different clinical footwear scenarios (stiffeners, raises, cradles, sole units, floats, elongations etc).	X			
17. Able to accurately capture 3D segment data and accurately complete an order for bespoke footwear (scanning, casting, anatomical landmarks, and other relevant data - including vertical alignment lines).	X			
<b>FFOs (O)</b>				
18. Can describe the different types of material and design choices that can be made for the sole, tread, upper, linings and fastenings.	X			
<b>Stock &amp; bespoke ankle foot orthoses (O)</b>				
19. Able to make appropriate recommendations and design/implement prescriptions for service users.	X			
20. Able to appropriately complete order forms and capture all required information to order stock devices. (sizes and measurements).	X			
21. Able appropriately order bespoke AFOs, accurately capturing 3D anatomical segments, acknowledging the correct posture that is needed and identifying relevant anatomical landmarks (casting, scanning).	X			
22. Identifies the material properties/choices and design features that maybe incorporated in different clinical AFO designs (trimlines, padding, strapping, posting, anterior shells, hinges etc).	X			
23. Able to interpret and analyse neurological gait patterns and apply principles of AFO optimisation/tuning in gait - providing care that is evidence based.	X			
24. Able to recruit and utilise neurological orthoses designs in the management of gait disorders, if appropriate.	X			
<b>The knee and kafos(O)</b>				
25. Identifies the material properties/choices and design features that maybe incorporated in different clinical knee interventions - including conventional and cosmetic KAFOs.	X			
26. Able to capture 3D anatomical segments accurately acknowledging the correct posture that is needed and complete order forms for knee orthoses (measurements, side, size -varus/valgus offloading).	X			

## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

#### 6. Opportunities to engage in the provision of supervised core clinical prosthetic and orthotic interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14) continued.

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
27. Able to order and accurately capture all information, including 3D anatomical segments (acknowledging the correct posture that is needed) for KAFOS (drafts, measurements, anatomical landmarks, casts).	X			
28. Can identify and use appropriate knee joints, ankle sections and side members in KAFO provision, based on weight, activity level, device design and user requirements.	X			
29. Can identify and use appropriate thigh sections, incorporating suitable weight transfer mechanisms in the provision of weight bearing and non-weight bearing KAFOs. Can also incorporate the use of knee trays in cosmetic and conventional devices.	X			
<b>The hip (O)</b>				
30. Able to capture and measure 3D anatomical segments accurately acknowledging the correct posture that is needed (circumferences lengths, measures, and casts).	X			
31. Identifies the material properties/choices and design features that maybe incorporated in different clinical hip orthosis designs.	X			
32. Can correctly complete order forms, for hip orthoses.	X			
<b>The spine (O)</b>				
33. Can describe common conditions that may require spinal orthoses.	X			
34. Can describe the 3-column concept and the mechanical force systems that are employed within the provision of spinal orthoses.	X			
35. Is aware of the different classifications of spinal orthoses (bespoke, off-the-shelf, hard, soft, cervical, thoracic, lumbar, sacral).	X			
36. Identifies the material properties/choices and design features that maybe incorporated in different spinal interventions.	X			
37. Can identify and prescribe suitable device based on level of deficit and spinal stability of a service user, using existing evidence bases (CO, CTO, CTLSO, TLSO, LSO -Bespoke/Off the shelf).	X			
38. Able to capture 3D anatomical segments accurately acknowledging the correct posture that is needed, with scans, casts and or measures (for off-the-shelf and bespoke Spinal devices).	X			
39. Can identify and utilise appropriate design features in the provision of conventional corsetry (such as steels, bones, darts, fulcrums and apertures for colostomies).	X			

## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

#### 6. Opportunities to engage in the provision of supervised core clinical prosthetic and orthotic interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14) continued.

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Upper limb orthoses (O)</b>				
40. Able to produce orders and capture and measure 3D anatomical segments accurately, acknowledging the correct posture that is needed and identify anatomical landmarks where necessary (for measures, casts, scans) – in the provision of upper limb orthoses.	X			
41. Identifies the material properties/choices and design features that maybe incorporated in different clinical upper limb orthoses.	X			
<b>The head (O)</b>				
42. Can describe the pathophysiology of common conditions that may require cranial orthoses.	X			
43. Is aware of the different classifications of cranial orthoses (Bespoke/Off the Shelf).	X			
44. Able to capture and measure 3D anatomical segments accurately acknowledging the correct postural support that is needed (measures, casts, scans) and complete order forms.	X			
45. Identifies the material properties/choices and design features that maybe incorporated in different cranial orthoses.	X			
<b>Compression hosiery (O)</b>				
46. Able to capture and measure 3D anatomical segments accurately acknowledging the correct and intimate fit that is needed - and appropriately selecting bespoke and off the shelf devices as needed.	X			
47. Identifies the material properties/choices and design features that maybe incorporated in different clinical compression hosiery - paying consideration to donning (open-toe, zips etc).	X			
48. Can correctly complete order forms for compression hosiery.	X			
<b>Trans-femoral prosthetics (P)</b>				
49. Can describe the basic principles of lower limb prosthetics and the causes of transfemoral amputations.	X			
50. Can describe and communicate transfemoral socket theory and loading principles to colleagues and service users and describe up to date clinical practices.	X			
51. Has a good understanding of the manufacturing processes, materials and componentry used in transfemoral prosthetics.	X			



## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

#### 6. Opportunities to engage in the provision of supervised core clinical prosthetic and orthotic interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14) continued.

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
52. Able to capture 3D anatomical segments accurately acknowledging the correct posture that is needed and identify all relevant anatomical landmarks (measuring, casting, scanning).	X			
53. Able to capture 3D anatomical segments, accurately using a variety of techniques (hand-casting, scanning, brims).	X			
54. Able to rectify 3D anatomical segments accurately based on socket design, acknowledging the correct cast work that is required.	X			
55. Able to fit and adjust a transfemoral check sockets, considering safety, comfort and user function.	X			
<b>Trans-radial prosthetics (P)</b>				
56. Can describe the basic principles of upper limb prosthetic rehabilitation and the causes of transradial amputations and congenital limb absence.	X			
57. Can describe and communicate transradial socket theory and suspension principles to colleagues and service users and describe up-to-date clinical practices.	X			
58. Has a good understanding of the manufacturing processes, materials and componentry used in trans radial prosthetics.	X			
59. Able to capture 3D anatomical segments accurately acknowledging the correct posture that is needed and identify anatomical landmarks (measuring, casting, scanning).	X			
60. Able to rectify 3D anatomical segments accurately based on socket design, acknowledging the correct cast work that is required.	X			
61. Able to suitably prescribe sockets to trans radial users - selecting appropriate materials (considering user requirements, safety, activity levels and cognitive function of user).	X			
62. Able to suitably prescribe terminal devices to trans radial users - (considering user requirements, safety, activity levels and cognitive function of user) (body powered, cosmetic and myo-electric devices).	X			
<b>Trans-humeral prosthetics (P)</b>				
63. Can describe the basic principles of upper limb rehabilitation and the causes of trans humeral amputations. Can effectively trial fit trans-humeral sockets and prosthesis, adjusting alignment and components as required.	X			
64. Can describe and communicate trans-humeral socket theory and loading principles to colleagues and service users and describe up-to-date clinical Practices.	X			

## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

#### 6. Opportunities to engage in the provision of supervised core clinical prosthetic and orthotic interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14) continued.

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
65. Can effectively trial supply trans-humeral sockets and prosthesis, adjusting alignment and components as required and offering full instruction on safe use.	X			
66. Has a good understanding of the manufacturing processes, materials and componentry used in trans humeral Prosthetics.	X			
67. Can effectively review and adjust trans-humeral sockets and prosthesis, adjusting alignment and components as required - to ensure function and safety.	X			
68. Able to capture 3D anatomical segments accurately acknowledging the correct posture that is needed and identify anatomical landmarks (measuring, casting, scanning).	X			
69. Able to rectify 3D anatomical segments accurately based on socket design, acknowledging the correct cast work that is required.	X			
70. Able to suitably prescribe appropriate sockets to trans humeral users - selecting appropriate materials (considering user requirements, safety, activity levels and cognitive function of user).	X			
71. Able to suitably prescribe terminal devices to trans-humeral users - aware of the advantages and disadvantages of body powered and myo-electric devices.	X			
<b>Disarticulations, paediatrics, Symes and sports (P)</b>				
72. Describe and interpret the principles of ankle disarticulation and prosthetic provision for symes service users.	X			
73. Assess, cast for, rectify, and fit a symes/partial foot prosthesis.	X			
74. Describe and interpret the principles of knee disarticulation amputations and prosthetic provision for knee articulation service users.	X			
75. Assess, cast for, rectify, and fit knee disarticulation prosthesis.	X			
76. Describe and interpret the principles of hip disarticulation amputations and prosthetic provision for hip disarticulation service users.	X			
77. Assess, cast for, rectify and fit hip disarticulation prosthesis.	X			
78. Describe and interpret the principles of partial foot amputations and prosthetic provision for partial foot service users.	X			
79. Describe and evaluate the use of high-definition silicone in prosthetic service provision.	X			
80. Describe and interpret the principles of prosthetic service provision in the context of sports and paediatric prosthetics.	X			

## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**7. Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention and control and health and safety (HCPC SOP 1, 7, 14).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity: Health and Safety</b>				
1. Always ensures the safety of the workplace and clinical environment for Service Users and Colleagues (in the context of HCPC, BAPO and HSE guidelines and government legislation).	X		X	
2. Always demonstrates good practice around Infection control and the impacts of risk assessments on clinical practice (PPE, Hand Hygiene).	X			
3. Has completed mandatory clinical training (CPR and safe moving and handling).	X		X	
4. Always considers the health and safety of service users when discussing treatment plans.	X			
5. Considers the health and safety of service users when capturing clinical data and undertaking casting procedures at all times.	X			

### Learning Statements

A practice-based learning experience will provide learners with:

**8. Opportunities to engage in developing management plans that meet the needs of people who have a range of prosthetic and orthotic conditions, who also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 8, 12, 13, 14).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity: Patient assessments (P&amp;O)</b>				
1. Able to discuss rehabilitation goals and the potential limitations of treatment plans with service users. Also, able to engage with issues around the care and comfort of (and compliance with) devices.	X			
2. Able to discuss the limitations of Prosthetic/Orthotic Intervention in the context of scope of practice and the MDT approach to healthcare.	X			
3. Can advise service users regarding onward referral, discharge pathways and follow up processes after assessments and episodes of care.	X			

## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**9. Opportunities to undertake prosthetic/orthotic, interventions, and management planning, using a P&O care model which is based on recognised theories and evidence. (HCPC SOP 9, 12, 13, 14).**

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
<b>Example activity: The knee and KAFOS (O)</b>				
1. Can effectively trial fit KAFOs, making suitable adjustments to the alignment, calf and thigh (as required) for finishing.	X			
2. Can effectively supply and fit knee orthoses, with suitable instruction given on safe use, donning and doffing.	X			
3. Can effectively review knee orthoses and KAFOs, ensuring their safety and efficacy for service users.	X			
<b>Health and safety (P&amp;O)</b>				
4. Considers the health and safety of service users when designing and prescribing devices, with particular attention paid to safety, fit, function, comfort, and tissue viability, at all times.	X			
5. Considers the health and safety of service users when supplying devices and advising users on how to use safely use and care for a device, with particular attention paid to safety, fit, function, comfort, and tissue viability.	X			
<b>Clinical conduct and communication (P&amp;O)</b>				
6. Is aware of and can describe the roles and expertise of other professionals within the Multi-Disciplinary Team.	X			
7. Can engage with other team members and participate and collaborate within an MDT environment and work closely with other AHPs and professionals (as well as deferring onto others as required).	X			
<b>FFOs (O)</b>				
8. Can effectively supply and fit FFOS to footwear, giving detailed and suitable instruction on safe use, along with footwear advice/education for the service user, if required.	X			
9. Able to review and adjust FFOs to maximise their mechanical and clinical function at the point of supply and/or follow up.	X			
10. Can effectively trial fit footwear, making suitable and holistic adjustments and decisions with respect to the last, uppers and sole unit (as required) for finishing.	X			
11. Can effectively supply footwear, with suitable instruction given on use, along with care, dosage, and maintenance/repair instructions.	X			
12. Can effectively review pre-existing footwear and recently issued footwear - and identify and implement further areas for functional and biomechanical improvements.	X			

## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**9. Opportunities to undertake prosthetic/orthotic, interventions, and management planning, using a P&O care model which is based on recognised theories and evidence. (HCPC SOP 9, 12, 13, 14) continued.**

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
<b>Stock and bespoke footwear (O)</b>				
13. Can effectively and safely supply and fit AFOS to services users and footwear, with suitable instruction given on safe use, along with footwear education, if required.	X			
14. Able to review and adjust AFOs to maximise their mechanical and clinical function at the point of supply or follow up (tuning, trimlines, rigidity and flexibility).	X			
<b>The knee and KAFOS (O)</b>				
15. Can effectively trial fit KAFOS, making suitable adjustments to the alignment, calf and thigh (as required) for finishing.	X			
16. Can effectively supply and fit knee orthoses, with suitable instruction given on safe use, donning and doffing.	X			
17. Can effectively review knee orthoses and KAFOS, ensuring their safety and efficacy for service users.	X			
<b>The hip (O)</b>				
18. Can effectively supply and fit hip orthoses, with suitable instruction given on safe use.	X			
19. Can effectively review hip orthoses, ensuring their safety and efficacy for service users.	X			
20. Can effectively assess for, cast for, fit, supply and review HKAFOs - in the context of neurological lesions.	X			
<b>The spine (O)</b>				
21. Can effectively supply and fit ppinal orthoses, with suitable instruction given on safe use - to patients and other MDT members in the context of in-patients.	X			
22. Can effectively review spinal orthoses, ensuring their safety and efficacy for service users.	X			
23. Can effectively assess for, cast, supply and fit specialist spinal orthoses, (to treat Scoliosis) - with suitable instruction given on safe use and dosage.	X			
<b>Upper limb orthoses (O)</b>				
24. Can effectively supply and fit upper limb orthoses, with suitable instruction given on safe use and dosage.	X			
25. Can effectively review upper limb orthoses, ensuring their safety and efficacy for service users.	X			

## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**9. Opportunities to undertake prosthetic/orthotic, interventions, and management planning, using a P&O care model which is based on recognised theories and evidence. (HCPC SOP 9, 12, 13, 14) continued.**

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
<b>The head (O)</b>				
26. Can effectively supply and fit a cranial orthosis, with suitable instruction given on safe use.	X			
27. Can effectively review cranial orthosis, ensuring their safety and efficacy for service users.	X			
<b>Compression hosiery (O)</b>				
28. Can effectively supply and fit compression hosiery, with suitable instruction given on safe use and donning.	X			
29. Can effectively review compression hosiery, ensuring their safety and efficacy for service users.	X			
30. Can effectively prescribe and use principles of compression to treat other disorders (burns, lymphoedema and lycrain neurological settings).	X			
<b>Trans-tibial prosthetics (P)</b>				
31. Able to suitably prescribe and utilise appropriate socket designs, materials and suspension methods for trans-tibial service users (considering safety, user requirements, activity levels and cognitive function of user).	X			
32. Able to suitably prescribe prosthetic feet to trans-tibial users (considering user requirements, safety, activity levels and cognitive function of user).	X			
33. Able to suitably prescribe other prosthetic components to trans-tibial users (considering user requirements, safety, activity levels and cognitive function of user).	X			
34. Can effectively bench align and set up a trans-tibial prosthesis for trial fitting.	X			
35. Can effectively trial fit transtibial sockets and prosthesis, adjusting alignment, fit and components as required.	X			
36. Can effectively supply transtibial sockets and prosthesis, adjusting alignment and components as required and offering full instruction on safe use.	X			
37. Can effectively review and adjust transtibial sockets and prosthesis, adjusting alignment and components as required - to ensure function, fit comfort and safety.	X			



## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**9. Opportunities to undertake prosthetic/orthotic, interventions, and management planning, using a P&O care model which is based on recognised theories and evidence. (HCPC SOP 9, 12, 13, 14) continued.**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Trans-femoral prosthetics (P)</b>				
38. Able to suitably prescribe and utilise appropriate socket designs, materials and suspension methods to trans-femoral users (considering safety, activity levels, cognitive function and functional needs of the service user).				
39. Able to suitably prescribe Prosthetic feet to trans-femoral users (considering user requirements, safety, activity levels and cognitive function of user).				
40. Able to suitably prescribe prosthetic knee components to trans-femoral users (considering user requirements, safety, activity levels and cognitive function of user).				
41. Able to suitably prescribe other prosthetic components to trans-femoral users (considering user requirements, safety, activity levels and cognitive function of user).				
42. Able to identify and correct alignment discrepancies and analyse and correct Trans-Femoral gait deviations (considering safety, activity levels and cognitive function of user).				
43. Can effectively trial fit trans-femoral sockets and prosthesis, adjusting alignment and components as required, on static/bench alignment and dynamic analysis.				
44. Can effectively trial supply trans-femoral sockets and prosthesis, adjusting alignment and components as required and offering full instruction on safe use.				
45. Can effectively review and adjust trans-femoral sockets and prosthesis, adjusting alignment and components as required -to ensure fit, comfort, function and safety.				
<b>Trans-radial prosthetics (P)</b>				
46. Can effectively trial fit trans-radial sockets and prosthesis, adjusting alignment and components as required.				
47. Can effectively trial supply trans-radial sockets and prosthesis, adjusting alignment and components as required and offering full instruction on safe use.				
48. Can effectively review and adjust trans-radial sockets and prosthesis, adjusting alignment and components as required -to ensure fit, function and safety.				
<b>Trans-humeral prosthetics (P)</b>				
49. Can effectively trial fit trans-humeral sockets and prosthesis, adjusting alignment and components as required.				
50. Can effectively trial supply trans-humeral sockets and prosthesis, adjusting alignment and components as required and offering full instruction on safe use.				
51. Can effectively review and adjust trans-humeral sockets and prosthesis, adjusting alignment and components as required - to ensure function and safety.				

## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**10. Opportunities to assess and implement identified support strategies for each individual patients in a way that reflects best practice and enhances positive therapeutic outcomes. This may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-P&O related services. (HCPC SOP 4, 9, 10, 11, 12, 13, 14).**

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
<b>Example activity: Trans-humeral prosthetics (P)</b>				
1. Assess, cast for, rectify, and fit a symes/partial foot prosthesis.	X			
2. Assess, cast for, rectify, and fit knee disarticulation prosthesis.	X			
3. Assess, cast for, rectify, and fit hip disarticulation prosthesis.	X			
<b>Patient assessments (P&amp;O)</b>				
4. Aware of the psychological impact of living with a chronic condition or disability, undergoing amputation and the processes involved in prosthetic and orthotic intervention.	X			
5. Able to identify acute presentations that may require further and immediate MDT intervention elsewhere (such as active wound care and suspected Charcot arthropathy).	X		X	
6. Can advise service users regarding onward referral, discharge pathways and follow up processes after assessments and episodes of care.	X		X	

### Learning Statements

A practice-based learning experience will provide learners with:

**11. Opportunities to promote and engage in the learning of others. This could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).**

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
1. Communicating feedback from patients, relatives, carers colleagues which will be useful to supervisors in planning services.	X	X	X	X
2. Communicate feedback on educational activities to peers and fellow learners.		X	X	X
3. Appreciate the organisational context for decisions by taking part in multidisciplinary team meetings and listening to patient experiences during clinical learning.	X	X	X	X
4. Works in partnership with service users, carers, colleagues, and others to optimise patient care.		X		

## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**11. Opportunities to promote and engage in the learning of others. This could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15) continued.**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership		P1	P2	P3	P4
5.	Communicates effectively in written, verbal, and non-verbal contexts at an introductory stage and throughout episodes of care with service users and makes reasonable adjustments where needed to ensure individual communication needs and preferences of service users and carers are met.	X	X		
6.	Appropriate advice given to the patient e.g. foot self-care (nail care, emollient use), and lifestyle issues (e.g. smoking cessation, managing blood sugars).	X	X		
7.	Provides the patient and/or carer with up-to-date verbal and written advice.	X	X	X	
8.	Patients are placed at the centre of their care and ensure their full involvement through meaningful engagement, informed choice, and collaboration.	X	X		
9.	Recognises and corrects misinformation the patient may hold about their condition and the effects of this misinformation on self-care behaviours and their consequences.	X	X	X	

### Learning Statements

A practice-based learning experience will provide learners with:

**12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership		P1	P2	P3	P4
<b>Focus on self</b>					
1.	Appreciate that by Identifying as a leader within yourself and your professional practice, you create opportunities to lead by example with your peers and fellow learners.	X	X		X
2.	Demonstrate the ability to balance personal and professional roles and responsibilities, managing time effectively.	X			X
3.	Demonstrate the ability to recognise manifestations of stress on self.	X			X
4.	Demonstrate the ability to prioritise tasks, having realistic expectations of what can be completed by self and others.	X			X
<b>Working with others</b>					
5.	Demonstrate how working in a team helps you to appreciate inclusion and diversity in the context of how a team performs.	X			X

## Clinical Skills cluster

### Learning Statements

A practice-based learning experience will provide learners with:

#### 12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8) continued.

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
6. Appreciate that teamwork fosters your development as a leader by helping you to identify how difference enables you to develop an inclusive mindset.	X			X
7. By initiating engagement with a team you develop opportunities to have courageous conversations, sharing inspiring visions and fostering co-production principals.	X	X		X
8. Demonstrate the ability to take on different roles, depending on the needs of the team.	X	X		X
<b>Managing services</b>				
9. Asking questions within clinical learning environments, and seeking understanding about how plans are formulated.	X			X
10. Contributing to service audit.	X		X	X
11. Communicating feedback from patients, relatives, carers colleagues which will be useful to supervisors in planning services.	X		X	X
12. Identifying how change in resources can affect patients and their safety.	X			X
13. Questioning and challenging the use of resources in clinical and non-clinical environments.	X			X
14. Seeking opportunities to learn about NHS resource allocation principles and practices.	X			X
<b>Improving health care services</b>				
15. Demonstrate how critical thinking and critical reflection can enable improved risk management, therefore influencing safe and effective service delivery.	X		X	X
16. Recognise how multi-professional engagement of learning (e.g) presenting outcomes at a team meeting or sharing project outcomes in other forums, such as blogs, social media, and intranet forums, can spread success and build on effective improvement strategies.	X	X		X
17. Demonstrate knowledge of approaches to involving patients in healthcare improvement.	X			X
18. Demonstrate a patient focus, and consideration of patient's views when working in healthcare teams.	X			X
19. Critically analysing significant events/critical incidents to identify the effect on patient outcomes.	X			X
20. Ensuring (personal) safe practice within clinical guidelines.	X			X
<b>Setting direction</b>				
21. Appreciate the organisational context for decisions by taking part in multidisciplinary team meetings and listening to patient experiences during clinical learning.	X	X		X

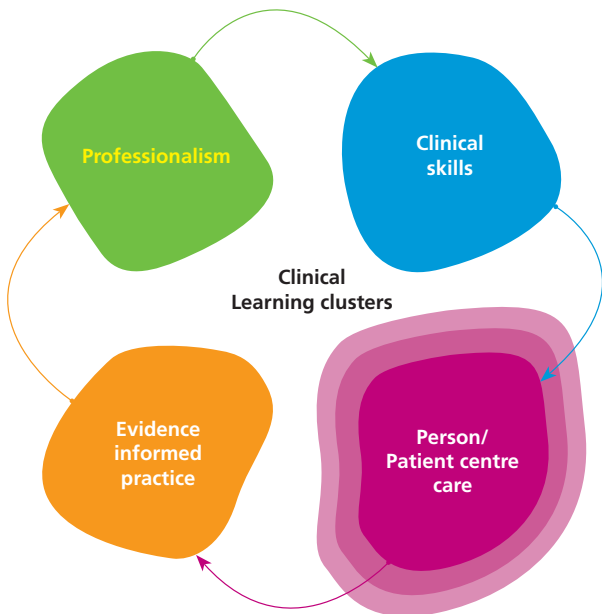


Figure 3: The four clusters of clinical learning can be applied across the four pillars of professional practice.

### Person/patient centred care cluster

1. Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role. (HCPC SOP 4, 7, 8).
2. Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development. (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
3. Opportunities to maintain effective record-keeping in line with national and Trust standards and guidelines, including GDPR legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
4. Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users. (HCPC SOP 1, 2, 3, 4, 5, 10, 11).

5. Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a nondiscriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their carers are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
6. Opportunities to engage in the provision of supervised core clinical P&O interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
7. Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention and control, and health and safety. (HCPC SOP 1, 7, 14).
8. Opportunities to engage in developing management plans that meet the needs of people who have a range of prosthetic and orthotic conditions, who also may have complex underlying co-morbidities with complex health and social care needs. (HCPC SOP 5, 8, 12, 13, 14).
9. Opportunities to undertake P&O assessment, interventions, and management planning, using a P&O care model which is based on recognised, contemporary theories and evidence. (HCPC SOP 5, 9, 12, 13, 14).
10. Opportunities to assess and implement identified support strategies for each individual patient in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-P&O related services. (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
11. Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support or near-peer and supervision. (HCPC SOP 4, 7, 8, 10, 11, 15).
12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels. (HCPC SOP 2, 4, 6, 7, 8).

## Person/patient centred care cluster

### Learning Statements

A practice-based learning experience will provide learners with:

#### 1. Opportunities to communicate effectively in all aspects of the prosthetist and orthotist learners role (HCPC SOP 4, 7, 8).

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity</b>				
1. Demonstrates and recognises the need to respect and as far as possible uphold, the rights, dignity, values, and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing.	X			
2. Recognises that patients' rights override personal/commercial considerations in the practice of prosthetics/orthotics.	X			X
3. Demonstrates sound knowledge of the principles of informed consent and applies these to all aspects of patients' treatment in line with their management plan.	X			
4. Appropriate advice given to the patient e.g. wear care of prostheses/orthosis, donning and doffing etc.	X			
5. Provides the patient and/or carer with up-to-date verbal and written advice.	X		X	
6. Communicates to the patient/carer, what is involved in prosthetic and orthotic assessment and obtains the patient's informed consent.	X		X	
7. Patients are placed at the centre of their care and ensure their full involvement through meaningful engagement, informed choice, and collaboration.	X			

### Learning Statements

A practice-based learning experience will provide learners with:

#### 4. Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and serviceusers (HCPC SOP 1, 2, 3, 4, 5, 10, 11).

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity</b>				
1. Takes appropriate steps to ensure clinical activity remains within the scope of practice as detailed in supporting materials such as handbooks, module descriptors, trust policies and procedures and other forms of written guidance provided by the placement provider.	X			X



## Person/patient centred care cluster

### Learning Statements

A practice-based learning experience will provide learners with:

#### 6. Opportunities to engage in the provision of supervised core clinical prosthetic and orthotic interventions based on assessed patient need (HCPC SOP (1, 2, 4, 5, 7, 8, 9, 12, 13, 14)).

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity</b>				
1. Recognises the role that social prescribing can have on positively benefiting treatment and intervention outcomes for patients.	X			
2. Engages with technology to support the health and wellbeing of patients.	X	X		
3. Works holistically, valuing the whole person and relevant support networks, recognising the contribution of all to enhance the clinical outcomes of individuals.	X			

### Learning Statements

A practice-based learning experience will provide learners with:

#### 10. Assess and implement identified support strategies for each patient in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-prosthetic and orthotic services (HCPC SOP 4, 9, 10, 11, 12, 13, 14).

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity</b>				
1. Recognises and corrects misinformation the patient may hold about their condition and the effects of this misinformation on self-care behaviours and their consequences.	X		X	X
2. Uses appropriate questioning to gather relevant information about the patient presenting problem(s). The medical history, medication, allergies, risk factors and surgical/trauma history.	X		X	X
3. Has an awareness of the impact of culture and social context on how the patient feels about health-related behaviours and about changing them.	X			
4. Identifies and listens to the patient's perception/s of their needs.	X			
5. Uses information gathered from the patient to plan the objective examination.	X			

## Person/patient centred care cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**11. Opportunities to promote and engage in the learning of others. This could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).**

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
1. By initiating engagement with a team you develop opportunities to have courageous conversations, sharing inspiring visions and fostering co-production principals.		X		
2. Communicating feedback from patients, relatives, carers colleagues which will be useful to supervisors in planning services.	X	X	X	X
3. Supporting and motivating others within group learning, taking part in the design and delivery of a student project.	X	X	X	X
4. Communicate feedback on educational activities to peers and fellow learners.		X	X	X
5. Encourage improvement and innovation by using small group learning as an opportunity to debate and question the status quo with peers and other team members.		X	X	X
6. Recognise opportunities for contexts for change by taking part in opportunities to learn about the healthcare system, NHS policy environment, organisation and structures.		X		
7. Appreciate the organisational context for decisions by taking part in multidisciplinary team meetings and listening to patient experiences during clinical learning.	X	X	X	X
8. Evaluate impact by seeking opportunities to learn how effective service changes have been.		X	X	X
9. Works in partnership with service users, carers, colleagues, and others to optimise patient care.		X		
10. Communicates effectively in written, verbal, and non-verbal contexts at an introductory stage and throughout episodes of care with service users and makes reasonable adjustments where needed to ensure individual communication needs and preferences of service users and carers are met.	X	X		
11. Appropriate advice given to the patient e.g. self-care and lifestyle issues (e.g. smoking cessation, managing blood sugars).	X	X		
12. Provides the patient and/or carer with up-to-date verbal and written advice.	X	X	X	
13. Patients are placed at the centre of their care and ensure their full involvement through meaningful engagement, informed choice, and collaboration.	X	X		
14. Recognises and corrects misinformation the patient may hold about their condition and the effects of this misinformation on self-care behaviours and their consequences.	X	X	X	

## Person/patient centred care cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).**

<b>Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
<b>Managing Services</b>				
1. Communicating feedback from patients, relatives, carers colleagues which will be useful to supervisors in planning services.	X		X	X
2. Identifying how change in resources can affect patients and their safety.	X			X
3. Questioning and challenging the use of resources in clinical and non-clinical environments.	X			X
4. Seeking opportunities to learn about NHS resource allocation principles and practices.	X			X
<b>Improving Health care services</b>				
5. Demonstrate how critical thinking and critical reflection can enable improved risk management, therefore influencing safe and effective service delivery.	X		X	X
6. Demonstrate knowledge of approaches to involving patients in healthcare improvement.	X			X
7. Demonstrate a patient focus, and consideration of patient's views when working in healthcare teams.	X			X
8. Critically analysing significant events/critical incidents to identify the effect on patient outcomes.	X			X
9. Ensuring (personal) safe practice within clinical guidelines.	X			X
<b>Setting Direction</b>				
10. Recognise opportunities for contexts for change by taking part in opportunities to learn about the healthcare system, NHS policy environment, organisation and structures.		X		X
11. Critically analysing appropriate information and data to determine trends.			X	X
12. Appreciate the organisational context for decisions by taking part in multidisciplinary team meetings and listening to patient experiences during clinical learning.	X	X		X
13. Evaluate impact by seeking opportunities to learn how effective service changes have been.			X	X

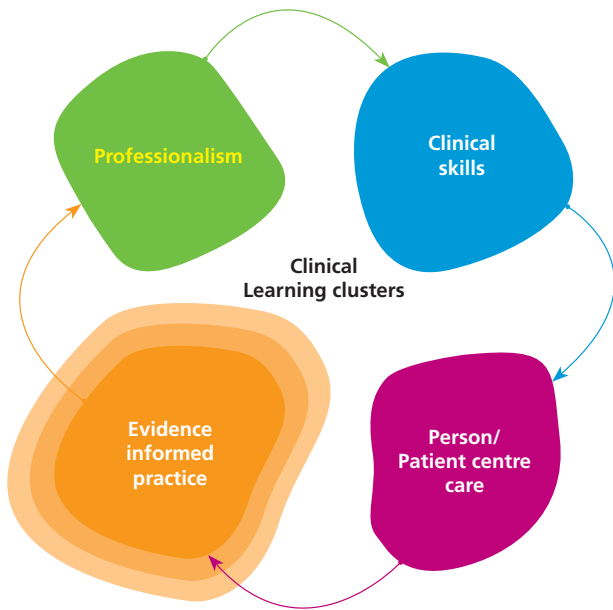


Figure 3: The four clusters of clinical learning can be applied across the four pillars of professional practice.

## Evidence informed practice cluster

1. Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role. (HCPC SOP 4, 7, 8).
2. Opportunities to use a systematic way of assessing quality assurance which enhances patient safety and assists in skills development. (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).
3. Opportunities to maintain effective record-keeping in line with national and Trust standards and guidelines, including GDPR legislation, using digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).
4. Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users. (HCPC SOP 1, 2, 3, 4, 5, 10, 11).

5. Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a nondiscriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their carers are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).
6. Opportunities to engage in the provision of supervised core clinical P&O interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).
7. Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention and control, and health and safety. (HCPC SOP 1, 7, 14).
8. Opportunities to engage in developing management plans that meet the needs of people who have a range of prosthetic and orthotic conditions, who also may have complex underlying co-morbidities with complex health and social care needs. (HCPC SOP 5, 8, 12, 13, 14).
9. Opportunities to undertake P&O assessment, interventions, and management planning, using a P&O care model which is based on recognised, contemporary theories and evidence. (HCPC SOP 5, 9, 12, 13, 14).
10. Opportunities to assess and implement identified support strategies for each individual patient in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-P&O related services. (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
11. Opportunities to promote and engage in the learning of others, this could be with patients, peers, or members of the wider healthcare team. It may include peer-to-peer or near-peer support or near-peer and supervision. (HCPC SOP 4, 7, 8, 10, 11, 15).
12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels. (HCPC SOP 2, 4, 6, 7, 8).

## Evidence informed practice cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**4. Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of lifelong learning and CPD, and uphold a commitment to provide the best care to patients and service users (HCPC SOP 1, 2, 3, 4, 10, 11).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity</b>				
1. Appreciates the role that lifelong learning occupies in maintaining safe, effective, and up-to-date practice.	X	X	X	X
2. Ensures professional practice aligns with expectations set out in regulatory threshold standards such as the HCPC Standards of Proficiency.	X	X		X

### Learning Statements

A practice-based learning experience will provide learners with:

**9. Opportunities to undertake prosthetic and orthotic assessment, interventions, and management planning, using a prosthetic and orthotic care model which is based on recognised, contemporary theories and evidence. (HCPC SOP 9, 12, 13, 14).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity</b>				
1. Can use research, reasoning, and problem-solving skills to determine appropriate actions related to the assessment, diagnosis, and management of patients under supervised care.	X	X	X	X
2. Provides prosthetic and orthotic interventions that are informed by the most recent evidence base.			X	X
3. Adheres to local, national and Trust guidelines, policies, and procedures.	X		X	
4. Develop a greater understanding of the importance of stakeholder engagement and service user and public involvement in research.	X		X	
5. Develop confidence to engage in research right from the start of the career journey.	X		X	
6. Develop a range of 'soft skills' such as communication, collaboration, networking and presenting.	X		X	X
7. Seek out opportunities to apply research knowledge to practice.	X		X	

## Evidence informed practice cluster

### Learning Statements

A practice-based learning experience will provide learners with:

**10. Opportunities to assess and implement identified support strategies for each individual patients in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information for accessing non-prosthetic and orthotic services(HCPC SOP 4, 9, 10, 11, 12, 13, 14, 15).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Example activity</b>				
1. Uses the knowledge of and engages in the critical appraisal of relevant prosthetic and orthotic and related research and evaluation methodologies to enable and facilitate evidence-informed approach to patient care.	X	X	X	X
2. Uses and is guided by recognised referral and treatment pathways in line with national and local policy and guidance.	X	X	X	X

### Learning Statements

A practice-based learning experience will provide learners with:

**12. Opportunities for participating in leadership activities, recognising that leadership is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).**

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
<b>Managing Services</b>				
1. Contributing to service audit.	X		X	X
2. Communicating feedback from patients, relatives, carers colleagues which will be useful to supervisors in planning services.	X		X	X
3. Supporting and motivating others within group learning by taking part in the design and delivery of a student project.		X	X	X
4. Participating in audit or assessment after critical event reviews.			X	X
<b>Improving Health care services</b>				
5. Demonstrate how critical thinking and critical reflection can enable improved risk management, and therefore influencing safe and effective service delivery.	X		X	X
6. Recognise your contribution in a structured quality improvement project at department level and how this contributes to your development as a leader e.g. project planning, monitoring and evaluation.			X	X
7. Taking part in a service improvement project.			X	X
<b>Setting Direction</b>				
8. Critically analysing appropriate information and data to determine trends.	X		X	
9. Evaluate impact by seeking opportunities to learn how effective service changes have been.			X	X



# Case Studies

Share your experiences by writing a case study to help others gain insight and learning. We are looking for case studies that are profession-specific and provide 'real instances' of a range of activities captured in a diverse range of learning environments during education and training.

Submit to [enquiries@BAPO.com](mailto:enquiries@BAPO.com)

## Supporting Neurodiversity in PBL

Neurodiversity is a term used to describe natural differences in the way people learn and think. Although there is no universally recognised definition of neurodiversity, the term is usually used to include autism, ADHD, dyspraxia/developmental coordination disorder (DCD), and dyslexia.

The research on the experiences of neurodivergent students and learners is limited. Notwithstanding, the evidence points to a position of disadvantage without the correct adjustments in place. Without the right support students' and learners' education attainment is likely to suffer, as well as their physical health and wellbeing (Griffin and Pollak, 2009; Young et al., 2021).

Sometimes the successful application of support is not well executed. This can be for a variety of reasons e.g., poor knowledge of staff or a reluctance to make the needed adjustments (Kendall, 2016). Under the Equality Act 2010 "reasonable adjustments" must be made by workplaces and universities to support disabled people to engage in their education without being at an avoidable disadvantage.

HEE has produced a guide to support PBL for neurodivergent students and learners. The guide has been written to increase awareness of neurodivergence in healthcare education. The authors of the guide encourage learners to seek out a diagnosis, disclose their diagnosis and be honest about the challenges they face in PBL settings. By doing this all learners can be supported appropriately enabling a positive learning experience for everyone. The guide is supported by case studies throughout. Learners and educators are encouraged to use this guide to support all learners in practice. The guide also provides key information on developing support plans and encouraging PBLspecific support plans.

The guide can be found by clicking [Guide for PBL for Neurodivergent learners](#)

## Models of PBL

There is a plethora of practice-based learning models that can deliver positive learning experiences. For example, recent challenges have led to innovation in technology-enabled care services (TECS) based opportunities.

Simulation is now recognised as a valuable addition to the PBL environment. The handbook contains resources to support different placement types such as simulated environments, TECS, new learning environments such as role emerging settings, multi students/ learner models such as peer-assisted, near-peer, and peer-to-peer learning models.

It also provides resources for PBL environments linked to the four pillars of practice such as leadership, research, and facilitating learning (see the key resources section for further information).

Click link to access the [Handbook](#)



# Support for educators

## Below are links to educator training modules that are free to access.

The first link is for a course that provides non-registered AHP assistants and support staff with training to develop their understanding of student education, and to develop their skills in supporting students and educators within their teams. During this course, users will learn about the student journey, from the beginning of their studies to qualification and how practice placements form part of their learning. The resource will also offer an understanding of what is expected from students during placement, how to give feedback to students and educators and how to recognise and support a student who may be struggling. By developing these skills, non-registered staff will be able to contribute to the delivery of Practice-Based Learning, improving the quality and capacity of placements.

## Supporting AHP Students –elearningfor healthcare (e-lfh.org.uk)

The second link takes you to a modular eLearning practice educator programme.

The aim of this training programme is to ensure a standard level of practice educator training for AHPs. Facilitate the building of quality learning environments and increase practice educator confidence to supervise learners and support them to develop their role as an educator.

<https://learninghub.nhs.uk/catalogue/ahppracticeeducatortraining>

This educator workforce strategy published in March 2023 describes seven priority areas centred around creating an educator workforce to ensure future workforce supply.

<https://www.hee.nhs.uk/sites/default/files/EducatorWorkforceStrategy.pdf>

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# Key resources to support the framework and its implementation

In this section, you will find a selection of key resources. The content is grouped under the four pillar headings to make direct links to the content of the framework. The links are placed under the 'best fit' headings although there is overlap in some areas. For example, the links for technology enhanced care could also apply in leadership settings, and some of the clinical practice links could apply in PBL settings under the other pillars.

## Leadership

<https://www.hee.nhs.uk/sites/default/files/documents/Leadership-QuickGuide-FINAL.pdf>

[https://adc.bmj.com/content/106/Suppl\\_3/A12.2](https://adc.bmj.com/content/106/Suppl_3/A12.2)

<https://london.leadershipacademy.nhs.uk/category/resources/toolkits/leadership-toolkit/>

<https://london.leadershipacademy.nhs.uk/2021/04/13/1821/>

## Maximising Leadership

<https://www.youtube.com/watch?v=J4qV6B9luKI>

## Research

[https://www.hee.nhs.uk/sites/default/files/documents/PracticeLearningv1\\_0.pdf](https://www.hee.nhs.uk/sites/default/files/documents/PracticeLearningv1_0.pdf)

## Clinical practice

[https://www.hee.nhs.uk/sites/default/files/documents/PracticeLearningv1\\_0.pdf](https://www.hee.nhs.uk/sites/default/files/documents/PracticeLearningv1_0.pdf)

<https://www.youtube.com/watch?v=dCjQNuBN1a4>

<https://www.hee.nhs.uk/our-work/allied-health-professions/increase-capacity/ahp-practice-based-learning>

Pre-registration Allied Health Professionals (AHP)

<https://www.hee.nhs.uk/our-work/allied-health-professions/increase-capacity/ahp-pre-registration-student-practice-based-learning-programme/practice-based-learning-5>

<https://www.hee.nhs.uk/our-work/allied-health-professions/increase-capacity/ahp-pre-registration-student-practice-based-learning-programme/practice-based-learning-3>

<https://www.hee.nhs.uk/our-work/allied-health-professions/increase-capacity/ahp-pre-registration-student-practice-based-learning-programme/practice-based-learning-2>

<https://www.hee.nhs.uk/our-work/allied-health-professions/increase-capacity/ahp-pre-registration-student-practice-based-learning-programme/practice-based-learning-1>

AHP Technology Enabled Care

## Facilitating Learning

Guide to Practice-Based Learning (PBL) for Neurodivergent Student

<https://aspiph.org.uk/wp-content/uploads/2017/07/standards-framework.pdf>

Guide to Practice Based Learning Students in Education

<https://onlinelibrary.wiley.com/doi/abs/10.1002/dys.383>

Griffin, Ed & Pollak, David. (2009). Student Experiences of Neurodiversity in Higher Education: Insights from the BRAINHE Project. *Dyslexia* (Chichester, England). 15. 23-41.10.1002/dys.383.

<https://www.frontiersin.org/articles/10.3389/fpsy.2021.649399/full>

Young S, Asherson P, Lloyd T, Absoud M, Arif M, Colley WA, Cortese S, Cubbin S, Doyle N, Morua SD, Ferreira-Lay P, Gudjonsson G, Ivens V, Jarvis C, Lewis A, Mason P, Newlove-Delgado T, Pitts M, Read H, van Rensburg K, Zoritch B and Skirrow C (2021) Failure of Healthcare Provision for Attention-Deficit/Hyperactivity Disorder in the United Kingdom: A Consensus Statement. *Front. Psychiatry* 12:649399. doi: 10.3389/fpsy.2021.649399

<https://www.tandfonline.com/doi/epdf/10.1080/2331186X.2016.1256142?needAccess=true&role=button>

Lynne Kendall | Bulent Tarman (Reviewing Editor) (2016) Higher education and disability: Exploring student experiences, *Cogent Education*, 3:1, DOI:10.1080/2331186X.2016.1256142