

# 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-onyear 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.

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



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 21<sup>st</sup>-century Prosthetics and Orthotics services and providing patients with the care they need in the communities we serve.



### 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.

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I Dr Nicky Eddison, Vice Chair of BAPO and Consultant Orthotist/Associate Professor
 I Sandra Sexton, Prosthetist/Orthotist and BAPO's Education and Practice Development Officer
 I Christabelle Asoluka, Prosthetist/Orthotist and BAPO's Assistant Education and Practice Development Officer

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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 21stcentury 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.

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

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



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.



### 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 pre-registration prosthetic and orthotic training and education.

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

<sup>&</sup>lt;sup>4</sup> https://www.hcpc-uk.org/standards/standards-of-proficiency

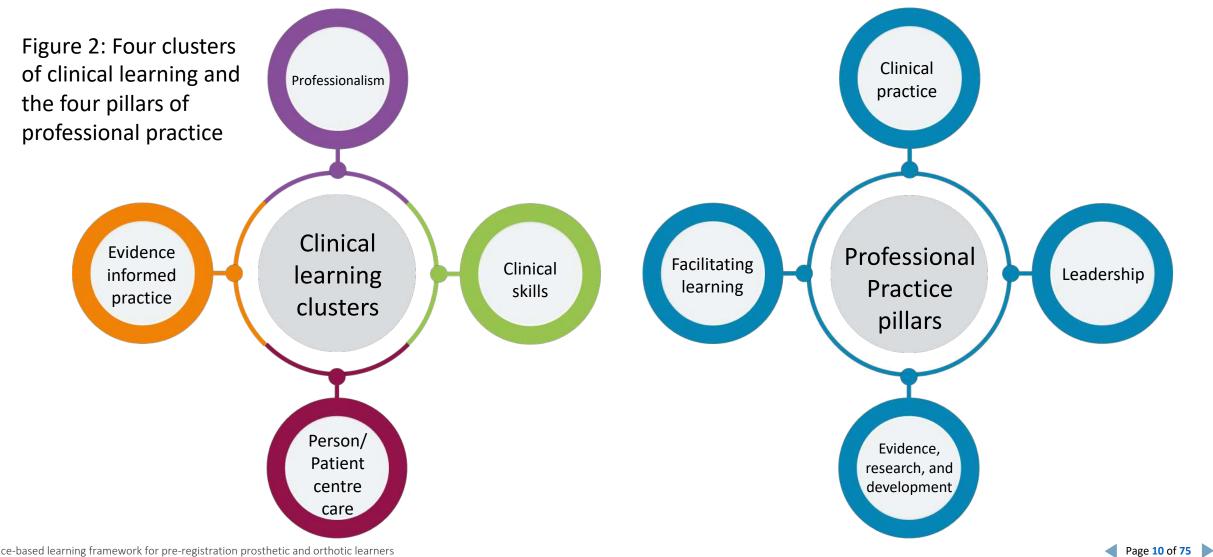
<sup>&</sup>lt;sup>5</sup> https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf



Figure 1: The four interconnected areas of the PBL framework







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





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

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

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### 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

Learning Statements		ters m ement		l to
practice-based learning experience will provide learners with:         Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).         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).         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).         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).         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	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	
	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
		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	Clus state	••	ped to	
A practice-based learning experience will provide learners with:	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	×



#### Mapped cluster and practice-based learning statements

Yey to clusters: 1. professionalism, 2. clinical skills, 3. patient/person-centred care, 4. evidence-informed practice				
Practice-Based Learning Statements	fo	lume o <sup>-</sup> each Itemen		nples
	1	2	3	4
. Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	9		7	
. 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, 12, 14, 15).	, 9, 11, <b>8</b>	3		
. Opportunities to maintain effective record keeping in line with national and Trust standards and guidelines, including GDPR legislation, using digital technological record keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11).	ology 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
. 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 treate appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).	ed	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, 1	.4).	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 assessment, infection prevention and control and health and safety (HCPC SOP 1, 7, 14).	on risk	5		
B. Opportunities to engage in developing management plans that meet the needs of people who have a range of prosthetic and orthotic conditions, who als have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).	so may	3		



#### Mapped cluster and practice-based learning statements continued

Practice-Based Learning Statements	Volume of exam for each statement		ıples	
	1	2	3	4
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 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).		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.

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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 2 enhances patient safety and assists in skills development (HCPC SOP 1, 2, 4, 8, 9, 11, 12, 14, 15).

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).

Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of

4 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).

Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a non-

- 5 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).

Opportunities to engage in the provision of supervised core clinical P&O

6 interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).

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).

Opportunities to engage in developing management plans that meet the

8 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).

Opportunities to undertake P&O assessment, interventions, and management

**9** planning, using a P&O care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).

Opportunities to assess and implement identified support strategies for each individual patient in a way that reflects best practice and enhances positive

10 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).

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).

Deportunities 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,	P1	P2	Р3	P4
P4 = Leadership					
Example activity					
1. Exhibits self-management surrounding timekeeping,	clinical dress and professional appearance.	х			
2. Can build and sustain relationships with patients, car	ers, and members of the health care team.	х	х		х
<ol> <li>Undertakes a holistic approach to care – smoking ces consumption.</li> </ol>	sation/ health check/ exercise/ alcohol	x	x	x	
4. Understanding of compassion and care given through dignity.	n relationships based on empathy, respect, and	х			
5. Maintains appropriate relationships with colleagues/	prosthetic and orthotic team.	х	х		х
6. Maintains appropriate relationships with patients and	d carers.	х			
7. Treats all service users with respect, upholding their	rights and values.	х	х		х
8. Works in partnership with service users, carers, collect	agues, and others to optimise patient care.	х	х	х	х
<ol> <li>Communicates effectively in written, verbal, and non throughout episodes of care with service users and n ensure individual communication needs and preferer</li> </ol>	nakes reasonable adjustments where needed to	x	х		х





- 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).
- 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).

Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of

4 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).

Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a non-

- 5 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).

Opportunities to engage in the provision of supervised core clinical P&O

6 interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).

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).

Opportunities to engage in developing management plans that meet the

8 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).

Opportunities to undertake P&O assessment, interventions, and management

**9** planning, using a P&O care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).

Opportunities to assess and implement identified support strategies for each individual patient in a way that reflects best practice and enhances positive

10 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).

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).

Deportunities 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:

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).

#### Mapped activity

	ars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, = Leadership	P1	P2	Р3	P4
Exa	ample activity				
1.	Follows ethics, values, and behaviours commensurate with becoming a health and care professional.	х	х		х
2.	Engages with self-evaluation of practice through reflection and develops autonomous critical self- appraisal processes.		x	x	х
3.	Can identify areas of own practice where there is scope for further development.	х	х		х
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.	х		х	
7.	Critically analysing significant events/critical incidents to identify the effect on patient outcomes.	х		х	х
8.	Taking part in a service improvement project.	х		х	х



- 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).

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).

Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of

4 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).

Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a non-

5 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).

Opportunities to engage in the provision of supervised core clinical P&O

6 interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).

Opportunities to experience and appreciate that core to patient safety is the

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10 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).

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:

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).

	ars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, = Leadership	P1	P2	Р3	P4
Exa	ample activity				
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





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).

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).

Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of

4 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).

Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a non-

- 5 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).

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**9** planning, using a P&O care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).

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### **Professionalism cluster**

#### Learning Statements

ВАР

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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).

	ars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, = Leadership	P1	P2	Р3	P4
Exa	ample activity				
1.	Recognises limitations of own practice.	х		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

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).
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12	8, 10, 11, 15). 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).

Opportunities to communicate effectively in all aspects of the prosthetic

and orthotic learners' role (HCPC SOP 4, 7, 8).

1

### **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	Р3	P4
Example activity				
1. By initiating engagement with a team, you develop opportunities to have courageous conversations, sharing inspiring visions and fostering co-production principals.		х		
2. Communicating feedback from patients, relatives, carers colleagues will be useful to supervisors in planning services.	x	x	х	x
3. Supporting and motivating others within group learning by taking part in the design and delivery of a student project.	x	х	х	x
4. Communicate feedback on educational activities to peers and fellow learners.		х	х	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.		х	х	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	х	x	x
8. Evaluate impact by seeking opportunities to learn how effective service changes have been.		х	х	x
9. Works in partnership with service users, carers, colleagues, and others to optimise patient care.		х		
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	х		



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

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6 interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).

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8 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).

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Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	Р3	Р4
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.	х	х	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	

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





1	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).
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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).
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#### Learning Statements

A practice-based learning experience will provide learners with:

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	ars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, = Leadership	P1	P2	Р3	P4
Foo	sus on self				
1.	Appreciates that discovering own values, personality and personal drivers, can effectively contribute to building leadership capacity in the workplace.				х
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	х		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.				х
4.	Knowing and leveraging your strengths, boundaries and limits, helps you with being an open and accountable leader.				х
5.	Demonstrate the ability to balance personal and professional roles and responsibilities, managing time effectively.	x			х
6.	Demonstrate the ability to recognise manifestations of stress on self.	х			х
7.	Demonstrate the ability to prioritise tasks, having realistic expectations of what can be completed by self and others.	x			х
Ma	naging services				
8.	Asking questions within clinical learning environments, and seeking understanding about how plans are formulated.	x			х
9.	Taking personal responsibility for their designated role within the team.				х
10.	Examining the potential impact of their performance.				х



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).

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### **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	Р3	P4
Improving health care services				
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
Setting direction				
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
14. Critically analysing appropriate information and data to determine trends.			х	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.			х	x







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

1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinical skill
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).	Learning Statements
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).	A practice-based learning ex 2. Opportunities to use a sy development. HCPC (SOI
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).	Pillars: P1 = Clinical Practice, P4 = Leadership
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).	<ul><li>Example activity: Clinical con</li><li>1. Demonstrates an awaren clinical work.</li></ul>
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).	<ol> <li>Awareness of areas for p</li> <li>Ensures professional pra as the HCPC Standards c</li> </ol>
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).	
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### ls cluster

experience will provide learners with:

systematic way of assessing quality assurance which enhances patient safety and assists in skills OP 1, 2, 4, 8, 9, 11, 12, 14, 15).

	lars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, = Leadership	P1	P2	Р3	P4
Exa	ample activity: Clinical conduct and communication (P&O)				
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.	х	х	x	
3.	Ensures professional practice aligns with expectations set out in regulatory threshold standards such as the HCPC Standards of Proficiency.	x	x	x	



1	and orthotic learners' role (HCPC SOP 4, 7, 8).	Cli
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).	Learr
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).	A prac 4. Opp develo patien
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).	Pillar
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).	P4 = Exan 1. F
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).	2. T
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Opportunities to communicate effectively in all aspects of the prosthetic

### Clinical skills cluster

#### Learning Statements

A practice-based learning experience will provide learners with:

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	lars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, = Leadership	P1	P2	P3	P4
Ex	ample activity				
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



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinical
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).	Learning Stateme
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).	A practice-based le 5. Opportunities to base, practising in a ensure all service us
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 non- discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to ensure all service users and their carers are	Pillars: P1 = Clinical P4 = Leadership
6	treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8). 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).	Example activity: P1. Effectively gath social history w referrals).
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).	2. Effectively gath (from different
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. Undertake a th Muscle Powers Cognitive Func
9	Opportunities to undertake P&O assessment, interventions, and management planning, using a P&O care model which is based on recognised,	4. Describe the prantomical seg
	contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).	5. Can undertake
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,	6. Able to accurat Practice Guide
	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).	7. Can prepare a appointment a
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).	Practice-based learning f

### skills cluster

#### ents

learning experience will provide learners with:

to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value a non-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to users and their carers 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	Р3	P4
Example activity: Patient Assessment P&O				
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			



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).		Clin
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).		Clin Learning
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).	5 b	A practic 5. Opport ase, prac nsure all
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).		Pillars: F P4 = Lea
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).	-	Clinical 8. Trea
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).		9. Wo 10. Has
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).		11. Is p 12. Con thro ens
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).		13. App exte
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).		Functio
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).	-	14. Can 15. Can infc 16. Rec
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).		10. Rec she 17. Is av Bes
	Opportunities for participating in leadership activities, recognising that leadership		

12 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:

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 2, 5, 6, 7, 8) continued.

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	
Clinical conduct and communication				Γ
8. Treats all service users with respect, upholding their rights and values.	х			
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			
Function Foot Orthoses (O)				
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			
ractice-based learning framework for pre-registration prosthetic and orthotic learners			age 32 of	75



clinical s anning Statements ractice-based learning poportunities to eng e, practising in a nor are all service users illars: P1 = Clinical Pr 4 = Leadership
pportunities to eng e, practising in a nor are all service users illars: P1 = Clinical Pr
tock and Bespoke For 8. Can use accurate
<ol> <li>9. Can describe the precipitate the ne</li> <li>0. Can identify footw</li> </ol>
<ol> <li>Recognises and ca</li> <li>Can identify when appropriate last.</li> </ol>
3. Can describe the upper, linings, an
tock & bespoke ankl 4. Can describe the I 5. Can describe the 3
prescriptions. Recognises that th etc.) that are avai 6. Understands the o bespoke AFOs (Dr
ctice-based learning fram

Opportunities to communicate effectively in all aspects of the prosthetic

## kills cluster

ning experience will provide learners with:

ngage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value on-discriminatory and inclusive manner, having an awareness of own values, beliefs and personal biases to and their carers are treated appropriately. (HCPC SOP 2, 5, 6, 7, 8) continued.

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development,	P1	P2	Р3	P4
P4 = Leadership				
Stock and Bespoke Footwear (O)				
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.	х			
20. Can identify footwear adaptations and is able to describe how footwear is manufactured.	х			
21. Recognises and can distinguish the differences between stock, modular and bespoke footwear.	х			
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			
Stock & bespoke ankle foot orthoses (O)				
24. Can describe the pathophysiology of common foot and ankle conditions that may require AFOs.	х			
25. Can describe the 3-point pressure and bio-mechanical force systems that are employed within AFO prescriptions.	x			
Recognises that there are different AFO options (stock, bespoke, flexible, rigid, conventional, cosmetic etc.) that are available to service users and clinicians.				
26. Understands the different rectification and manufacturing techniques that are employed when making bespoke AFOs (Draped/Vacuum formed, 3D Printed).	x			

amework for pre-registration prosthetic and orthotic learners



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clin
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).	Clin Learning
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).	A practice 5. Opport base, prac ensure all
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).	Pillars: P: P4 = Lead
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).	The knee 27. Can o
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).	28. Can o and o 29. Is aw funct
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).	The hip (
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).	31. Can o provi 32. Is aw HKAF
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).	Upper lin 33. Can d
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).	the e 34. Can o the e 35. Is aw
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). Opportunities for participating in leadership activities, recognising that leadership	elbox Compres 36. Can o Practice-base
	is a skill that all professionals can demonstrate at all lowels (LICPE COP 2.4, $C$ 7.0)	I I ACULE-DdS

### ical skills cluster

#### g Statements

ce-based learning experience will provide learners with:

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

4	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).	Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	Р4	
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	The knee and KAFOs (O)         27. Can describe the pathophysiology of common conditions that may require knee orthoses.					
6	treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8). 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,	<ul> <li>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.</li> </ul>	x x				
	13, 14). Opportunities to experience and appreciate that core to patient safety is the	29. Is aware of the different classifications of knee orthoses (stock, bespoke, prophylactic, rehabilitative, functional, offloading, KAFOs).	x				
7	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).	The hip (O)30. Can describe common conditions that may require hip orthoses.	x 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	31. Can describe the mechanical treatment goals and alignment changes that are required within the provision of hip orthoses.	x				
	also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).	32. Is aware of the different classifications of hip orthoses (SWASH, Pavlik Harness, HABs, SPICAs, and HKAFOS).	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 5, 9, 12, 13, 14).	Upper limb orthoses (O)					
	Opportunities to assess and implement identified support strategies for each	33. Can describe the pathophysiology of common conditions that may require upper limb orthoses and the evidence base behind their use.	X				
10	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	34. Can describe the pathophysiology of common conditions that may require upper limb orthoses and the evidence base behind their use.	x				
	for accessing non-P&O related services. (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).	35. Is aware of the different classifications of upper limb orthoses of the fingers, hand, wrist, forearm, elbow, humerus, and shoulder.	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	Compression hosiery (O)					
	peer-to-peer or near-peer support or near-peer and supervision (HCPC SOP 4, 7, 8, 10, 11, 15). Opportunities for participating in leadership activities, recognising that leadership	36. Can describe the pathophysiology of common conditions that may require compression hosiery.	x				
12	is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).	Practice-based learning framework for pre-registration prosthetic and orthotic learners		Pa	age <mark>34</mark> of	75	



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clir
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).	Learnir
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).	A practi 5. Oppo base, pra ensure a
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).	Pillars: P4 = Le
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).	37. Car tha 38. Is a
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).	incl Trans-t 39. Car
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).	anc 40. Car up-
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).	41. Has trar 42. Abl and
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).	43. Abl cas 44. Abl
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).	45. Abl cor
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). Opportunities for participating in leadership activities, recognising that leadership	Practice-ba

12 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:

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 2, 5, 6, 7, 8) continued.

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development,	P1	P2	Р3	P4
P4 = Leadership				
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			
Trans-tibial prosthetics (P)	x			
39. Can describe the basic principles of lower limb prosthetics and the causes of transtibial amputations and congenital limb absence.	х			
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).				
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.	х			
45. Able to identify and correct alignment discrepancies and gait deviations in static and dynamic contexts.	х			



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	C	linical skills
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).	Lea	arning Statements
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).	6. C	ractice-based learning exp Opportunities to engage in need. (HCPC SOP 1, 2, 4, 5,
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).		lars: P1 = Clinical Practice, P = Leadership
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).	<b>Pa</b>	tient assessments (P&O) Able to undertake a holist biomechanical and function
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).	2.	Able to communicate effe about suitable prosthetic
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).	4.	physical deficits of differen Lachman's Test, Thomas T Able to accurately and app
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).		perception and user need employed. nical conduct and commun
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).	5. 6.	Able to effectively communication pertinent information. Able to effectively communication outcomes.
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).	7.	Awareness of the importation the scope of practice (as
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).	0.	be worn, cared for, and u
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).	Pract	ice-based learning framework for

### s cluster

xperience will provide learners with:

n the provision of supervised core clinical prosthetic and orthotic interventions based on assessed patient 5, 7, 8, 9, 12, 13, 14).

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	Р3	P4
Patient assessments (P&O)				
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).	×			
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			
Clinical conduct and communication (P&O)				
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			
		•		



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinica
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).	Learning Staten
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).	A practice-based 6. Opportunities need. (HCPC S
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).	Pillars: P1 = Clini P4 = Leadership
	Opportunities to engage in supervised contemporary prosthetic and orthotic	FFOs (O)
5	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).	9. Able to make subjective ar
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,	10. Able to accu bespoke dev
	13, 14). Opportunities to experience and appreciate that core to patient safety is the	11. Able to capt needed (ana
7	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).	12. Identifies the clinical FFO
•	Opportunities to engage in developing management plans that meet the needs of people who have a range of prosthetic and orthotic conditions, who	Stock & bespoke
8	also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).	13. Able to appr based on pre
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).	14. Can interpre appropriate
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,	15. Able to effect evidence bas
10	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).	16. Identifies the footwear sce
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)	17. Able to accur (scanning, ca
12	8, 10, 11, 15). Opportunities for participating in leadership activities, recognising that leadership	Practice-based learning

12 is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8)

### l skills cluster

#### ements

ed learning experience will provide learners with:

es to engage in the provision of supervised core clinical prosthetic and orthotic interventions based on assessed patient 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
FFOs (O)				
<ol> <li>Able to make appropriate recommendations and design prescriptions for service users based on subjective and objective findings.</li> </ol>	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, top covers etc).	x			
Stock & bespoke footwear (O)				
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			
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			
ractice based learning framework for pre-registration prosthetic and orthotic learners			2000 <b>27</b> 0	

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1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinical
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).	Learning Statem
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).	A practice-based 6. Opportunities t need. (HCPC SC
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).	Pillars: P1 = Clinic P4 = Leadership
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).	FFOs (O) 18. Can describe upper, linings
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).	Stock & bespoke
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).	20. Able to appro devices. (sizes 21. Able to appro acknowledgir
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).	(casting, scan 22. Identifies the clinical AFO d 23. Able to interp
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).	optimisation/ 24. Able to recru
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).	if appropriate The knee and KAI 25. Identifies the clinical knee i
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).	26. Able to captur and complete
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).	Practice-based learning

### skills cluster

#### ments

l learning experience will provide learners with:

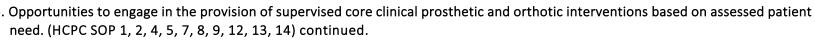
s to engage in the provision of supervised core clinical prosthetic and orthotic interventions based on assessed patient SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14) continued.

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	Р3	Ρ4
FFOs (O)				
18. Can describe the different types of material and design choices that can be made for the sole, tread, upper, linings, and fastenings.	x			
Stock & bespoke ankle foot orthoses (O)				
19. Able to make appropriate recommendations and design/implement prescriptions for service users.	х			
20. Able to appropriately complete order forms and capture all required information to order stock devices. (sizes and measurements).	x			
21. Able to 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).	х			
23. Able to interpret and analyse neurological gait patterns and apply principles of AFO optimisation/tuning in gait - providing care that is evidence based.	х			
24. Able to recruit and utilise neurological orthosis designs in the management of gait disorders, if appropriate.	x			
The knee and KAFOs (O)				
25. Identifies the material properties/choices and design features that maybe incorporated in different clinical knee interventions - including conventional and cosmetic KAFOs.	х			
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			



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinical skills alu
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).	Clinical skills clu Learning Statements
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).	A practice-based learning experience v 6. Opportunities to engage in the prov need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9,
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).	Pillars: P1 = Clinical Practice, P2 = Facilit P4 = Leadership
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	27. Able to order and accurately captur (acknowledging the correct posture landmarks, casts).
	treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8). Opportunities to engage in the provision of supervised core clinical P&O	28. Can identify and use appropriate kind based on weight, activity level, dev
6	interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).	29. Can identify and use appropriate the provision of weight bearing and
7	Opportunities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, observing clinical guidelines	trays in cosmetic and conventional
/	on risk assessment, infection prevention and control, and health and safety (HCPC SOP 1, 7, 14).	The hip (O)
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	30. Able to capture and measure 3D ar that is needed (circumferences leng
	social care needs (HCPC SOP 5, 8, 12, 13, 14).	31. Identifies the material properties/c clinical hip orthosis designs.
9	Opportunities to undertake P&O assessment, interventions, and management planning, using a P&O care model which is based on recognised,	32. Can correctly complete order form
	contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14). Opportunities to assess and implement identified support strategies for each	The spine (O)
10	individual patient in a way that reflects best practice and enhances positive	33. Can describe common conditions t
10	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).	<ul> <li>33. Can describe common conditions t</li> <li>34. Can describe the 3-column concept provision of spinal orthoses.</li> </ul>
10	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	34. Can describe the 3-column concept

uster e will provide learners with:



Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	Р3	Ρ4
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			
The hip (O)				
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			
The spine (O)				
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, lumber, sacral).	x			
Practice-based learning framework for pre-registration prosthetic and orthotic learners		• P	Page 39 of	f 75 🕨



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1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinical skills cluste
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).	Learning Statements
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).	<ul> <li>A practice-based learning experience will pro</li> <li>6. Opportunities to engage in the provision o need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13</li> </ul>
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).	Pillars: P1 = Clinical Practice, P2 = Facilitating L P4 = Leadership
_	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,	36. Identifies the material properties/choices spinal interventions.
5	beliefs and personal biases to ensure all service users and their carers are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).	37. Can identify and prescribe suitable device using existing evidence bases (CO, CTO, C
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).	38. Able to capture 3D anatomical segments a with scans, casts, and or measures (for of
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	39. Can identify and utilise appropriate design steels, bones, darts, fulcrums, and apertu
	(HCPC SOP 1, 7, 14).	Upper limb orthoses (O)
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).	40. Able to produce orders and capture and r the correct posture that is needed and ide casts, scans) – in the provision of upper lin
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).	41. Identifies the material properties/choices clinical upper limb orthoses.
		The head (O)
	Opportunities to assess and implement identified support strategies for each	
10	individual patient in a way that reflects best practice and enhances positive therapeutic outcomes, this may include activities such as social prescribing,	42. Can describe the pathophysiology of com
10	individual patient in a way that reflects best practice and enhances positive	
10 11	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	42. Can describe the pathophysiology of com

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rovide learners with:

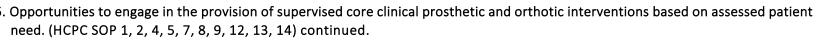
of supervised core clinical prosthetic and orthotic interventions based on assessed patient .3, 14) continued.

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development,	P1	P2	Р3	P4
P4 = Leadership				
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).	х			
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			
Upper limb orthoses (O)				
40. Able to produce orders and capture and measure 3D anatomical segments accurately, acknowledging the correct posture that is needed and identify anatomical landmarks were 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			
The head (O)				
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			



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinical skills clu
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).	Learning Statements
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).	<ul> <li>A practice-based learning experience</li> <li>6. Opportunities to engage in the proneed. (HCPC SOP 1, 2, 4, 5, 7, 8, 9)</li> </ul>
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).	Pillars: P1 = Clinical Practice, P2 = Faci P4 = Leadership
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,	45. Identifies the material properties cranial orthoses.
5	beliefs and personal biases to ensure all service users and their carers are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).	Compression hosiery (O)
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,	46. Able to capture and measure 3D intimate fit that is needed - and a
	13, 14). Opportunities to experience and appreciate that core to patient safety is the	47. Identifies the material properties clinical compression hosiery -pay
7	ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention and control, and health and safety	48. Can correctly complete order for
	(HCPC SOP 1, 7, 14).	Trans-femoral prosthetics (P)
8	Opportunities to engage in developing management plans that meet the needs of people who have a range of prosthetic and orthotic conditions, who	49. Can describe the basic principles of
0	also may have complex underlying co-morbidities with complex health and social care needs (HCPC SOP 5, 8, 12, 13, 14).	50. Can describe and communicate t
9	Opportunities to undertake P&O assessment, interventions, and management planning, using a P&O care model which is based on recognised,	service users and describe up to a 51. Has a good understanding of the
	contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).	transfemoral prosthetics.
10	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	52. Able to capture 3D anatomical se and identify all relevant anatomic
	for accessing non-P&O related services. (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).	53. Able to capture 3D anatomical se scanning, brims).
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	54. Able to rectify 3D anatomical seg
	peer-to-peer or near-peer support or near-peer and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).	cast work that is required.
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).	Practice-based learning framework for pre-regi

**Statements** ce-based learning experience will provide learners with:



Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
45. Identifies the material properties/choices and design features that maybe incorporated in different cranial orthoses.	x			
Compression hosiery (O)				
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.	х			
Trans-femoral prosthetics (P)				
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.	х			
51. Has a good understanding of the manufacturing processes, materials and componentry used in transfemoral prosthetics.	x			
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			
ractice-based learning framework for pre-registration prosthetic and orthotic learners	1	F	age <mark>41</mark> o	f 75



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinical skills of
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).	Clinical skills cl Learning Statements
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).	<ul> <li>A practice-based learning experience</li> <li>6. Opportunities to engage in the princed. (HCPC SOP 1, 2, 4, 5, 7, 8, 9)</li> </ul>
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).	Pillars: P1 = Clinical Practice, P2 = Fac P4 = Leadership
	Opportunities to engage in supervised contemporary prosthetic and orthotic	55. Able to fit and adjust a transfem
5	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	Trans-radial prosthetics (P)
	treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).	56. Can describe the basic principles amputations and congenital limb
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).	57. Can describe and communicate service users and describe up-to
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	58. Has a good understanding of the trans-radial prosthetics.
	(HCPC SOP 1, 7, 14). Opportunities to engage in developing management plans that meet the	59. Able to capture 3D anatomical s and identify anatomical landmar
8	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).	60. Able to rectify 3D anatomical sec cast work that is required.
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).	61. Able to suitably prescribe socket user requirements, safety, activi
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	62. Able to suitably prescribe termir safety, activity levels, and cognit devices).
	for accessing non-P&O related services. (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).	Trans-humeral prosthetics (P)
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).	63. Can describe the basic principles amputations. Can effectively tria components as required.
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).	Practice-based learning framework for pre-reg

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nce will provide learners with:

provision of supervised core clinical prosthetic and orthotic interventions based on assessed patient , 9, 12, 13, 14) continued.

P4 = Leadership			
55. Able to fit and adjust a transfemoral check sockets, considering safety, comfort and user function.	х		
Trans-radial prosthetics (P)			
56. Can describe the basic principles of upper limb prosthetic rehabilitation and the causes of trans-radial amputations and congenital limb absence.	x		
57. Can describe and communicate Trans-radial 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.	х		
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		
Trans-humeral prosthetics (P)			
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		



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinical skills c
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).	Learning Statements
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).	A practice-based learning experien 6. Opportunities to engage in the p need. (HCPC SOP 1, 2, 4, 5, 7, 8
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).	Pillars: P1 = Clinical Practice, P2 = F P4 = Leadership
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,	64. Can describe and communicat service users and describe up-
	beliefs and personal biases to ensure all service users and their carers are treated appropriately. (HCPC SOP 1, 2, 5, 6, 7, 8).	65. Can effectively trial supply tran components as required and c
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).	66. Has a good understanding of t trans-humeral Prosthetics.
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	67. Can effectively review and adj components as required - to e
	(HCPC SOP 1, 7, 14). Opportunities to engage in developing management plans that meet the	68. Able to capture 3D anatomica and identify anatomical landm
8	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).	69. Able to rectify 3D anatomical s cast work that is required.
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).	70. Able to suitably prescribe appr materials (considering user red
	Opportunities to assess and implement identified support strategies for each individual patient in a way that reflects best practice and enhances positive	71. Able to suitably prescribe term disadvantages of body powere
10	therapeutic outcomes, this may include activities such as social prescribing, interaction with social care services, providing self-care literature and information	Disarticulations, paediatrics, syme
	for accessing non-P&O related services. (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15). Opportunities to promote and engage in the learning of others, this could be	72. Describe and interpret the print service users.
11	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).	73. Assess, cast for, rectify, and fit
12	Opportunities for participating in leadership activities, recognising that leadership	Practice-based learning framework for pre-

# cluster

ience will provide learners with:

provision of supervised core clinical prosthetic and orthotic interventions based on assessed patient , 8, 9, 12, 13, 14) continued.

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	P3	P4
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			
65. Can effectively trial supply trans-humeral sockets and prostheses, 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 prostheses, 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			
Disarticulations, paediatrics, symes, and sports (P)				
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.	х			

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1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinical skills
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).	Learning Statements
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).	<ul> <li>A practice-based learning exper</li> <li>6. Opportunities to engage in th need. (HCPC SOP 1, 2, 4, 5, 7</li> </ul>
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).	Pillars: P1 = Clinical Practice, P2 = P4 = Leadership
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).	<ul><li>74. Describe and interpret the p knee articulation service use</li><li>75. Assess, cast for, rectify, and</li></ul>
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).	<ul><li>76. Describe and interpret the p hip disarticulation service us</li><li>77. Assess, cast for, rectify, and</li></ul>
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).	<ul><li>77. Assess, cust for, rectify, and</li><li>78. Describe and interpret the p foot service users.</li></ul>
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).	<ul><li>79. Describe and evaluate the us</li><li>80. Describe and interpret the p</li><li>paediatric prosthetics.</li></ul>
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). 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).	Practice-based learning framework for pr
	TS a skill that all professionals call demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).	

# inical skills cluster

ractice-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	Р3	Р4
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.	х			
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 prostheses.	х			
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.	х			
80. Describe and interpret the principles of prosthetic service provision in the context of sports and paediatric prosthetics.	x			



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinic
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).	Learning Sta
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).	A practice-ba 7. Opportunit observing
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).	Pillars: P1 = 0 P4 = Leaders
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).	Example act 1. Always e (in the co
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).	<ol> <li>Always d clinical p</li> <li>Has com</li> </ol>
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).	4. Always c 5. Consider
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).	procedui
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). Opportunities for participating in leadership activities, recognising that leadership	
12	is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).	Practice-based le

### cal skills cluster

#### tatements

based learning experience will provide learners with:

ities to experience and appreciate that core to patient safety is the ability to maintain a safe practice environment, 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	Р3	P4
Example activity: Health and Safety				
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		х	
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			





and orthotic learners' role (HCPC SOP 4, 7, 8). 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). Opportunities to maintain effective record-keeping in line with national and Trust standards and guidelines, including GDPR legislation, using 3 digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11). 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). 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). 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, 1 13, 14). 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). 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). Opportunities to undertake P&O assessment, interventions, and management q planning, using a P&O care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14). 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, for accessing non-P&O related services. (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15). 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) Opportunities for participating in leadership activities, recognising that leadership -2 is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8)

Opportunities to communicate effectively in all aspects of the prosthetic

### **Clinical skills cluster**

#### 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
Example activity:				
Patient assessments (P&O)				
<ol> <li>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.</li> </ol>	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			



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinical skills clust
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).	Learning Statements
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).	A practice-based learning experience will 9. Opportunities to undertake prosthetic/c on recognised theories and evidence. (H
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).	Pillars: P1 = Clinical Practice, P2 = Facilitatin; P4 = Leadership
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).	Example activity The knee and KAFOS (O) 1. Can effectively trial fit KAFOs, making s
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).	<ul> <li>required) for finishing.</li> <li>2. Can effectively supply and fit knee orthose</li> <li>3. Can effectively review knee orthoses ar</li> </ul>
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).	Health and safety (P&O)4. Considers the health and safety of serv
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).	<ul> <li>particular attention paid to safety, fit, f</li> <li>5. Considers the health and safety of serv use safely use and care for a device, with tissue viability.</li> </ul>
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).	Clinical conduct and communication (P&O) 6. Is aware of and can describe the roles a
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).	Disciplinary Team (MDT). 7. Can engage with other team members and work closely with other AHPs and p FFOs (O)
11 12	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). 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).	<ul> <li>8. Can effectively supply and fit FFOS to for along with footwear advice/education f</li> <li>9. Able to review and adjust FFOs to maxi supply and/or follow up.</li> <li>Practice-based learning framework for pre-registration</li> </ul>

## ster

I provide learners with:

/orthotic, interventions, and management planning, using a P&O care model which is based (HCPC SOP 9, 12, 13, 14).

P1	P2	P3	Ρ4
x			
x			
x			
x			
x			
x			
x			
x			
x			
	x       x	Image: state	Image: second



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinical skil
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).	Learning Statements
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).	A practice-based learning e 9. Opportunities to underta on recognised theories a
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).	Pillars: P1 = Clinical Practice P4 = Leadership
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).	<ol> <li>Can effectively trial fit for to the last, uppers, and</li> <li>Can effectively supply for maintenance/repair ins</li> <li>Can effectively review p</li> </ol>
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).	implement further area
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).	<ol> <li>Can effectively and safe given on safe use, along</li> <li>Able to review and adjust</li> <li>supply or follow up (tur</li> </ol>
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).	The knee and KAFOS (O) 15. Can effectively trial fit K required) for finishing.
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).	<ul><li>16. Can effectively supply a doffing.</li><li>17. Can effectively review k</li></ul>
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).	The hip (O) 18. Can effectively supply a
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).	<ol> <li>Can effectively review h</li> <li>Can effectively assess for lesions.</li> </ol>
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).	Practice-based learning framework

### lls cluster

experience will provide learners with:

take prosthetic/orthotic, interventions, and management planning, using a P&O care model which is based and evidence. (HCPC SOP 9, 12, 13, 14) continued.

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development,	P1	P2	Р3	P4	
P4 = Leadership					
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				
Stock and bespoke footwear (O)					
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.	х				]
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).	х				
The knee and KAFOS (O)					
15. Can effectively trial fit KAFOs, making suitable adjustments to the alignment, calf, and thigh (as required) for finishing.	х				1
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				]
The hip (O)					]
18. Can effectively supply and fit hip orthoses, with suitable instruction given on safe use.	х				]
19. Can effectively review hip orthoses, ensuring their safety and efficacy for service users.	х				1
20. Can effectively assess for, cast for, fit, supply, and review HKAFOs - in the context of neurological lesions.	x				



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinical skills clus
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).	Learning Statements
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).	A practice-based learning experience wil 9. Opportunities to undertake prosthetic, on recognised theories and evidence.
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).	Pillars: P1 = Clinical Practice, P2 = Facilitati P4 = Leadership
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).	The spine (O)21. Can effectively supply and fit spinal or and other MDT members in the context22. Can effectively review spinal orthoses
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).	23. Can effectively assess for, cast, supply suitable instruction given on safe use
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).	Upper limb orthoses (O) 24. Can effectively supply and fit upper lin dosage.
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).	<ul> <li>25. Can effectively review upper limb orth</li> <li>The head (O)</li> <li>26. Can effectively supply and fit a cranial</li> </ul>
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).	27. Can effectively review cranial orthosis Compression hosiery (O)
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).	<ul> <li>28. Can effectively supply and fit compression fit compression fit.</li> <li>29. Can effectively review compression for a second seco</li></ul>
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).	30. Can effectively prescribe and use prin lymphoedema, and lycra in neurologi
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).	Practice-based learning framework for pre-registrati

### ster

vill provide learners with:

ic/orthotic, interventions, and management planning, using a P&O care model which is based . (HCPC SOP 9, 12, 13, 14) continued.

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development,	P1	P2	P3	P4	
P4 = Leadership					
The spine (O)					
21. Can effectively supply and fit spinal 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				]
Upper limb orthoses (O)					
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				
The head (O)					1
26. Can effectively supply and fit a cranial orthosis, with suitable instruction given on safe use.	x				1
27. Can effectively review cranial orthosis, ensuring their safety and efficacy for service users.	х				1
Compression hosiery (O)	1				1
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				1
30. Can effectively prescribe and use principles of compression to treat other disorders (burns, lymphoedema, and lycra in neurological settings).	x				



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinical skil
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).	Learning Statements
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).	A practice-based learning of 9. Opportunities to undertation on recognised theories a
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).	Pillars: P1 = Clinical Practice P4 = Leadership
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).	Trans-tibial prosthetics (P) 31. Able to suitably prescri for trans-tibial service of function of user).
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).	<ul><li>32. Able to suitably prescriactivity levels, and cog</li><li>33. Able to suitably prescri</li></ul>
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).	requirements, safety, a 34. Can effectively bench a 35. Can effectively trial fit
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).	required. 36. Can effectively supply t required and offering f 37. Can effectively review
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).	components as require Trans-femoral prosthetics
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).	<ul> <li>38. Able to suitably prescrite to trans-femoral users the service user).</li> <li>39. Able to suitably prescrite safety, activity levels, a</li> </ul>
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)	40. Able to suitably prescri requirements, safety, a
12	8, 10, 11, 15). 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).	Practice-based learning frameworl

### Ils cluster

experience will provide learners with:

rtake prosthetic/orthotic, interventions, and management planning, using a P&O care model which is based and evidence. (HCPC SOP 9, 12, 13, 14) continued.

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development,	P1	P2	Р3	P4
P4 = Leadership				
Trans-tibial prosthetics (P)				
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.	х			
35. Can effectively trial fit trans-tibial sockets and prostheses, adjusting alignment, fit, and components as required.	x			
36. Can effectively supply trans-tibial sockets and prostheses, adjusting alignment and components as required and offering full instruction on safe use.	x			
37. Can effectively review and adjust trans-tibial sockets and prostheses, adjusting alignment and components as required - to ensure function, fit, comfort and safety.	x			
Trans-femoral prosthetics (P)				
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).	x			
39. Able to suitably prescribe prosthetic feet to trans-femoral users (considering user requirements, safety, activity levels, and cognitive function of user).	x			
40. Able to suitably prescribe prosthetic knee components to trans-femoral users (considering user requirements, safety, activity levels, and cognitive function of user).	x			



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinic
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).	Clinic Learning Sta
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).	A practice-ba 9. Opportunit on recogni
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).	Pillars: P1 = 0 P4 = Leaders
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).	<ul> <li>41. Able to s requirem</li> <li>42. Able to in deviation</li> <li>43. Can effect</li> </ul>
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).	43. Can effe required 44. Can effe as requir
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).	45. Can effe compon Trans-radial
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).	46. Can efferrequired 47. Can efferras as required
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).	48. Can effe compon
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).	49. Can effe required 50. Can effe
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).	compon 51. Can effe compon
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).	Practice-based le

### cal skills cluster

#### tatements

based learning experience will provide learners with:

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

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development,	P1	P2	Р3	P4
P4 = Leadership				
41. Able to suitably prescribe other prosthetic components to trans-femoral users (considering user requirements, safety, activity levels, and cognitive function of user).	x			
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).	х			
43. Can effectively trial fit trans-femoral sockets and prostheses, adjusting alignment, and components as required, on static/bench alignment and dynamic analysis.	x			
44. Can effectively trial supply trans-femoral sockets and prostheses, adjusting alignment and components as required and offering full instruction on safe use.	x			
45. Can effectively review and adjust trans-femoral sockets and prostheses, adjusting alignment and components as required - to ensure fit, comfort, function, and safety.	x			
Trans-radial prosthetics (P)				
46. Can effectively trial fit trans-radial sockets and prostheses, adjusting alignment and components as required.	x			
47. Can effectively trial supply trans-radial sockets and prostheses, adjusting alignment and components as required and offering full instruction on safe use.	x			
48. Can effectively review and adjust trans-radial sockets and prostheses, adjusting alignment and components as required - to ensure fit, function, and safety.	x			
Trans-humeral prosthetics (P)				
49. Can effectively trial fit trans-humeral sockets and prostheses, adjusting alignment and components as required.	х			
50. Can effectively trial supply trans-humeral sockets and prostheses, adjusting alignment and components as required and offering full instruction on safe use.	x			
51. Can effectively review and adjust trans-humeral sockets and prostheses, adjusting alignment and components as required - to ensure function and safety.	x			





- Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8). 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). Opportunities to maintain effective record-keeping in line with national and Trust standards and guidelines, including GDPR legislation, using 3 digital technology and digital record-keeping tools where appropriate (HCPC SOP 2, 6, 8, 9, 10, 11). 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). 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 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). 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). 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 Opportunities to undertake P&O assessment, interventions, and management planning, using a P&O care model which is based on recognised, q contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14). 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, for accessing non-P&O related services. (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).
  - 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)

 $\mathcal{Z}$  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:

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, 9, 10, 11, 12, 13, 14).

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	Р3	P4
Example activity				
Trans-humeral prosthetics (P)				
1. Assess, cast for, rectify, and fit a symes/[artial Foot prosthesis.	x			
2. Assess, cast for, rectify, and fit knee disarticulation prosthesis.	x			
3. Assess, cast for, rectify, and fit hip disarticulation prosthesis.	х			
Patient assessments (P&O)				
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	



- - Opportunities to promote and engage in the learning of others, this could be

Opportunities for participating in leadership activities, recognising that leadership

1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinic
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).	Learning Sta
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).	A practice-ba 11. Opportur healthcar
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).	Pillars: P1 = C P4 = Leadersl
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).	<ol> <li>Commun in plannin</li> <li>Commun</li> <li>Apprecia</li> </ol>
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).	and lister 4. Works in
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. Commun throughc ensure in 6. Appropri
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).	(e.g. smc 7. Provides 8. Patients
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).	engagem 9. Recognis this misir
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 12	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). 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).	Practice-based lea

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based learning experience will provide learners with:

unities to promote and engage in the learning of others. This could be with patients, peers, or members of the wider are 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,	P1	P2	Р3	P4
P4 = Leadership				
1. Communicating feedback from patients, relatives, carers colleagues which will be useful to supervisors in planning services.	х	x	x	x
2. Communicate feedback on educational activities to peers and fellow learners.		х	х	х
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.		х		
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	х		
7. Provides the patient and/or carer with up-to-date verbal and written advice.	x	х	х	
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	



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinical skills clu
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).	Learning Statements
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).	A practice-based learning experience 12. Opportunities for participating in demonstrate at all levels (HCPC SOP 2
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).	Pillars: P1 = Clinical Practice, P2 = Facilit P4 = Leadership
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).	<ul> <li>Focus on self</li> <li>1. Appreciate that by Identifying as a opportunities to lead by example v</li> <li>2. Demonstrate the ability to balance</li> </ul>
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).	effectively. 3. Demonstrate the ability to recognis
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	<ul><li>4. Demonstrate the ability to prioritis self and others.</li><li>Working with others</li></ul>
8	(HCPC SOP 1, 7, 14). 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).	<ol> <li>Demonstrate how working in a tea how a team performs.</li> <li>Appreciate that teamwork fosters difference enables you to develop</li> </ol>
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).	<ol> <li>By initiating engagement with a tea sharing inspiring visions and foster</li> <li>Demonstrate the ability to take on</li> </ol>
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).	Managing services 9. Asking questions within clinical lear formulated.
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). Opportunities for participating in leadership activities, recognising that leadership	<ul> <li>10. Contributing to service audit.</li> <li>11. Communicating feedback from pating planning services.</li> <li>Practice-based learning framework for pre-regist</li> </ul>
12	is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).	riacuce-based learning framework for pre-regist

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e will provide learners with:

in leadership activities, recognising that leadership is a skill that all professionals can 2, 4, 6, 7, 8).

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	Р3	P4
Focus on self				
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			х
4. Demonstrate the ability to prioritise tasks, having realistic expectations of what can be completed by self and others.	х			х
Working with others				
5. Demonstrate how working in a team helps you to appreciate inclusion and diversity in the context of how a team performs.	x			x
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
Managing services				
9. Asking questions within clinical learning environments and seeking understanding about how plans are formulated.	x			х
10. Contributing to service audit.	х		х	х
11. Communicating feedback from patients, relatives, carers colleagues which will be useful to supervisors in planning services.	x		х	x
Practice-based learning framework for pre-registration prosthetic and orthotic learners		F	age 54 o	f 75 🕨



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Clinical
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).	Learning Statem
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).	A practice-based 12. Opportunities demonstrate at a
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).	Pillars: P1 = Clinic P4 = Leadership
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).	<ol> <li>12. Identifying ho</li> <li>13. Questioning a</li> <li>14. Seeking oppo</li> </ol>
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).	Improving health 15. Demonstrate therefore infl
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).	16. Recognise ho meeting or sh forums, can s
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).	17. Demonstrate 18. Demonstrate 19. Critically anal
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).	20. Ensuring (per
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).	Setting direction 21. Appreciate th and listening
11 12	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). 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).	Practice-based learning

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

Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development,	P1	P2	Р3	Ρ4
P4 = Leadership				
12. Identifying how change in resources can affect patients and their safety.	х			x
13. Questioning and challenging the use of resources in clinical and non-clinical environments.	х			x
14. Seeking opportunities to learn about NHS resource allocation principles and practices.	х			x
Improving health care services	х			x
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.	х			x
18. Demonstrate a patient focus, and consideration of patients' views when working in healthcare teams.	x			x
19. Critically analysing significant events/critical incidents to identify the effect on patient outcomes.	х			x
20. Ensuring (personal) safe practice within clinical guidelines.	х			х
Setting direction				
21. Appreciate the organisational context for decisions by taking part in multidisciplinary team meetings and listening to patient experiences during clinical learning.	х	х		x







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

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

Page 56 of 75

1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Per
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).	Learnin
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).	A praction
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).	Pillars: P4 = Lea Example
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).	1. Der valu pro 2. Rec
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).	3. Der
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).	4. App etc. 5. Pro
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).	6. Cor obt 7. Pati eng
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). Opportunities for participating in leadership activities, recognising that leadership	
12	is a skill that all professionals can demonstrate at all levels (HCPC SOP 2, 4, 6, 7, 8).	Practice-ba

Opportunities to communicate effectively in all aspects of the prosthetic

### 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 learner's role (HCPC SOP 4, 7, 8).

	lars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, = Leadership	P1	P2	Р3	P4
Exa	ample activity				
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.	х			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 are care of prostheses/orthosis, donning and doffing etc.	x			
5.	Provides the patient and/or carer with up-to-date verbal and written advice.	х		х	
6.	Communicates to the patient/carer, what is involved in prosthetic and orthotic assessment and obtains the patient's informed consent.	х		x	
7.	Patients are placed at the centre of their care and ensure their full involvement through meaningful engagement, informed choice, and collaboration.	X			



- Opportunities to communicate effectively in all aspects of the prosthetic
- **L** 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).

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).

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).

Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a non-

5 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).

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).

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).

Opportunities to engage in developing management plans that meet the

8 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).

Opportunities to undertake P&O assessment, interventions, and management

9 planning, using a P&O care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).

Opportunities to assess and implement identified support strategies for each individual patient in a way that reflects best practice and enhances positive

10 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).

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).
 Opportunities for participating in leadership activities, recognising that leadership

12 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:

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).

	Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership	P1	P2	Р3	P4
	Example activity				
Ĩ	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





- Opportunities to communicate effectively in all aspects of the prosthetic
- **L** 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).

Opportunities to maintain effective record-keeping in line with national

**3** 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).

Opportunities to engage in reflective practice activity to enable review and

4 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).

Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a non-

5 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).

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).

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).

Opportunities to engage in developing management plans that meet the

8 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).

Opportunities to undertake P&O assessment, interventions, and management

**9** planning, using a P&O care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).

Opportunities to assess and implement identified support strategies for each individual patient in a way that reflects best practice and enhances positive

10 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).

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).
 Opportunities for participating in leadership activities, recognising that leadership

12 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:

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).

	llars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development,	P1	P2	Р3	P4
Exa	ample activity				
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.	х	х		
3.	Works holistically, valuing the whole person and relevant support networks, recognising the contribution of all to enhance the clinical outcomes of individuals.	x			



- Opportunities to communicate effectively in all aspects of the prosthetic
- **L** 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).

Opportunities to maintain effective record-keeping in line with national

**3** 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).

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 unhold a commitment to provide the best

Iifelong 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).

Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a non-

- 5 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).

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).

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).

Opportunities to engage in developing management plans that meet the

8 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).

Opportunities to undertake P&O assessment, interventions, and management

9 planning, using a P&O care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).

Opportunities to assess and implement identified support strategies for each individual patient in a way that reflects best practice and enhances positive

10 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).

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).
 Opportunities for participating in leadership activities, recognising that leadership

12 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:

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).

	llars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development,	P1	P2	Р3	P4
Ex	ample activity				
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.	х		х	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.	х		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.	х			
4.	Identifies and listens to the patient's perception/s of their needs.	х			
5.	Uses information gathered from the patient to plan the objective examination.	х			



1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Doro
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).	Pers Learning
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).	A practice 11. Oppo healtl
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).	Pillars: P: P4 = Lead
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).	<ol> <li>By in shari</li> <li>Comi supe</li> <li>Supp</li> </ol>
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).	4. Com
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. Enco and c 6. Reco healt
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).	7. Appr and I 8. Evalu
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).	9. Work 10. Com
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).	throu ensu 11. Appr mana 12. Provi
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). Opportunities for participating in leadership activities, recognising that leadership is a skill thete full preferring to get any demonstrate at all leader (UCPC SOP 2, 4, 6, 7, 9).	Practice-base

12 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:

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).

	lars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development,	P1	P2	Р3	P4	
P4	= Leadership					
1.	By initiating engagement with a team, you develop opportunities to have courageous conversations, sharing inspiring visions and fostering co-production principals.		х			
2.	Communicating feedback from patients, relatives, carers, and colleagues which will be useful to supervisors in planning services.	х	x	х	x	
3.	Supporting and motivating others within group learning, taking part in the design and delivery of a student project.	х	x	х	X	
4.	Communicate feedback on educational activities to peers and fellow learners.		х	х	х	
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.		х	х	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	х	х	x	
8.	Evaluate impact by seeking opportunities to learn how effective service changes have been.		х	х	х	
9.	Works in partnership with service users, carers, colleagues, and others to optimise patient care.		х			
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	х	x			
11	ensure individual communication needs and preferences of service users and carers are met.					4
	Appropriate advice given to the patient e.g. self-care and lifestyle issues (e.g. smoking cessation, managing blood sugars).	х	х			
12	Provides the patient and/or carer with up-to-date verbal and written advice.	х	х	х		

- Opportunities to communicate effectively in all aspects of the prosthetic
- **L** 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).

Opportunities to maintain effective record-keeping in line with national

3 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).

Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development, appreciate the role of

4 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).

Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a non-

5 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).

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).

Opportunities to experience and appreciate that core to patient safety is the

- 7 ability to maintain a safe practice environment, observing clinical guidelines on risk assessment, infection prevention and control, and health and safety
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Opportunities to engage in developing management plans that meet the

8 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).

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LO 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).

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peer-to-peer or near-peer support or near-peer and supervision (HCPC SOP 4, 7, 8, 10, 11, 15).
 Opportunities for participating in leadership activities, recognising that leadership

12 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:

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
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	





1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Dorcon/pat
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).	Person/pat
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).	A practice-based learning of 12. Opportunities for part demonstrate at all levels (
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).	Pillars: P1 = Clinical Practice P4 = Leadership
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).	Managing Services1. Communicating feedbasesupervisors in planning2. Identifying how change
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).	<ol> <li>Questioning and challe</li> <li>Seeking opportunities t</li> </ol>
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).	<ul> <li>Improving Health care served</li> <li>5. Demonstrate how critic therefore influencing served</li> </ul>
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).	<ol> <li>Demonstrate knowledg</li> <li>Demonstrate a patient teams.</li> </ol>
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).	<ol> <li>8. Critically analysing sign</li> <li>9. Ensuring (personal) saf</li> </ol>
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).	Setting Direction10. Recognise opportunitie healthcare system, NHS11. Critically analysing app
11 12	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). 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).	<ul> <li>12. Appreciate the organise and listening to patient</li> <li>13. Evaluate impact by see</li> <li>Practice-based learning framework</li> </ul>

### Person/patient centred care cluster

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).

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







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

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- Opportunities to communicate effectively in all aspects of the prosthetic
- **L** 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).

Opportunities to maintain effective record-keeping in line with national

3 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).

Opportunities to engage in reflective practice activity to enable review and self-evaluation of clinical practice development appreciate the role of

4 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).

Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a non-

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Opportunities to engage in the provision of supervised core clinical P&O

6 interventions based on assessed patient need. (HCPC SOP 1, 2, 4, 5, 7, 8, 9, 12, 13, 14).

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).

Opportunities to engage in developing management plans that meet the

8 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).

Opportunities to undertake P&O assessment, interventions, and management

9 planning, using a P&O care model which is based on recognised, contemporary theories and evidence (HCPC SOP 5, 9, 12, 13, 14).

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 informatio for accessing non-P&O related services. (HCPC SOP 4, 5, 9, 10, 11, 12, 13, 14, 15).

Deportunities 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 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).

	illars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, 4 = Leadership	P1	P2	P3	P4
Ex	ample activity				
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



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- **L** and orthotic learners' role (HCPC SOP 4, 7, 8).

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**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:

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).

	llars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, I = Leadership	P1	P2	P3	P4
Exa	ample activity				
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	



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### **Evidence informed practice cluster**

#### Learning Statements

A practice-based learning experience will provide learners with:

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Pillars: P1 = Clinical Practice, P2 = Facilitating Learning, P3 = Evidence, research, and development, P4 = Leadership		P2	Р3	P4
Example activity				
<ol> <li>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.</li> </ol>	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





1	Opportunities to communicate effectively in all aspects of the prosthetic and orthotic learners' role (HCPC SOP 4, 7, 8).	Evic
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>Evic</b> Learnin
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).	A praction 12. Oppo demonst
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).	Pillars: I P4 = Lea
_	Opportunities to engage in supervised contemporary prosthetic and orthotic practice that shows an application of a clear value base, practising in a non-	Managi 1. Con
5	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).	2. Con sup
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Opportunities to communicate offectively in all aspects of the prosthetic

### Evidence informed practice 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,	P1	P2	Р3	P4
P4 = Leadership				
Managing Services				
1. Contributing to service audit.	x		x	x
2. Communicating feedback from patients, relatives, carers, and 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
Improving Health care services				
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
Setting Direction				
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

#### 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 PBL-specific 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 https://sway.office.com/bPPKwYVxtGyZNbpv?ref=email

Health Education England	Health Education England
Evidence-based Handbook to Practice Placements for Allied Health Professionals	Helping to ensure an essential supply of Allied Health Professions (AHP) Practice Placements: challenges and solutions
	Practice Pracements: challenges and solutions dates & dehn-Matthews Car Hoobs
By Sarah Jackson, Chanel Roberts, and Dr Sarah Elliott	
	Developing people for health and health care wow, hea.nhs.uk
	for health and the healthcare THE NHS



### 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 – elearning for 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



### 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://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=J4qV6B9IuKI

#### Research

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.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-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-2 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 https://www.hee.nhs.uk/our-work/allied-health-professions/increase-capacity/ahp-pre-registration-student-practice-based-learning-programme/practice-based-learning-1

#### **Facilitating Learning**

<u>Guide to Practice-Based Learning (PBL) for Neurodivergent Student</u> <u>https://aspih.org.uk/wp-content/uploads/2017/07/standards-framework.pdf</u> 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/fpsyt.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/fpsyt.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