

# How to build your level 7 Portfolio

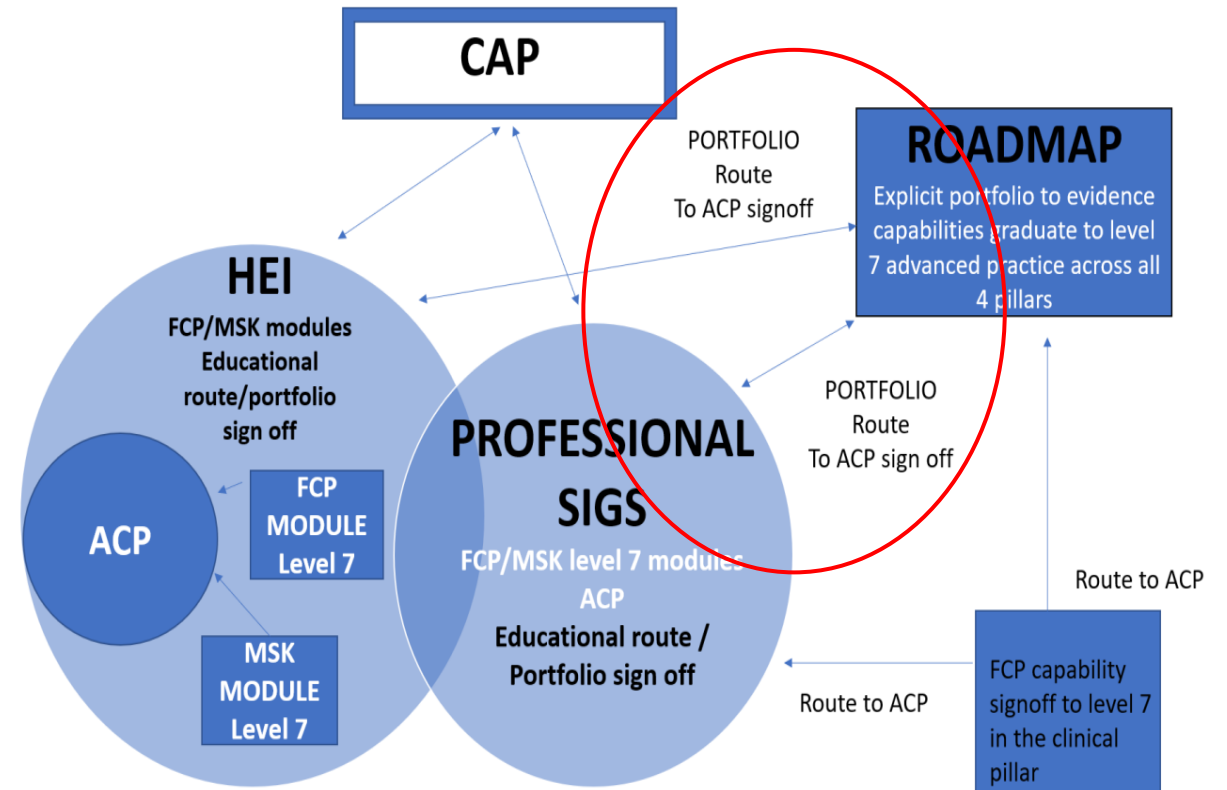
Diane Reid

Associate Clinical Fellow in ACP  
MSK Transformation Clinical Lead



# Context- why now?

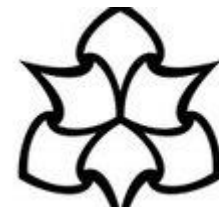
- Recognition at the **Centre for Advancing Practice** of achievement of the defined framework capabilities.
- Several routes to gaining recognition.
- **Portfolio route**- recognition of prior education, training and experience at an advanced practice level.



# Getting started...



**Manchester University**  
NHS Foundation Trust



**Manchester  
Metropolitan**  
University

# 1. Know the details of framework you are mapping against

  
Health Education England



**FCP- Clinical pillar level 7**  
Stage 1 –Core Primary  
Care KSA and e-learning  
Stage 2-evaluation of  
capability in practice.

First Contact Practitioners  
and Advanced Practitioners in  
Primary Care: (Musculoskeletal)

**A Roadmap to Practice**

Developing people  
for health and  
healthcare

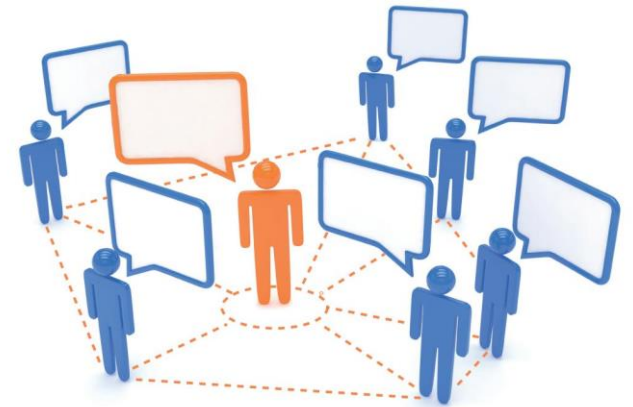
[www.hee.nhs.uk](http://www.hee.nhs.uk)

## ACP- level 7 four pillars

1. Clinical
2. Leadership and  
management
3. Education
4. Research



**Multi-professional framework for  
advanced clinical practice in England**



"New solutions are required to deliver healthcare to meet the changing needs of the population. This will need new ways of working, new roles and new behaviours."

# 2. Which platform?

## Centre for Advancing Practice

  
Health Education England

Home Evidence Applications and Reports Contact List Help

Logout



General ▾

Career Details

Qualifications

Achievements

Other Learning/Training

Independent Portfolio Route ▾

Assessed Practice Based Learning

Verified Evidence

Externally Verified Evidence

 CHARTERED SOCIETY OF PHYSIOTHERAPY

  
0

Dashboard Content Portfolio Groups

Getting to know your ePortfolio

You are on page 3/6 ▾ < >

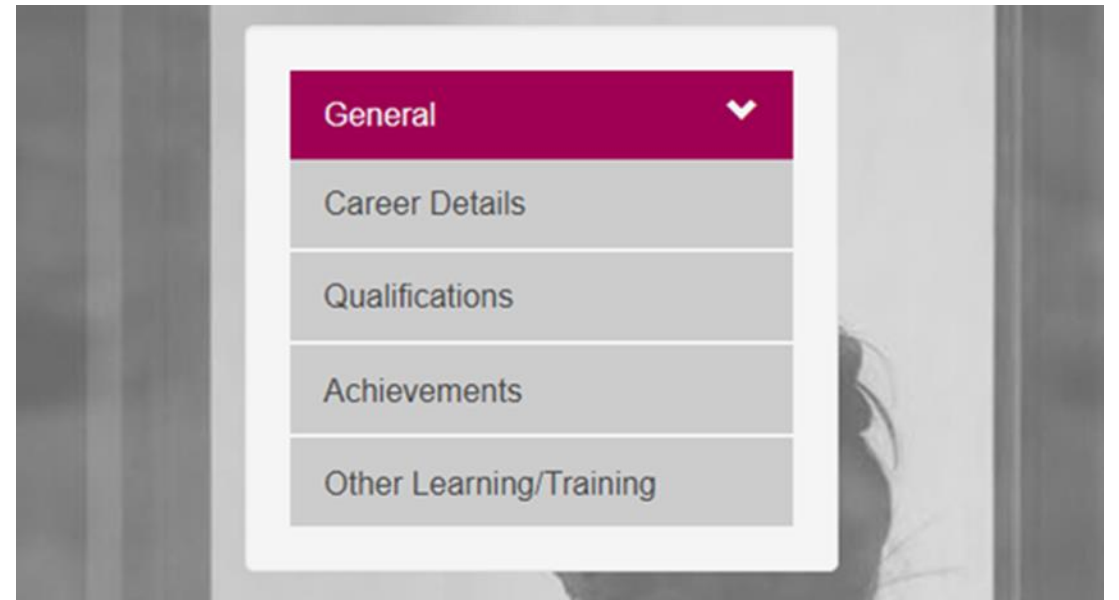
## How to use the ePortfolio

by CSP Global Admin  
Tags: Guidance, Help

Welcome to your new ePortfolio. This system allows you to create and manage a digital portfolio of your work, reflections and achievements online as well as giving you the opportunity to share elements of your portfolio and interact with others online.

### 3. Start to build your portfolio:

- Create a portfolio account.
- **The evidence:**
  - Break it down into sections
  - Start to upload what you already have - 'General evidence'
  - Self-evaluation- mapping of current evidence
  - Aim for 4 pieces per pillar



# Mapping of current evidence-self-evaluation.

HEE ACP Framework: Pillar	Evidence (< > 5 years)	Capabilities met	Capabilities still required	Action plan
1. Clinical Practice	<ul style="list-style-type: none"> <li>-Reflective case study- CES</li> <li>-Reflective case study- prescribing</li> <li>-Competency assessment haematology</li> </ul>	1.1, 1.2, 1.3, 1.4, etc...		
2. Leadership and Management	Acute low back pain pathway development.	2.1, 2.2, 2.3...		
3. Education	-Conference presentation			
4. Research	Injection therapy audit			



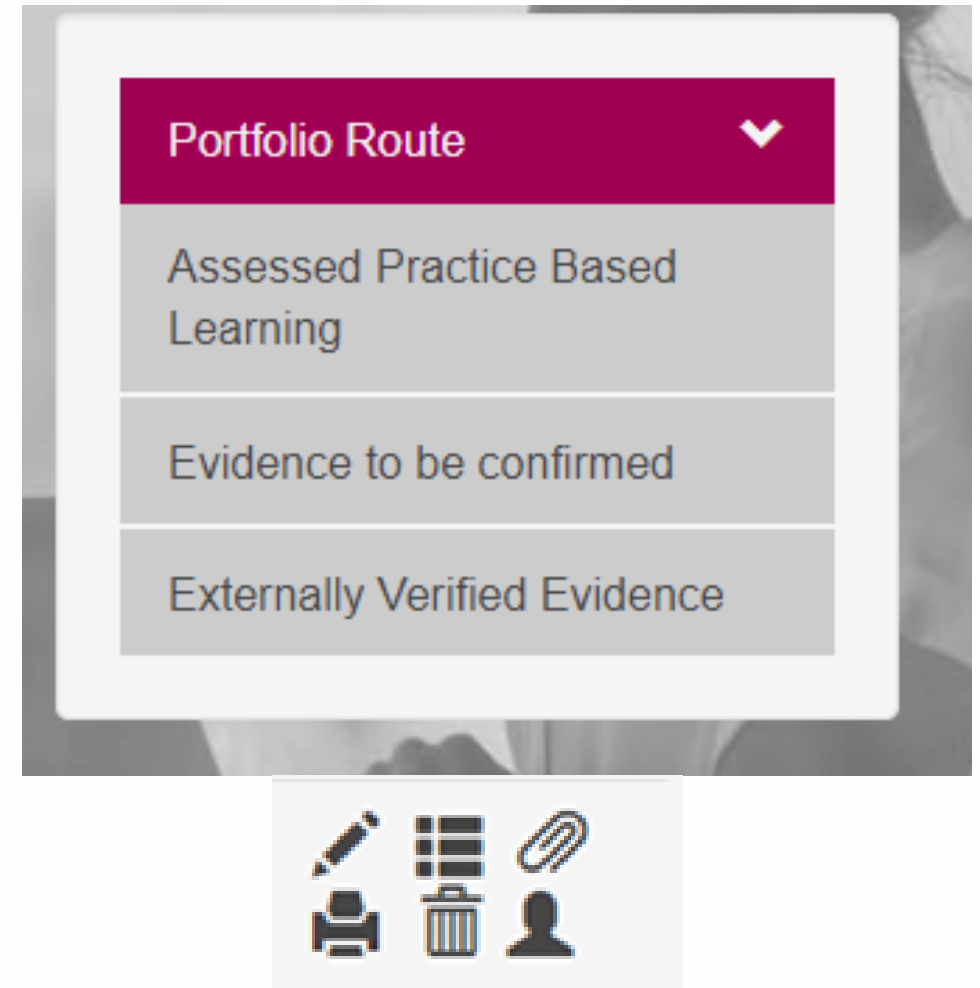
# Clinical supporting evidence

A range of different kinds of evidence.

Confirmed as **current**

Essential evidence includes:

- **Reflective accounts**
- **Reflective case studies**- can cross more than one pillar.
- **Record that competence/ capabilities have been assessed** as being met.
- **Job plan and job description.**
- **Feedback** from a colleague, patient/service user or carers.





# Leadership and management, education and research pillars- supporting evidence

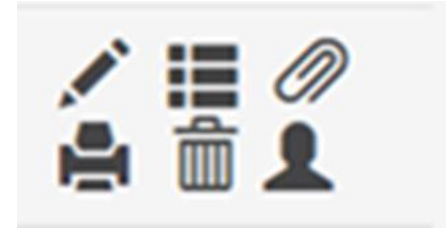
- Evidence of leadership e.g. attendance on course, 360 feedback
- Evidence of delivering education/training either formal or informal
- Evidence of applying research in practice, conference abstracts
- Evidence of undertaking or significant involvement in/contribution to audit.

# FCP- stage 2 portfolio documents

First Contact Practitioners and Advanced Practitioners in Primary Care: (Musculoskeletal) A Roadmap to Practice

A record of mandatory training including BLS and Safeguarding – dates of completion	As per mandated requirement. Can be from Blue Stream or equivalent	
Reflective log entries	Minimum of one a week over a range of capabilities – verified when capable	
Consultation observation tool (COT)		
To include face-to-face, telephone, and video	Minimum of one per month – verified when capable	
Case-based discussion (CBD)	Minimum of one per month – verified when capable	
A range of clinical examination procedural skills	To reflect any required procedural skills or any required for the profession – verified when capable	
Participation in Quality Improvement Projects (QIP)/audit – showing ongoing engagement with QIP/audit – audits follow the audit cycle, shows systematic change/leaves a legacy	At least one completed audit or QIP but demonstrating an ongoing involvement	
Patient satisfaction questionnaires (PSQ)	At least one full round with 40 respondents	
Multi-source feedback (MSF) – at least one full round with 10 respondents – five clinical and five non-clinical	Minimum of one round	
Significant Event Analysis	At least one then one per year	
Any patient compliments or complaints		
<b>RECOGNITION SURVEYS TO BE COMPLETED</b> <a href="https://healtheducationyh.onlinesurveys.ac.uk/pcclinical7fcpsurvey">https://healtheducationyh.onlinesurveys.ac.uk/pcclinical7fcpsurvey</a> <a href="https://healtheducationyh.onlinesurveys.ac.uk/pcclevel7fcpsupervisorsurvey">https://healtheducationyh.onlinesurveys.ac.uk/pcclevel7fcpsupervisorsurvey</a>		

# Mapping: the Capability matrix



## 1. Pillar One: Clinical Practice

- 8 - VIEW** 1.1. Practise in compliance with their respective code of professional conduct and within their scope of practice, being responsible and accountable for their decisions.
- 8 - VIEW** 1.2. Demonstrate a critical understanding of their broadened level of responsibility and autonomy and the limits of own competence and professional scope of practice.
- 11 - VIEW** 1.3. Act on professional judgement about when to seek help, demonstrating critical reflection on own practice, self-awareness, emotional intelligence, and openness to feedback.
- 8 - VIEW** 1.4. Work in partnership with individuals, families and carers, using a range of assessment methods as appropriate (e.g. of history-taking; holistic assessment; identification of needs).
- 7 - VIEW** 1.5. Demonstrate effective communication skills, supporting people in making decisions, planning care or seeking to make positive changes, using Health Education and Promotion principles.
- 7 - VIEW** 1.6. Use expertise and decision-making skills to inform clinical reasoning approaches when dealing with differentiated and undifferentiated individual presentations.
- 7 - VIEW** 1.7. Initiate, evaluate and modify a range of interventions which may include prescribing medicines, therapies, life style advice and care.
- 7 - VIEW** 1.8. Exercise professional judgement to manage risk appropriately, especially where there may be complex and unpredictable events and supporting teams to do likewise.
- 7 - VIEW** 1.9. Work collaboratively with an appropriate range of multi-agency and inter-professional resources, developing, maintaining and evaluating links to manage risk appropriately.
- 7 - VIEW** 1.10. Act as a clinical role model/advocate for developing and delivering care that is responsive to changing requirements, informed by an understanding of local population health needs.
- 5 - VIEW** 1.11. Evidence the underpinning subject-specific competencies i.e. knowledge, skills and behaviours relevant to the role setting and scope, and demonstrate application of these.

## 2. Pillar Two: Leadership and Management

- 8 - VIEW** 2.1. Pro-actively initiate and develop effective relationships, fostering clarity of roles within teams to encourage productive working.
- 8 - VIEW** 2.2. Role model the values of their organisation/place of work, demonstrating a person-centred approach to service delivery and development.
- 7 - VIEW** 2.3. Evaluate own practice, and participate in multi-disciplinary service and team evaluation, demonstrating the impact of advanced clinical practice on service function.
- 10 - VIEW** 2.4. Actively engage in peer review to inform own and other's practice, formulating and implementing strategies to act on learning and make improvements.
- 2 - VIEW** 2.5. Lead new practice and service redesign solutions in response to feedback, evaluation and need, working across boundaries and broadening sphere of influence.
- 2 - VIEW** 2.6. Actively seek feedback and involvement from individuals, families, carers, communities and colleagues in the co-production of service improvements.
- 6 - VIEW** 2.7. Critically apply advanced clinical expertise in appropriate facilitatory ways to provide consultancy across professional and service boundaries, influencing clinical practice.
- 2 - VIEW** 2.8. Demonstrate team leadership, resilience and determination, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence.
- 8 - VIEW** 2.9. Continually develop practice in response to changing population health need, engaging in horizon scanning for future developments (e.g. impacts of genomics, digital health).
- 2 - VIEW** 2.10. Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect individuals, families', carers', communities'.

## 4. Action plan to address any gaps?

- **Develop an action plan: (SMART goals)**
- HEI module
- Reflective clinical case studies
- Leadership- leading change, pathway development etc.
- Education- formal/ informal
- Research- quality improvement projects, audit,

# 5. Embed level 7

- Critical reflection/analysis as part of regular practice
- Critical reflection models
- CASP tools
- Journal clubs
- Peer review

These levels of thinking are described<sup>2</sup> and summarised in Figure 1 and Table 1.

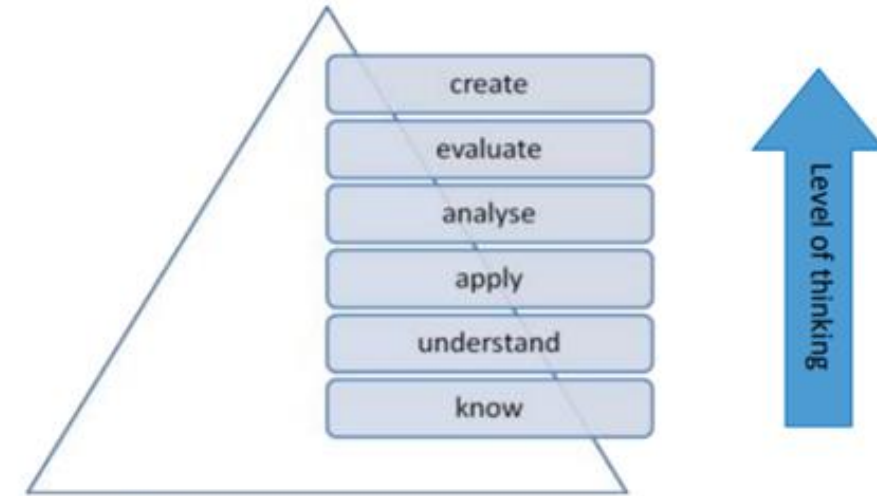
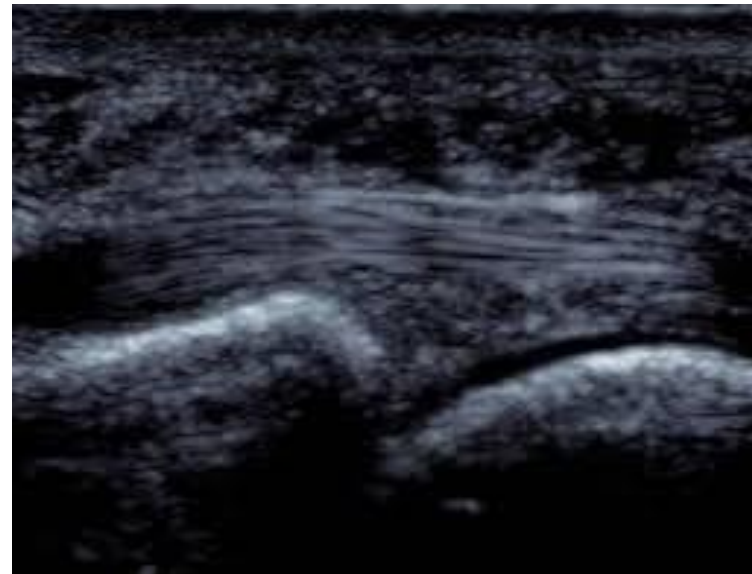


Figure 1: levels of thinking

Level	Description of the level	Questions associated with the level of thinking
Create	Compile information together in a different way by combining elements in a new pattern or proposing alternative solutions	What will happen if? How else would the information/argument apply? Can I use the information/argument to design...?
Evaluate	Make decisions/judgements about the quality of the information, support judgements with reasoned accounts	Is the information/argument sound? Why? Is it reasonable to apply the information or argument to my situation? Why? What are my own conclusions on the basis of the information available?
Analyse	Break down whole into parts & show links between those parts	Why? How? What is the reason for...? What evidence is there to support the conclusion? What are the causes of...?



# Case study: Left forefoot pain.



# Level 7 thinking

- **Assessment:** Clinical tests- reliable? sensitivity and specificity
- **Radiological investigations-** needed?
- **Treatment:** orthotics v injection v lifestyle factors- evidence?
- **Injection therapy-** evidence?  
When? Which drugs? What dose? Landmark or guided? How frequent?
- **Surgery-** evidence- when, likely outcome, risks v benefits
- **Person centred, shared decision making.**
- **Reflect-** evaluate, analyse

# Map FCP- Capabilities to case study

- The Domains
  - A Personalised approaches
  - B Assessment, investigation and diagnosis
  - C Condition management, interventions, prevention.
  - D Service and professional development

  
Health Education England



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[www.hee.nhs.uk](http://www.hee.nhs.uk)



# Map ACP Capabilities- case study forefoot pain

## Clinical practice:

1.1,1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8,  
1.11

## Leadership and management:

2.2

## Education:

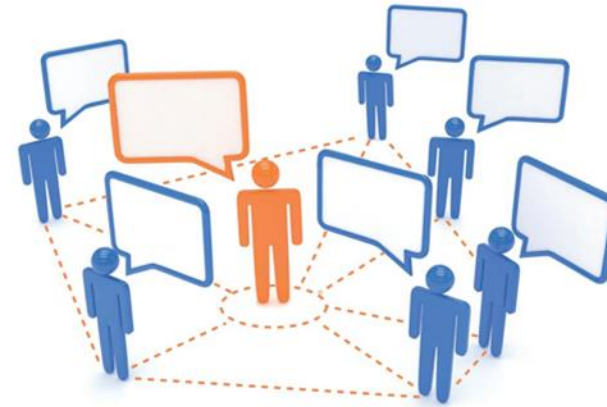
3.2, 3.3

## Research pillar:

4.1, 4.2, 4.3

NHS

Multi-professional framework for  
advanced clinical practice in England



"New solutions are required to deliver healthcare to meet the changing needs of the population. This will need new ways of working, new roles and new behaviours."

## 6. Submitting evidence for review

- **Practice statement**
- **Education statement**
- **Critical narrative**
- Summarise why you believe you should be recognised as an Advanced Practitioner.

# Critical narrative

- Explain and critically reflect on how you demonstrate fulfilment of the Framework capabilities in the context of profession, role, scope of practice, contribution to service delivery, service development and quality improvement.
- Demonstrate your capacity for critical reflection on your practice at advanced level.
- Show how you have applied your learning into practice
- Demonstrate that you can write and learn at Masters level (level 7)

# 7. Checklist

Ensure the portfolio demonstrates:

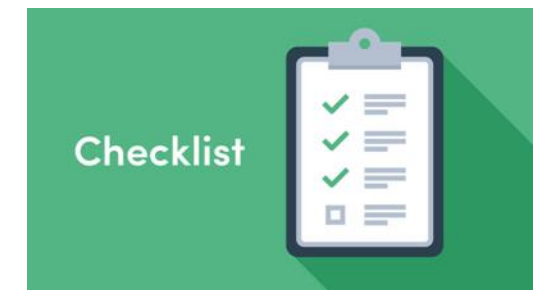
Evidence mapped to the Framework capabilities.

Sufficient depth, breadth and synthesis and integration of learning and development.

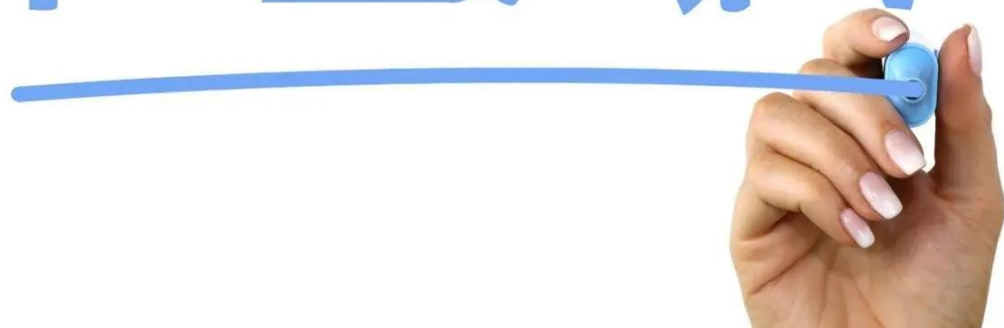
Level 7 learning and writing.

No patient identifiers.

All essential evidence is included.



# PLAN



Health Education England

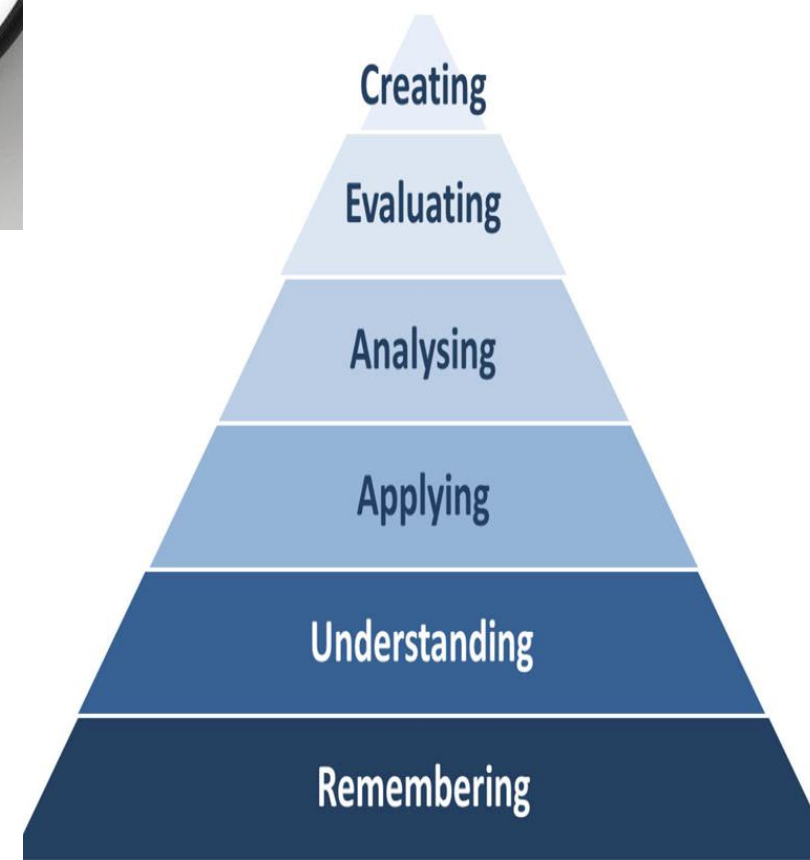
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## Roadmaps to Practice

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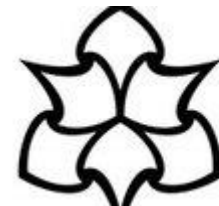
[- Roadmap FAQs](#)



# Questions



**Manchester University**  
NHS Foundation Trust



**Manchester  
Metropolitan**  
University