

Framework

Specialist Nursing in Cardiology

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Owner/co-owner

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Introduction

Focus of framework

Clinical Nurse Specialists (CNSs) are registered Nurses who practice at an advanced level within cardiology. They are a crucial part of the multi-disciplinary team, providing expertise in a number of areas including, but not exclusive to, diagnosis, treatment, and rehabilitation of patients living with cardiac disease in Scotland.

The Scottish Government's Chief Nursing Officer Directorate published the [Transforming Nursing Roles paper 8 \(TNR Paper 8\)](#) in August 2021. This outlined that there is clear demarcation of roles for CNSs across Scotland, and job titles are often not aligned with clear education pathways and provisions.

To address this, this framework will promote a national approach for advanced nursing within cardiology, providing structure for the knowledge and skills that are required. The framework is aligned with TNR Paper 8 and recognises that additional sub-specialist competency requirements will be decided at the local level depending on service needs.

Aim and outcomes

The framework for CNSs in cardiology is designed to outline the knowledge and skills essential for delivering high-quality cardiology nursing service. The framework is intended to be used by healthcare practitioners, managers, and educators to understand and develop knowledge and skills across the four pillars of practice at levels 6 and 7. For further information, please refer to the [Career Framework](#) for Health Model.

The outcome and impact of using the framework:

- **Describing the knowledge and skills required within the service:**
 - The framework can be used by individuals developing their current and future practice; organisations reviewing or developing their services for their local populations; and educators ensuring knowledge and skills meet the needs of the service.

- **Providing career pathways:**
 - The framework allows individuals and their managers to identify the necessary knowledge and skills, helping them to assess their own competence and prepare for career advancement within the services.
- **Recruitment and succession planning:**
 - Organisations developing cardiology services can use the framework to define the knowledge and skills required for practitioners working in these services across Scotland. Consideration of service models in other areas that may be transferable to their own service. Recruiting the right people who aspire to develop their careers within the service can aid succession planning.

Background and strategic alignment

The Scottish Government's Chief Nursing Officer Directorate published [Transforming Nursing Roles paper 8 \(TNR paper 8\)](#) in August 2021. The paper provides strategic oversight, direction, and governance to CNSs across Scotland, with a particular focus on ensuring consistent career pathways for these professionals. It states that there is currently a lack of clear demarcation of roles for CNSs across Scotland, and job titles are often not aligned with clear education pathways and provisions.

The overarching aim is for CNS roles to be reported under umbrella specialities and sub-coded to identify specific roles for individuals. Achievement of such alignment would allow accurate reporting of workforce data across professional groups and build further national consistency.

The [Heart Disease Action Plan \(2021\)](#), within *Priority 3: Workforce*, supported understanding on how the principles of the TNR Paper 8 could be implemented within cardiology. A short life working group (SLWG) was established. This group undertook work to map the current cardiology CNS workforce, agreed umbrella cardiology CNS titles and associated sub-speciality titles to support reporting and sub-coding of cardiology CNS

roles, and agreed on the core competencies at levels 6 and 7, contained within this framework.

This framework has been co-produced by NHS Education for Scotland (NES) in collaboration with the Scottish Government's Heart Disease policy team and members of the SLWG. There was clinical representation from all 14 Health Boards in Scotland, and the group comprised of service managers, clinicians, educators, Scottish Government, and NES.

This approach has enabled the framework to reflect the design and delivery models of current and emerging services.

As part of the framework development process, the framework was consulted on and approved by the Scottish Government's Heart Disease Task Force, the Chief Medical Officer's Speciality Advisor for Cardiology, the Scottish Heart Failure Hub, Scottish Heart Failure Nurse Forum, and the Scottish Cardiac Society.

Structure of framework

The framework is structured to define the knowledge and skills required by practitioners working in cardiology services within the clinical practice pillar at career levels 6 and 7.

The [NMAHP Development Framework](#) should be used to consider the facilitating learning, leadership, and evidence, research, and development pillars at levels 6 and 7.

Supporting materials include the background to these emerging services, guidance on the use of the framework, explanations of the pillars of practice and career levels, role descriptors, knowledge and skills for each level, and recording learning and educational resources.

Pillars of practice

This framework focuses on the clinical pillar of practice; however, all pillars should be considered (figure 1).

These are:

- **Clinical Practice:** the knowledge, skills, and behaviours needed to provide high-quality healthcare that is safe, effective, and person-centred.
- **Facilitating Learning:** the knowledge, skills, and behaviours needed to enable effective learning in the workplace.
- **Leadership:** the knowledge, skills, and behaviours needed to lead and to fulfil management responsibilities.
- **Evidence, Research, and Development:** the knowledge, skills, and behaviours needed to use evidence to inform practice and improve services.



Figure 1: Pillars of Practice

Further explanation of the pillars of practice is available within the [NMAHP development framework](#).

Levels of practice

The framework recognises how complex healthcare practitioners' roles have become and helps to explain the difference in expectations and learning at different levels. These levels are described in the [Career Framework for Health](#), which reflects role development and progression. These levels are not the same bands in Agenda for Change, which are related to remuneration. It also reflects the education and career development pathways model set out in the [Transforming Roles](#) programme.

This framework will focus on levels 6 and 7.

These levels of practice are:

- Level 2 Healthcare Support Worker (HCSW)
- Level 3 Senior HCSW
- Level 4 Assistant Practitioner
- Level 5 Practitioner
- **Level 6 Senior Practitioner**
- **Level 7 Advanced Practitioner**
- Level 8 Consultant Practitioner

Further explanation of the levels of practice is available within the [NMAHP development framework](#).

NHS Scotland's Values

Throughout this framework, the core values shared across Scotland's Health Service will be embedded. The core values include:

- care and compassion
- dignity and respect
- openness, honesty, and responsibility
- quality and teamwork

(Scottish Government, 2013)

Equality and health inequalities statement

We are firmly committed to improving population health, reducing health inequalities, and working nationally and locally with partners to make a positive and lasting impact on improving the well-being of the people of Scotland.

Promoting equality and addressing health inequalities are at the heart of delivering effective and high-quality care. Throughout the development of this framework, the three parts of the Public Sector Equality Duty has been considered:

1. eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act 2010;
2. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
3. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Using the framework

It is anticipated that this framework will complement the current developments within the service. It can be used as a live document to identify areas of development for healthcare practitioners being recruited to or working within these services.

This framework can be used to help ensure the team members within the services have the knowledge and skills required to provide high-quality services that will meet the needs of their local population safely. The development of services is likely to emerge as health and care requirements change; therefore, this framework can be used to determine what might be required both now and in the future.

The framework is designed to be used by registered Nurses, managers, and educators. Here are some ways that it can be used.

Practitioners

The framework can be used by registered practitioners working or aspiring to work within the service. This includes:

- to benchmark current level of practice;
- to continue to grow within the current level of practice by identifying areas for development;
- to guide professional development for newly qualified practitioners towards experienced, expert practice;
- to customise a development plan linked directly to current and future roles;
- to identify evidence to support appraisal review, personal development planning, or revalidation with the Nursing and Midwifery Council (NMC).

By organisations and service managers

The framework can be used by organisations and service managers to help develop current and emerging services. This includes:

- to align to national policy and workforce legislation;
- to support service design and development and redesign;
- to determine knowledge, skill, and skill mix;
- to inform succession planning;
- to support skills maximisation, need;
- to support discussions with staff, e.g., career planning and professional development reviews.

By educators

The framework can be used by educators within service and educational organisations to help prepare practitioners to deliver high-quality services. This includes:

- to plan and deliver education and training to meet the rapidly changing needs of healthcare practitioners;
- to identify opportunities for shared, inter-professional learning;
- to plan programmes of education to prepare healthcare practitioners to work at different levels of the framework;
- to describe how education programmes articulate with each other.

The framework also directly links to the [NHS Knowledge and Skills Framework](#) and can be used to support the annual development review cycle.

Scope of practice

Registered healthcare practitioners have a professional responsibility under the NMC to keep knowledge and skills up to date and take part in appropriate and regular learning and professional development activities that aim to maintain and develop their competence and improve their performance.

Healthcare practitioners who delegate care to others must ensure the person's knowledge, skills, and competence are appropriate and safe. The resource [*Making Delegation Safe and Effective; A Learning Resource for Nurses, Midwives, Allied Health Professionals and Healthcare Support Workers*](#), can be accessed on Turas Learn. The NMC and HCPC also provide guidance relating to delegation.

Recording learning and development

Approaches to recording evidence of learning and development are a personal choice; this can be either electronically or using paper. A recommended option is using the Turas Professional Portfolio, which is available to all Nurses, Midwives, Allied Health Professionals, and HCSWs in Scotland including the NHS, social care, voluntary, and independent sectors. This can be used to record evidence of learning for personal development, regulation, appraisal, and career progression.

Log in/register with Turas and add the professional portfolio application:

<https://turasdashboard.nes.nhs.scot/>

More information on the Turas Professional Portfolio:

Nurses - [*Nursing and Midwifery Professional Portfolio*](#)

It may be helpful to complete the development needs analysis tool (DNAT), which can be found on the NMAHP development framework webpage.

The DNAT is designed to help staff reflect on their current job role and to identify areas where they may benefit from further training, education, and development to enhance or develop their role. The knowledge, skills, and behaviours (KSBs) in the DNAT are arranged under the 4 Pillars of Practice.

Support and supervision

It is important to know the skills and competence of all members in a team so that tasks can be delegated appropriately and safely to the right person. Regular appraisal meetings or personal development reviews will help support the development of individuals. All

healthcare professionals need to be aware of the limits of their own competence and have the confidence to say “no” if asked to carry out a task out with their competence or that they feel is inappropriate or unsafe. Supervision and feedback must be provided appropriate to the task being delegated, and staff should adhere to their professional code of conduct.

Role, education, knowledge, skills and behaviours

The framework has a section for each level of practice, level 6 and level 7. The role and responsibility of staff at each level are described along with relevant qualifications and experience.

The core knowledge, skills, and behaviours (KSB's) for each pillar of practice, are based on the [NMAHP Development Framework](#). There are additional speciality KSBs for the clinical pillar of practice.

Level 6 Senior Practitioner

Role and responsibility
<p>People at level 6 require a critical understanding of detailed theoretical and practical knowledge within and/or their field and/or have management or leadership responsibilities. They demonstrate initiative and are creative in finding solutions to problems. They have some responsibility for team performance and service development, and they consistently undertake self-development.</p> <p>Title: Specialist/Senior Practitioner</p> <p>The level outline is informed by the Clinical Nurse Specialist (Paper 8)</p>
Qualifications and experience expected for practitioners at this level of career framework
<ul style="list-style-type: none">• Registered as a Nurse or Midwife with the Nursing and Midwifery Council or registered with the Health and Care Professions Council• Ordinary or Honours degree• Graduate Diploma• 60 Credits at SCQF (Grad Cert), 60 credits at SCQF 11 recommended

Level 6 - Clinical Practice Pillar

Reference code	Core key knowledge, skills, and behaviours
6C1	Work autonomously as part of the team, assuming accountability and responsibility to facilitate the delivery of safe, effective, and person-centred care.
6C2	Use a wide range of skills and strategies to communicate with people about difficult matters or situations.
6C3	Act and influence others to incorporate non-judgemental, values-based care into practice.
6C4	Apply knowledge and raise awareness of relevant guidance, policies, and legislation that govern legal and ethical aspects of service provision.
6C5	Lead and support the implementation of local policies, guidelines, and protocols, ensuring they reflect national policy, legislation, and current evidence.
6C6	Monitor and maintain the health, safety, and security of self and others by applying knowledge of health and safety legislation and infection control policies and advising others.
6C7	Apply critical thinking and evaluation skills to make timely and informed clinical decisions related to all aspects of the care process.
6C8	Use a range of sources and experiences to inform professional judgement.
6C9	Select and use technology and information systems to both inform and support practice.
6C10	Provide and share complex information effectively and concisely for a range of situations and contexts to ensure safety and continuity of care.

6C11	Practise in ways that recognise and respond to health inequalities, respect diversity, protect against discrimination, and support others to do the same.
6C12	Apply a wide range of skills to promote health and well-being, improve health literacy, and empower patients to share decision-making.
6C13	Assess, investigate, and communicate/act on risk.
6C14	Apply and continue to develop specialist clinical knowledge, skills, and behaviours appropriate to specific areas of practice.
6C15	Raise concerns and/or report incidents in accordance with local reporting procedures.
6C16	Recognise the effects and potential symptoms of trauma or vicarious trauma and respond appropriately. Practising at a minimum of trauma Informed practice level.
6C17	Ability to escalate concerns if unable to carry out their duty and responsibilities outlined within health and care staffing legislation. Practicing at skilled level.

Reference code	Speciality key knowledge, skills, and behaviours
6C18	Baseline cardiology knowledge: <ul style="list-style-type: none"> a) Undertake a comprehensive assessment of a person's physical, psychological, and social unmet needs. b) Actively involve the person, their family and carers, and wider partners in assessments. c) Describe the structure and function of the cardiovascular system. d) Understand coronary anatomy and relate to the ECG and patient presentation.

	<ul style="list-style-type: none"> e) Describe the cardiac conduction system and mechanism of common arrhythmias and relate to the ECG and patient presentation: conduction disorders, atrial and ventricular arrhythmias. f) Describe the aetiology, pathophysiology, and natural history of coronary artery disease, arrhythmia, valvular heart disease, disease of the aorta, Heart Failure with reduced Ejection Fraction (HFrEF), Heart Failure with mid-range Ejection Fraction (HFmrEF), Heart Failure with preserved Ejection Fraction (HFpEF), pulmonary hypertension, endocarditis. g) Demonstrate awareness of the typical and atypical signs & symptoms of cardiac presentations. h) Demonstrates awareness of the haemodynamic burden of pregnancy and relates the normal changes in pregnancy to the patient. i) Recognise patients who need early involvement of specialist MDT.
6C19	<p>Focused history taking:</p> <ul style="list-style-type: none"> a) Physical examination: which can include auscultation, palpation and percussion of heart and lung fields, assessment of jugular venous pressure, central or peripheral oedema, abdominal examination, cyanosis, and peripheral pulses, and awareness of adaptations to examination and assessment based on underlying disease e.g. congenital heart disease, vascular disease. b) Symptom and treatment assessment: accurately assess, describe and document the signs and symptoms of people who present with chest pain, palpitations, heart failure, cyanosis or fatigue, use of assessment or monitoring tools where indicated, understands the assessment and diagnostic tools used in diagnosing cardiac disease and follows local pathways/guidelines when implementing, demonstrate a comprehensive understanding of and identify

	<p>common ECG Rhythms and abnormalities and their management, including but not limited to: Sinus Rhythm , Atrial and ventricular extrasystoles , SVT, Junctional (nodal) rhythms, Atrial fibrillation and flutter (and stroke risk assessment), Heart blocks, Cardiac arrest rhythms, differentially diagnose broad QRS complex tachycardias.</p> <p>c) Analyse and synthesis findings from any relevant assessments (including those carried out by other members of the MDT), tests and investigations.</p>
6C20	<p>Investigations:</p> <ul style="list-style-type: none"> a) Authority to request and/or discuss a range of investigations. b) Apply knowledge and understanding of pathophysiology and investigations. c) Request investigations appropriate to their scope of practice including but not exclusive to: ECG, Echocardiogram, Bloods: FBC, LFTs, U&Es, NTproBNP/BNP, TFTs, HBA1C, Iron Studies, Amyloidosis screen, troponin, lipid profile. d) Discuss with appropriate HCP if referral to clinical genetics team is indicated for consideration of genetic testing. e) Interpret specific investigations and will act on investigation reports. f) Understand the pathophysiology involved in the development of cardiac disease as a result of co-morbidities and relate this to investigation results and onward management within scope of practice. g) Appraise investigation results and any incidental findings and escalate appropriately as required. h) Know the effects of fever, pain, electrolyte disturbances, hypoxia, and hypotension on haemodynamic, cardiac rhythm, and perfusion in patients with or at risk of cardiovascular disease. i) Use appropriate guidelines and/or protocols where they exist. j) Where appropriate, present findings to an MDT forum and/or with other health and social care professionals.

6C21	<p>Differential diagnosis:</p> <ul style="list-style-type: none"> a) Analyse and synthesise clinical information based on the patient's presentation, history, physical and psychological examination, and findings from relevant investigations to inform a differential diagnosis or confirm a diagnosis. b) Have an awareness of common differential diagnoses of symptoms associated with key cardiac symptoms. c) Have an awareness of the relationship between mental health and cardiac disease. d) Have an awareness of the interactions of comorbidities (such as diabetes, chronic renal failure, hypertension, respiratory disease, liver disease, etc.) with cardiac disease and take into account when making a differential diagnosis. e) Make informed judgements in situations in the absence of complete or consistent data/information.
6C22	<p>Treatment and care:</p> <ul style="list-style-type: none"> a) Formulate a person-centred treatment and care plan based on synthesis and analysis of assessment and investigations. This may include the prescription of medicines. b) Use guidelines and protocols to inform care and treatment planning where they exist. c) Is aware of relevant current local, national and international clinical guidelines for assessment, management, interventions, and surgery for people with cardiac disease. d) Know the major cardiovascular risk stratification tools and principles of primary and secondary prevention of cardiovascular disease. e) Determine frequency of review to assess the therapeutic response. f) Refines patient care plan utilising specialist input as appropriate to the patient's underlying cardiac disease,

	<p>presentation, and co-morbidities.</p> <ul style="list-style-type: none"> g) The following list is not exhaustive; however, a Clinical Nurse Specialist should be cognisant of: Common symptoms associated with the disease /condition /disability or any comorbidities and demonstrates an understanding of the pathophysiology of cardiac disease (acquired, congenital and inherited) and its effects on perfusion, organ function, nutrition, and energy metabolism. h) Utilises the New York Heart Association functional class (I, II, III, and IV) for assessment of heart failure symptoms and the Canadian Cardiovascular Society Angina Classification for angina symptoms. i) Understands the close relationship between the cardiovascular and renal systems and the effects of renal impairment on the patient's condition. j) Understand the effect of arrhythmias, ischaemia on cardiac status, escalating care appropriately in the presence of haemodynamic compromise. k) Treatment and care to prevent/minimise secondary complications. l) Has an awareness of how therapies are used to treat co-morbidities which impact cardiovascular health and vice versa. m) Recognition of frailty and its impact on the patient with cardiac disease to inform appropriate action in line with local policies and procedures. n) Develops an understanding of the indications and contra-indications for cardiac transplant and mechanical circulatory support. o) Has an awareness of the indications for the following percutaneous and surgical interventions: Ablation, TAVI,
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	<p>Mitraclip, PCI, Cardiac surgery: CABG, Valvular surgery, Aortic surgery, Congenital, Septal myectomy in HOCM, Structural interventions: closure of atrial or ventricular septal defects.</p> <p>p) Awareness of the anticoagulation plan for patients prior to all cardiac procedures/interventions to provide appropriate guidance/information.</p> <p>q) Monitor for side effects, intolerance, or nonadherence to treatment.</p> <p>r) Has an awareness of assessment and treatment options available for palpitations and/or syncope: Recognise 'red flags' in presentation which will determine urgency of investigations and referral (e.g. Existing structural and congenital heart disease, family history of sudden cardiac death etc.), lifestyle modification.</p> <p>s) Describes assessment and treatment options available for chest pain: Accurately assess patient reported chest pain, initiating appropriate investigations to aid diagnosis. Recognise 'red flags' in presentation which will determine the urgency of investigations and referral (e.g. acute MI, aortic dissection, PE, congenital heart disease), understand the pharmacological therapies in suspected acute coronary syndrome, interventional strategies and pathways, and lifestyle modification.</p> <p>t) Describes assessment and treatment options available for breathlessness: Accurately assess patient reported breathlessness, initiating appropriate investigations to aid diagnosis. Recognise 'red flags' in presentation that will determine the urgency of investigations and referral (e.g. acute heart failure, PE, congenital heart disease), understand the pharmacological therapies in initial management of acute presentations, interventional strategies, and local/regional pathways, lifestyle modification.</p> <p>u) Understand the transitional and outpatient strategies to support early supported discharge and admission</p>
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	<p>avoidance for patients with cardiac disease.</p> <ul style="list-style-type: none"> v) Identification and management of deterioration, including supporting future care planning and end-of-life care where required. w) Sensitively appraise the impact of cardiac disease and co-morbidities on the patient, their family, and significant others. x) Acknowledge irreversible decline and escalate to appropriate HCP on realistic treatment strategies. y) Adopt an approach to palliative and end-of-life care that respects the principles of equality, diversity, and inclusion, whilst being sensitive to specific cultures and beliefs associated with diverse patient or carer groups. z) Have an awareness of the comprehensive assessment outcomes and cohesive working with the wider professional team to plan, discuss, and evaluate the evolving palliative and end-of-life care needs of persons living with advanced cardiac disease. aa) Have an awareness of symptom burden, apply sound clinical judgement, and escalate to appropriate HCP for referral to symptom management guidelines in partnership with specialist palliative care colleagues. bb) Enable patients and carers to be active partners in their decision-making process by engaging in meaningful conversations about “What Matters” and “Realistic Medicine” principles associated with advancing cardiac disease, and care preferences. cc) Recognise there are different specialities within cardiology (Palliative, Inherited, Congenital, Cardio-Obstetrics, Cardio-oncology) and be cognisant of the contribution of these specialities by referring appropriately. dd) Medical emergencies commonly seen within the speciality.
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	<ul style="list-style-type: none"> ee) Psychological distress, anxiety, and depression. ff) Recognises the need to assess psychological distress associated with cardiac disease and uses validated screening tools to assess. gg) Recognition of the ethical implications of defibrillator implantation and subsequent device therapy on psychological status and lifestyle. hh) Health promotion including lifestyle choices. ii) Actively assess for opportunities for primary and secondary prevention of CVD through risk reduction, pharmacological therapies, and lifestyle advice. jj) The wider network support for patients and their families. kk) Broader public health issues relevant to their area of practice. ll) Consideration of the socioeconomic, racial, and sex-based inequalities within cardiac disease.
6C23	<p>Co-ordination of care, referral, admission, and discharge:</p> <ul style="list-style-type: none"> a) Plan, deliver, and/or co-ordinate care utilising highly specialist knowledge. b) Authority to admit and discharge from speciality area, depending on patient need and relevant legislation. This includes referral to a range of appropriate health and social care professionals and agencies. The Clinical Nurse Specialist may receive referrals directly or via the MDT team. c) Understand the transitional and outpatient strategies to avoid preventable hospitalisations in patients recently discharged with cardiac disease. d) Provide advice to other health and social care professionals that may inform admission/discharge, planning, or

	referral.
6C24	<p>Expert specialist resource:</p> <ul style="list-style-type: none"> a) Provides specialist advice and support for patients throughout the care pathway. b) Provides a comprehensive overview of the patient's cardiac disease and plan of care, including self-care strategies. c) Identifies the trajectory for the patient's cardiac disease and supports patients and relatives with information to support future care planning. d) Has an awareness of the impact of cardiac disease on travel and recreation and provides advice to patients. e) Assess or refer for assessment of CV risk associated with competitive sport, physically demanding occupation or other physical activity. f) Discusses the evidence base, indications, contraindications, side effects and lifestyle implications of therapies used for the treatment of cardiac disease or co-morbidities, e.g. erectile dysfunction, bleeding risk, etc. g) Informs patients on the impact of their cardiac disease, symptoms, and interventions on driving, remaining up to date with DVLA guidance for medical professionals, e.g. driving restrictions post cardiac surgery, device implantation, impact of heart failure symptoms, palpitations, and syncope. h) Identifies cardiovascular risk in pregnancy using WHO classification. i) For men and women of reproductive age with inherited cardiac disease, recognise the need to inform of options relating to pre-implantation genetic diagnosis and refer appropriately for further advice. j) Utilise the range of third sector information to support patients and their relatives in decision-making and living with cardiac disease.

	<p>k) Links patients and relative to local cardiac support groups.</p> <p>l) Acts as an expert clinical advisor for colleagues across a range of settings.</p> <p>m) Acts as a resource or educator to others.</p> <p>n) Participate in clinical conferences, team meetings, and morbidity and mortality meetings to enhance communication, learning, and care of patients with cardiac disease.</p> <p>o) Is a key member of the wider MDT, contributing to case management presentations and clinical management decisions.</p> <p>p) Including the following specialist MDT: valve, heart failure, endocarditis, arrhythmias, device, obstetrics, congenital heart disease, inherited cardiac conditions, palliative, cardio-oncology, and cardiac surgery, appropriate to role.</p>
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Level 6 - Facilitating Learning Pillar

Reference code	Core key knowledge, skills, and behaviours
6F1	Use learning theories to plan, implement, and evaluate learning in the local environment.
6F2	Create an effective learning environment that ensures learning opportunities for staff and learners.
6F3	Apply a wide range of facilitation, teaching, and assessment skills to develop and improve practice.
6F4	Identify and support the achievement of the learning needs of individuals/team in response to service need and personal development planning.
6F5	Demonstrate on-going reflection on practice and support reflection in others.

6F6	Demonstrate knowledge and use of a range of information to review/evaluate and enhance the learning environment.
6F7	Participate in learning needs analysis, educational audit, and evaluation of educational interventions.
6F8	Ability to effectively apply practice supervision, applying quality standards to facilitate pre and post-registration learners to develop knowledge, skills, and proficiency, using appropriate assessment criteria and quality standards to assess competence within own scope of practice.
6F9	Ability to engage in [clinical] supervision, using reflective practice and feedback to develop the quality of care and outcomes.
6F10	Source and evidence use of a range of educational materials to support own and others' development.
6F11	Evidence use of a wide range of skills to motivate, stimulate, and encourage others to facilitate the learning process.
6F12	Apply and continue to develop specialist knowledge of andragogy appropriate to specific role.
6F13	Engages with appraisal and the development and activation of a personal development plan.
6F14	Ability to effectively undertake the role of [clinical] supervisor for all functions of clinical supervision, within own scope of practice.
6F15	Use leadership skills to empower and enable others to engage in meaningful [clinical] supervision and use feedback to improve the quality of care.

Level 6 - Leadership Pillar

Reference code	Core key knowledge, skills, and behaviours
6L1	Use national leadership frameworks to assess and develop self-leadership and leading others.

6L2	Communicate complex information at an appropriate level to a range of audiences, adapting to context and purpose.
6L3	Actively promote a supportive culture where constructive feedback is received positively and regarded as a learning opportunity.
6L4	Display creativity and innovation in exploring and implementing possible solutions to problems and evaluating their effectiveness.
6L5	Provide leadership for quality improvement and service development to enhance people's well-being and experiences of healthcare.
6L6	Support others to take responsibility for ensuring concerns are addressed in a timely manner, applying relevant policies such as whistleblowing and complaints.
6L7	Demonstrate the ability to form, contribute to, and lead a team and work in collaboration with others to achieve the team's purpose and objectives.
6L8	Contribute to and manage other members of a team by sharing information and expertise.
6L9	Demonstrate leadership behaviours when managing people, applying human resource policies and processes.
6L10	Recognise early signs of poor performance and take appropriate measures to address concerns.
6L11	Respond in a transparent and structured way to any complaints from staff about the unacceptable or unfair behaviours of other members of the team.
6L12	Contribute to workforce development through personal and professional development of individuals and teams aligned to organisational priorities.
6L13	Demonstrate the ability to use recognised workload assessment and skill mix tools to manage resources and budgetary

	demands, including workforce resources.
6L14	Apply and continue to develop leadership skills and behaviours appropriate to specific role.

Level 6 - Evidence, Research and Development Pillar

Reference code	Core key knowledge, skills, and behaviours
6E1	Use a range of research approaches to assess how evidence is being used, by self and others, to inform and develop practice, improving the quality of care.
6E2	Demonstrate the ability to search and critically appraise evidence to inform and develop practice supporting audit, research, and quality improvement activity.
6E3	Participate in research related activity, including analysis of information.
6E4	Share with others good practice and the lessons learned from audit, research, and quality improvement activity to enhance practice locally.
6E5	Identify and disseminate information on NHS Board/University programmes of research/forums/ special interest groups/networks relevant to the area of practice.
6E6	Use understanding of research governance, including Good Clinical Practice, ethics, data protection and confidentiality, to support self and others in the research process.
6E7	Demonstrate the ability to use a wide range of Quality Improvement/Clinical Audit/ Research skills to inform and develop practice of self and others.

6E8	Ability to critically identify, define, and analyse complex/professional problems and issues.
6E9	Apply and continue to develop specialist knowledge of research and development appropriate to specific role.

Level 7 Advanced Clinical Nurse Specialist

Role and responsibility

People at level 7 of the career framework have a critical awareness of knowledge issues in the field and at the interface between different fields. They are innovative and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment.

Title: Advanced Clinical Nurse Specialist

The level outline is informed by the Advanced Practice Transforming Roles Papers 8

Qualifications and experience expected for practitioners at this level of career framework

- Registered as a Nurse or Midwife with the Nursing and Midwifery Council or registered with the Health and Care Professions Council
- Post-registration qualification
- Advanced CNS 120 credits SCQF 11 (Postgraduate Diploma)
- Evidence of operating/thinking at Master's level
- Evidence of working towards relevant Master's level award

Level 7 - Clinical Practice Pillar

Reference code	Core key knowledge, skills, and behaviours
7C1	Demonstrate advanced competence, innovation and leadership in the management and delivery of safe, effective, person-centred care within own area of practice.
7C2	Promote and act to influence others to incorporate non-judgemental, values-based care into practice.
7C3	Use a wide range of skills and strategies, including advanced or specialist skills, to communicate with people about difficult matters or situations.
7C4	Use in-depth knowledge of legislation, professional regulation, and codes of practice to lead the development, embedding, and evaluation of protocols, guidelines, and policies at operational level.
7C5	Promote, monitor and maintain best practice in health, safety, and security, in accordance with health and safety legislation and infection control policies, acting on concerns and/or reporting incidents in line with local reporting procedures.
7C6	Apply critical thinking and evaluation skills to make timely and informed clinical decisions related to all aspects of the care process, utilising professional judgement to manage risk appropriately.
7C7	Demonstrate the ability to use and evaluate technology and information systems to inform and improve health outcomes.
7C8	Identify and share more complex information effectively and concisely for a range of situations and contexts to ensure patient safety and continuity of care and act on professional judgement about when to seek help.
7C9	Advance equality and value diversity, challenging discriminatory behaviours and acting to improve inclusion.
7C10	Engage with, appraise, and respond to individuals' motivation, development stage and capacity, working collaboratively to

	promote health and well-being, improve health literacy and empower individuals to participate in decisions about their care and to maximise their health and well-being.
7C11	Contribute to the development of organisational objectives and create opportunities to involve other practitioners.
7C12	Apply advanced clinical knowledge, skills, and behaviours appropriate to specific area of practice.
7C13	Recognise the effects and potential symptoms of trauma or vicarious trauma and respond appropriately. Practising at a minimum of trauma informed practice level.
7C14	Ability to escalate concerns if unable to carry out their duty and responsibilities outlined within health and care staffing legislation. Practising at skilled level.

Reference code	Speciality key knowledge, skills, and behaviours
7C15	Baseline cardiology knowledge: <ul style="list-style-type: none"> a) Describe the structure and function of the cardiovascular system. b) Understand coronary anatomy and relate appropriately to the ECG and patient presentation. c) Describes the cardiac conduction system and mechanism of common arrhythmias and relate to the ECG and patient presentation: conduction disorders, atrial and ventricular arrhythmias. d) Describe the aetiology, pathophysiology, and natural history of coronary artery disease, arrhythmias, valvular heart disease, disease of the aorta, HFrEF, HFmrEF, HFpEF), pulmonary hypertension, and endocarditis. e) Demonstrate awareness of the typical and atypical signs and symptoms of cardiac presentations, including

	<p>differential diagnosis and conditions that can mask or mimic cardiac disease.</p> <p>f) Demonstrates awareness of the haemodynamic burden of pregnancy and relates the normal changes in pregnancy to the patient.</p> <p>g) Recognise patients who need early involvement of specialist MDT.</p>
7C16	<p>Focused history taking:</p> <p>a) Undertake a comprehensive assessment of a person's physical, psychological, and social unmet needs.</p> <p>b) Actively involve the person, their family and carers, and wider partners in assessments.</p> <p>c) Use ethical, regulatory and legal frameworks to underpin professional practice during complex moral and ethical dilemmas associated with symptoms, treatment, intervention, and supportive palliative and end-of-life care needs, such as DNACPR and device deactivation as appropriate.</p> <p>d) Assessment should include a full analysis and interpretation of their history.</p> <p>e) A comprehensive cardiovascular history should include family history of cardiovascular disease, specifically IHD in younger relatives (<50 yrs), relatives that died suddenly or who have had conditions such as aneurysms, dissections, or required interventions e.g. surgery, pacemakers or implantable cardiac devices (ICDs), familial hypercholesterolemia, cardiomyopathy, and channelopathies. Adverse pregnancy outcomes e.g., gestational diabetes, hypertensive disorders of pregnancy. Awareness and understanding of the therapies used in cancer treatment and the potential cardiac consequences.</p>
7C17	<p>Focussed clinical assessment:</p> <p>a) Carry out a focused clinical assessment of the patient, which may include physical examination such as auscultation,</p>

	<p>palpation, and percussion of heart and lung fields.</p> <p>b) Assessment of jugular venous pressure (JVP), central or peripheral oedema, abdominal examination, cyanosis, and peripheral pulses.</p> <p>c) Aware of adaptations to examination and assessment based on underlying disease, e.g., congenital heart disease, vascular disease.</p> <p>d) Symptom and treatment assessment; accurately assess, describe, and document the signs and symptoms of people who present with chest pain, palpitations, heart failure, cyanosis, or fatigue.</p> <p>e) Use of assessment or monitoring tools where indicated.</p> <p>f) Understands and implements assessment and diagnostic tools to diagnose cardiac disease and align with local pathways/guidelines appropriately.</p> <p>g) Demonstrate a comprehensive understanding of and identify common ECG rhythms and abnormalities and their management, including but not limited to sinus rhythm, atrial and ventricular extrasystoles, SVT, junctional (nodal) rhythms, atrial fibrillation and flutter (and stroke risk assessment), heart blocks, and cardiac arrest rhythms.</p> <p>h) Differentially diagnose broad QRS complex tachycardias.</p> <p>i) Analyse and synthesise findings from relevant assessments, tests, investigations, and the wider MDT review.</p> <p>j) The assessment may be face-to-face, over the phone, or by video conference.</p>
7C18	<p>Investigations:</p> <p>a) Authority to request and/or discuss a range of investigations.</p> <p>b) Apply knowledge and understanding of pathophysiology and investigations to. Request investigations appropriate</p>

	<p>to their scope of practice, including but not exclusive to: ECG, echocardiogram, cardiac CT, cardiac MRI, CXR, CPET, 6MWT, Holter monitor, exercise tolerance testing, myocardial perfusion scan, coronary angiography, stress echocardiogram, Reveal Monitor, and Ajmaline challenge.</p> <ul style="list-style-type: none"> c) Bloods: FBC, LFTs, U&Es, NTproBNP/BNP, TFTs, HBA1C, Iron Studies, Amyloidosis screen, troponin, lipid profile, Fabry. d) Referral to clinical genetics team for consideration of genetic testing. e) Interpret specific investigations and act on investigation reports. f) Have robust understanding of the pathophysiology involved in the development of cardiac disease as a result of co-morbidities, and relate this to investigation results and onwards management. g) Appraise investigation results and any incidental findings and escalate appropriately as required. h) Know the effects of fever, pain, electrolyte disturbances, hypoxia, and hypotension on haemodynamics, cardiac rhythm, and perfusion in patients with or at risk of cardiovascular disease. i) Use appropriate guidelines and/or protocols where they exist. j) Where appropriate, present findings to an MDT forum and/or with other health and social care professionals.
7C19	<p>Differential diagnosis:</p> <ul style="list-style-type: none"> a) Analyse and synthesise clinical information based on the patient's presentation, history, physical and psychological examination, and findings from relevant investigations to inform a differential diagnosis or confirm a diagnosis. b) Know the common differential diagnoses of symptoms associated with key cardiac symptoms. c) Understand the relationship between mental health and cardiac disease.

	<ul style="list-style-type: none"> d) Recognise the interaction of comorbidities (such as diabetes, chronic renal failure, hypertension, respiratory disease, liver disease, etc.) with cardiac disease and consider it when making a differential diagnosis. e) Recognise the cardiac and co-morbidity relationship (such as diabetes, chronic renal failure, hypertension, respiratory disease, liver disease, etc.) to inform a differential diagnosis. f) Make informed judgements in the absence of complete or consistent data/information.
7C20	<p>Treatment and care:</p> <ul style="list-style-type: none"> a) Sensitively appraise the impact of cardiac disease and co-morbidities on the patient, their family, and significant others. b) Exclude and treat reversible causes associated with deterioration, including onwards referral for catheter and surgical interventions where appropriate. c) Acknowledge irreversible decline and agree on realistic treatment strategies. d) Adopt an approach to palliative and end-of-life care that respects the principles of equality, diversity and inclusion, whilst being sensitive to specific cultures and beliefs associated with diverse patient or carer groups. e) Use the comprehensive assessment outcomes and cohesive working with the wider professional team to plan, discuss, and evaluate the evolving palliative and end of life care needs of persons living with advanced cardiac disease. f) Appraise symptom burden, apply sound clinical judgement, and refer to symptom management guidelines in partnership with specialist palliative care colleagues. g) Enable patients and carers to be active partners in their decision-making process by engaging in meaningful

	<p>conversations about “What Matters”, “ReSPECT” and “Realistic Medicine” principles associated with advancing cardiac disease and care preferences.</p> <ul style="list-style-type: none"> h) Recognise there are different specialities within cardiology (Palliative, Inherited, Congenital, Cardio-Obstetrics, , Cardio-oncology) and have understanding and knowledge of utilising the appropriate team within cardiology to refer on to. i) Medical emergencies commonly seen within the speciality. j) Psychological distress, anxiety, and depression. k) Recognises the need to assess psychological distress associated with cardiac disease and uses validated screening tools to assess. l) Recognition of the ethical implications of defibrillator implantation and subsequent device therapy on psychological status and lifestyle. m) Health promotion including lifestyle choices. n) Actively assess for opportunities for primary and secondary prevention of CVD through risk reduction, pharmacological therapies and lifestyle advice. o) The wider network support for patients and their families. p) Broader public health issues relevant to their area of practice: consideration of the socioeconomic, racial, and sex-based inequalities within cardiac disease. q) The Advanced Clinical Nurse Specialist will teach, advise, and coach patient/client/carers about their condition, treatment options, and health/lifestyle activities.
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7C21	<p>Co-ordination of care, referral, admission and discharge:</p> <ul style="list-style-type: none"> a) Plan, deliver and/or co-ordinate care utilising highly specialist knowledge. b) Authority to admit and discharge from speciality area, depending on patient need and relevant legislation. This includes referral to a range of appropriate health and social care professionals and agencies. The Advanced Clinical Nurse Specialist may receive referrals directly or via the MDT team. c) Understand the transitional and outpatient strategies to avoid preventable hospitalisations in patients recently discharged with cardiac disease. d) Provide advice to other health and social care professionals that may inform admission/discharge, planning, or referral.
7C22	<p>Expert specialist resource:</p> <ul style="list-style-type: none"> a) Provides specialist advice and support for patients throughout the care pathway. b) Provides a comprehensive overview of the patient's cardiac disease and plan of care including self-care strategies. c) Identifies the trajectory for the patient's cardiac disease and supports patients and relatives with information to support future care planning. d) Recognises the impact of cardiac disease on travel and recreation and provides advice to patients. e) Assess or refer for assessment of CV risk associated with competitive sport, physically demanding occupation or other physical activity. f) Discusses the evidence base, indications, contraindications, side-effects and lifestyle implications of therapies used for the treatment of cardiac disease or co-morbidities, e.g., erectile dysfunction, bleeding risk.

	<ul style="list-style-type: none"> g) Informs patients on the impact of their cardiac disease, symptoms and interventions on driving, remaining up to date with DVLA guidance for medical professionals e.g., driving restrictions post cardiac surgery, device implantation, impact of heart failure symptoms, palpitations, and syncope. h) For men and women of reproductive age with inherited cardiac disease, recognise the need to consider options relating to pre-implantation genetic diagnosis and refer appropriately for further advice. i) Identifies cardiovascular risk in pregnancy using WHO classification. j) Routinely discusses with women of reproductive age the importance of safe and effective methods of contraception to avoid an unplanned pregnancy. Clearly documents which methods of contraception are safe in the context of heart failure in patient notes to facilitate access. k) Utilises the range of third sector information to support patients and their relatives in decision-making and living with cardiac disease. l) Links patients and relative to local cardiac support groups. m) Acts as an expert clinical advisor for colleagues across a range of settings. n) Acts as a resource or educator to others. o) Actively look for opportunities across medical specialities to increase awareness of cardiac presentations and management as well as the role of the ACNS in the MDT and patient pathway. p) Participate in clinical conferences, team meetings, and morbidity and mortality meetings to enhance communication, learning, and care of patients with Cardiac Disease. q) Is a key member of the wider MDT, contributing to case management presentations and clinical management
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	<p>decisions.</p> <p>r) Including the following specialist MDT: valve, heart failure, endocarditis, arrhythmias, device, obstetrics, congenital heart disease, inherited cardiac conditions, cardio-oncology and cardiac surgery.</p>
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Level 7 Facilitating Learning Pillar

Reference code	Core key knowledge, skills, and behaviours
7F1	Role model exemplary facilitation and teaching skills and develop those skills in others.
7F2	Demonstrate and understand the key theories of adult learning and apply a wide range of facilitation, teaching and assessment skills to practice.
7F3	Evaluate reflection on practice and facilitate reflection in others.
7F4	Review data collected from educational audits and other feedback to plan and lead change at a local level to enable a positive learning environment.
7F5	Ability to effectively undertake the role of [clinical] supervisor for all functions of clinical supervision within own scope of practice.
7F6	Evaluate, develop, lead, and facilitate the use of education materials for students, staff and service users at a local level.
7F7	Develop, lead and support teaching, supervision and assessment skills in others.
7F8	Engage with education providers to contribute to curriculum development and delivery.
7F9	Apply advanced knowledge of adult learning appropriate to specific role.

7F10	Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced clinical practice.
7F11	Engage with, appraise, and respond to individuals' motivation, development stage, and capacity, working collaboratively to support health literacy and empower individuals to participate in decisions about their care and to maximise their health and well-being.
7F12	Enact the Health and Care Staffing legislation to ensure there is adequate time provision to support the learning and development of the team.
7F13	Ability to engage in [clinical] supervision, using reflective practice and feedback to develop the quality of care and outcomes.
7F14	Ability to effectively apply practice supervision, applying quality standards to facilitate pre and post-registration learners to develop knowledge, skills, and proficiency, using appropriate assessment criterion and quality standards to assess competence within own scope of practice.
7F15	Use leadership skills to empower and enable others to engage in meaningful clinical supervision and use feedback to improve the quality of care.

Level 7 Leadership Pillar

Reference code	Core key knowledge, skills, and behaviours
7L1	Provide strong and effective leadership across professional and organisational teams/boundaries broadening sphere of influence.

7L2	Evidence a positive impact of own exemplary leadership qualities and behaviours.
7L3	Role model highly developed verbal, non-verbal, and written communication skills.
7L4	Demonstrate how feedback is used by the service to positively improve services.
7L5	Use creative and innovative solutions to address complex problems.
7L6	Promote a culture of empowerment to enable concerns to be raised, addressed, and/or appropriately escalated.
7L7	Lead innovation and quality improvement and promote involvement of others.
7L8	Build and lead teams, engage stakeholders, and work in collaboration with others.
7L9	Demonstrate and support others to manage people effectively using organisational policies and exemplary leadership qualities.
7L10	Progress workforce development plans aligned to organisational priorities.
7L11	Critically apply advanced clinical expertise and role model the values of NHS Scotland to influence the sharing and adoption of best practice, reduce unwarranted variation, and enhance quality.
7L12	Use creative and innovative solutions to ensure [clinical] supervision is prioritised and others have the resources required to access support appropriate to needs and role.

Level 7 - Evidence, Research and Development Pillar

Reference code	Core key knowledge, skills, and behaviours
7E1	Act as a role model for the wider team by promoting a positive research culture.

7E2	Further enhance knowledge of research approaches, including advanced evaluation methods, to promote and embed evidence in practice.
7E3	Identify and apply impact measures and use findings to enhance practice.
7E4	Demonstrate the ability to search, critically appraise, and synthesize evidence to inform practice and to underpin audit/research/quality improvement activity.
7E5	Share good practice and the lessons learned from audit, research, and quality improvement activity locally, and nationally through professional and peer-reviewed processes.
7E6	Utilise appropriate policies to ensure support for clinical research activity and adherence to research governance, including Good Clinical Practice, ethics, data protection and confidentiality.
7E7	Demonstrate the ability to use a wide range of Quality Improvement/Clinical Audit/Research skills to improve practice and supports others to do so.
7E8	Critically analyse, evaluate, and synthesise complex/professional problems and issues and help others do the same.
7E9	Develop original and creative solutions to problems and support others to do so.
7E10	Contribute to the wider research agenda by initiating or supporting NMAHP led research activity.
7E11	Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical, and other active researchers.

Appendices

Appendix 1: Scottish Credit & Qualifications Framework (SCQF)

SCQF is the national qualifications framework. Senior healthcare support workers are normally working at SCQF level 7 and assistant practitioners at SCQF level 8. There are some example qualifications in the table below. The minimum SCQF level for entry into the NMAHP professions is Level 9 (Ordinary Degree). Advanced Practice has been mapped to SCQF Level 11 study (Master's level). It is neither necessary nor desirable to map all post-registration education to academic levels, but where it is appropriate, the following can be used as a guide.

More information can be found at - [Interactive Framework | Scottish Credit and Qualifications Framework \(scqf.org.uk\)](https://www.scqf.org.uk/)

Career Framework level	Minimum associated SCQF level
2 Healthcare Support Worker	SCQF Level 6 – examples include: + SVQ Healthcare Support (Clinical) + SVQ Social Services + Healthcare Modern Apprenticeships: Health Care Support (clinical) + Modern Apprenticeships: Social Services and Healthcare
3 Senior Healthcare Support Worker	SCQF Level 7 – examples include: + SVQ Healthcare Support (Clinical) + SVQ Social Services & Healthcare + HNC Healthcare Practice + HNC Occupational Therapy Support + PDA Promoting Positive Behaviour + PDA Promoting Excellence in Dementia Skilled Practice + PDA Developing Professional Practice in Health and Social Care + PDA Health and Social Care: Administration of Medicine

	<ul style="list-style-type: none"> + OU – K102 -Introducing Health and Social Care + OU – Certificate of Higher Education in Healthcare Practice + OU – K104, Introduction to Healthcare Practice Modern Apprenticeships: Health Care Support (Clinical) Modern Apprenticeships: Social Services and Healthcare
4 Assistant Practitioner	<p>SCQF Level 8 – examples include</p> <ul style="list-style-type: none"> + PDA Acute and Community Care + PDA Health and Social Care: Personalisation in Practice + PDA Health and Social Care: Promoting Enhanced Professional Practice + PDA Healthcare Professionals: Facilitating Learning, Training and Assessment in the Workplace + PDA Occupational Therapy Support + PDA Podiatry Support + OU – Diploma of Higher Education in Health and Social Care + Higher Education Diploma: Wellbeing and Enablement
5 Practitioner	Level 9 – Ordinary Degree level
6 Senior Practitioner	Level 10 – Honours Degree level
7 Advanced Practitioner	Level 11 – Master’s Degree level
8 Consultant Practitioner	Level 11/12 – Master’s/Doctorate level

Appendix 2: Reference List

Management Steering Group (2024) *Knowledge and Skills Framework*. Available from:
[Knowledge and Skills Framework | MSG](#)

Ministry of Justice (2012) *Public sector equality duty*. Available at: [Public sector equality duty - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

NES (no date) *NMAHP development framework*. Available from: [Career Framework](#)

NES (2020) *Transforming NMAHP roles*. Available from: [Transforming NMAHP roles | NHS Education for Scotland](#)

Scottish Government (2013) *Everyone matters: 2020 health workforce vision*. Available from: [Everyone matters: 2020 health workforce vision - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Scottish Government (2021) *Heart disease: action plan*. Available from: [Heart disease: action plan - gov.scot](http://gov.scot)

Scottish Government (2021) *Transforming Nursing, Midwifery AND Health Profession roles: review of the Clinical Nurse Specialist and Nurse Practitioner roles within Scotland*. Available from: [Transforming Nursing, Midwifery And Health Profession \(NMaHP\) roles: review of Clinical Nurse Specialist and Nurse Practitioner roles within Scotland - gov.scot](#)

Skills for Health (2010) *Key elements of the Career Framework*. Available from: [Key Elements of the Career Framework v2](#)

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email [**altformats@nhs.scot**](mailto:altformats@nhs.scot) to discuss how we can best meet your requirements.



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