



# End-point assessment plan for the Specialist Community Public Health Nurse apprenticeship standard

Apprenticeship standard reference number	Level of this end point assessment (EPA)	Integrated
ST0697	7	Non-integrated

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## Introduction and overview

Specialist Community Public Health Nurses (SCPHN) are subject to statutory regulation by the Nursing and Midwifery Council (NMC). The NMC sets the standards of proficiency required for entry to the professional register and these are in effect the occupational standards for SCPHN. The NMC also has the statutory duty to set requirements of programmes necessary to support the achievement of the occupational standard. The end-point assessment (EPA) assesses whether apprentices have also passed the apprenticeship, and is based on the same professional knowledge, skills and behaviours as the occupational standard.

This document sets out the requirements for EPA for the core and options SCPHN apprenticeship standard. It is for end-point assessment organisations (EPAOs) who need to know how EPA for this apprenticeship must operate. It will also be of interest to SCPHN apprentices, their employers and training providers.

Full time apprentices will typically spend 18 months on-programme working towards the occupational standard.

The EPA period should only start, and the EPA be arranged, once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, all of the pre-requisite gateway requirements for EPA have been met and that they can be evidenced to an EPAO. Where the EPAO is an NMC approved education institution they are permitted to manage the assessment process for their own apprentices in compliance with the EPA Plan. Where the EPAO is not an NMC approved education institution they will work with the NMC approved education institution to facilitate the EPA.

For level 3 apprenticeships and above, apprentices without English and mathematics at level 2 must achieve level 2 prior to taking their EPA.

The EPA must be completed within an EPA period lasting a maximum of 3 month(s), beginning when the apprentice has passed the EPA gateway.

The EPA consists of 2 discrete assessment methods.

The individual assessment methods will have the following grades:

### **Assessment method 1:** Professional Discussion A

- Fail
- Pass

### **Assessment method 2:** Professional Discussion B

- Fail
- Pass

Performance in the EPA will determine the overall apprenticeship standard and grades of:

- Fail
- Pass

## EPA summary table

<b>On-programme</b> (typically 18 months)	Education and training to develop the occupational standard's knowledge, skills and behaviours.
<b>End-point Assessment Gateway</b>	<ul style="list-style-type: none"> <li>• Employer is satisfied the apprentice is consistently working at, or above, the level of the occupational standard</li> <li>• English/Mathematics Level 2</li> <li>• Practice Assessment Document (PAD)</li> </ul> Completion of all modules of the following approved qualification mandated in the occupational standard: NMC Approved Qualification at level 7 Specialist Community Public Health Nursing but before the training provider's examination board
<ul style="list-style-type: none"> <li>• End Point Assessment typically lasting 3 months)</li> </ul>	Assessment Method 1: Professional Discussion A With the following grades: <ul style="list-style-type: none"> <li>· Fail</li> <li>· Pass</li> </ul> Assessment Method 2: Professional Discussion B With the following grades: <ul style="list-style-type: none"> <li>· Fail</li> <li>· Pass</li> </ul>
<b>Professional recognition</b>	Aligns with recognition by: The Nursing and Midwifery Council

## Length of end-point assessment period:

The EPA must be completed within an EPA period lasting typically 3 month(s), beginning when the apprentice has passed the EPA gateway.

## Order of assessment methods

The assessment methods can be delivered in any order.

## Gateway

The EPA period should only start once the employer is satisfied that the apprentice is consistently working at or above the level set in the occupational standard, that is to say they are deemed to have achieved occupational competence. In making this decision, the employer will be advised by the Academic Assessor that the apprentice has achieved occupational competence in order for the decision to be made.

In addition to the employer's confirmation that the apprentice is working at or above the level in the occupational standard, the apprentice must have completed the following gateway requirements prior to beginning EPA:

- English and mathematics at level 2.

For those with an education, health and care plan or a legacy statement the apprenticeship's English and mathematics minimum requirement is Entry Level 3. British Sign Language qualifications are an alternative to English qualifications for those for whom this is their primary language.

Apprentices must complete all modules of the following approved qualifications but before the training provider's examination board as mandated in the occupational standard:

- NMC Approved Qualifications. Specialist Community Public Health Nursing

The apprentice will have completed a Practice Assessment Document (PAD) which will be used to underpin the professional discussions. The PAD will typically contain the following sections which reflect the four domains from the NMC Standards of proficiency for Specialist Community Public Health Nurses (2004) and be mapped to the KSB:

1. search for health needs
2. stimulation of awareness of health needs
3. influence on policies affecting health
4. facilitation of health-enhancing activities

For Professional Discussion A:

- no specific additional requirements

For Professional Discussion B:

- no specific additional requirements

# Assessment methods

## Overview

Apprentices will undertake two assessments, each being a professional discussion. While the method for each assessment is the same they are treated as separate assessments. Each assessment will test the apprentice's knowledge, skills and behaviours (KSBs) against specific areas. The domains are taken from the NMC Standards of proficiency for Specialist Community Public Health Nurses (2004). These are:

1. search for health needs
2. stimulation of awareness of health needs
3. influence on policies affecting health
4. facilitation of health-enhancing activities

The apprentice will demonstrate a reasonable and meaningful sample of the KSBs assigned to the areas from the NMC Standards for Specialist Education and Practice. The mapping at the end of this document shows the links between the assessment methods and KSBs.

Each professional discussion will be undertaken by a panel consisting of:

- Independent Assessor (the Chair)
- Programme Practice Assessor
- Programme Academic Assessor

The Independent Assessor is responsible for the final grade given for the end-point assessment but will make the decision taking into account the views of the Programme Practice and Academic Assessors. The overall role of the Practice Assessor is to assess and confirm the apprentice's achievement of practice aligned to the knowledge, skill and behaviours. The overall role of the Academic Assessor is to confirm the apprentice's achievement of the KSBs from an academic perspective. The requirements of both roles are set out in the NMC Standards for student supervision and assessment (2018). The roles very much complement each other, and in the context of the professional discussions will enhance the questioning and assessment process.

The end-point assessment organisation will arrange for the professional discussions to take place, in consultation with the employer and in agreement with the NMC approved education institution where this is not the EPAO in order to ensure the EPA takes place at the time specified in this EPA plan. The two professional discussions must allow for an in-depth discussion that allows for a meaningful sample of KSBs across the areas to be explored and gives the apprentice the opportunity to present evidence that clearly demonstrates competence against the occupational standard. The two discussions combined should be between 60 – 120 minutes in duration and long enough to ensure the domains are adequately assessed. The independent assessor may extend one or both by 10% if necessary, to allow the apprentice to complete their final answer.

Each professional discussion will not be split, other than to allow comfort breaks if necessary. A break is permitted between professional discussions.

## Rationale

The rationale for the assessment methods is:

A professional discussion is not simply a question and answer session but a meaningful, in-depth two-way dialogue between the apprentice and the assessors. It allows the apprentice to use standardised questions and scenarios as a starting point to explore their own practice and experiences with the assessors to show how they demonstrate the occupation's KSBs and that they are occupationally competent. A professional discussion is a well-recognised method of checking knowledge, skills and behaviours and is widely used within the health sector.

## Delivery

Before each assessment, apprentices must be provided with both, written and verbal instructions on the assessment.

EPAOs will ensure an appropriate controlled environment is provided for the assessment and that the environment can facilitate the EPA.

The apprentice will have completed a PAD prior to the gateway. The PAD is used to record learning and assessment that takes place throughout the apprenticeship and the apprentice will bring it with them on the day of the assessment. Appropriate consideration should be given to patient/client confidentiality when constructing the PAD. The apprentice may draw on the contents of their PAD to underpin their professional discussions, selecting items on the day to inform and enhance the discussion. The independent assessor does not view the PAD prior to the professional discussions and will not assess it.

## Assessment Method 1: Professional Discussion A

Specialist Community Public Health Nurses (SCPHN) are made up of health visitors, school nurses and occupational health nurses. The apprenticeship standard is a core and options based approach which covers the following roles:

- Core occupation duties – relevant to all SCPHNs

- Option duties – relevant to health visitors and school nurses

- Option duties – relevant to occupational health nurses

Assessment Method 1 will assess the KSBs linked to domains 1, 2, & 4 from the NMC Standards of proficiency for Specialist Community Public Health Nurses (2004) as follows:

1. search for health needs
2. stimulation of awareness of health needs
4. facilitation of health-enhancing activities

The assessors will ask 6 questions that will robustly cover the KSBs mapped to these areas. The questions can either be competency-based (e.g. asking for examples of...), enabling the apprentice to explain how KSBs were personally achieved or scenario-based (e.g. asking for their response in/to a certain professional situation - how would you deal with.... what would you do if...). The questions can be area specific or written in a way that allows the apprentice to demonstrate the KSBs from across the five areas. If scenarios are used, these must be 200 – 250 words. Apprentices will demonstrate their knowledge, skills and behaviours in the context of their area of practice and will be expected to describe practice that demonstrates the KSBs that are specific to their area of practice as appropriate.

Examples of a competency based questions could include:

*Describe an episode of care where you had to provide advanced case management for people with highly complex unpredictable needs. You should describe the evidence-based therapeutic interventions that were used and the people involved, including other health care professionals and carers.*

*Describe an encounter with an employer, manager and/or employee where the health benefits of good work and positive work culture were discussed and promoted. You should describe the ways in which you sought to influence and encourage change.*

Examples of scenarios could include:

200 - 250 words describing situations involving the following:

- Safeguarding
- Professional conduct
- Ethical dilemmas
- Supporting the learning of others
- Clinical supervision
- Delegation

The examples in this EPA plan are for illustrative purposes. It is for the EPAO to develop a suitable 'bank of competency based questions and scenarios-based questions' to be used during the professional discussion.

At the end of the each professional discussion, the independent assessor, practice assessor and academic assessor will have the opportunity to ask follow-up questions to elicit further evidence that the KSBs have been attained, or otherwise, and to enable accurate assessment against the pass criteria.

The EPAO will provide a bank of questions and scenarios that assessors may use. The assessors can ask follow-up questions that will help them determine that the KSBs have been demonstrated.

## Assessment Method 2: Professional Discussion B

Assessment Method 2 will assess the KSBs linked to domain 3 from the NMC Standards of proficiency for Specialist Community Public Health Nurses (2004):

### 3. influence on policies affecting health

The assessors will ask two questions that will robustly cover the KSBs mapped to these areas. The questions can either be competency-based (e.g. asking for examples of...), enabling the apprentice to explain how KSBs were personally achieved or scenario-based (e.g. asking for their response in/to a certain professional situation - how would you deal with.... what would you do if...). The questions can be area specific or written in a way that allows the apprentice to demonstrate the KSBs from across the two areas. If scenarios are used these must be 200 – 250 words. Apprentices will demonstrate their knowledge, skills and behaviours in the context of their area of practice and will be expected to describe practice that demonstrates the KSBs that are specific to their area of practice as appropriate.

Examples of a competency based question could include:

*Give an example of where you have sought to influence and negotiate with stakeholders to make a change to a current strategic approach to the care and wellbeing of individuals within your scope of practice*

*Give an example of where you have provided advise to a group of employers or managers on the legal and ethical requirements to protect workplace health. You should describe the ways in which you sought to influence and encourage change.*

Examples of scenarios could include:

200 - 250 words describing situations involving the following:

- developing and delivering health protection and promotion strategies or policies such as immunisation or smoking cessation
- legal and ethical requirements to protect workplace health such as patterns of working or return to work programmes

The examples in this EPA plan are for illustrative purposes, it is for the EPAO to develop a suitable 'bank of competency based questions and scenarios' to be used during the professional discussion.

At the end of each competency or scenario based professional discussion the independent assessor, practice assessor and academic assessor will have the opportunity to ask follow-up questions to elicit further evidence that the KSBs have been attained or otherwise, and to enable accurate assessment against the pass criteria.

The EPAO will provide a bank of questions and scenarios that assessors may use, or assessors may use the KSBs to construct their own. The assessors can ask follow-up questions that will help them determine that the KSBs have been demonstrated.

## Questions and resources development

EPAOs will produce specifications to outline in detail how the professional discussions will operate, what they will cover and what should be looked for and how evidence will be recorded. It is recommended that this be done in consultation with representative employers. EPAOs should put measures and procedures in place to maintain the security and confidentiality of the parts of their specifications that could unfairly advantage apprentices if employers are consulted. Specifications must be standardised by the EPAO. EPAOs must also develop a 'bank' of competency based questions and scenario-based questions of sufficient size to prevent predictability and review them regularly (and at least once a year) to ensure they, and the specifications they contain, are fit for purpose. The specifications must be varied yet allow assessment of all the relevant domains from the NMC Standards of proficiency for Specialist Community Public Health Nurses (2004) and KSBs. EPAOs will produce guidance for apprentices to explain how the professional discussions will operate.

## Weighting of assessment methods

All assessment methods are weighted equally in their contribution to the overall EPA grade i.e. both must be passed



## Reasonable adjustments

The EPA organisation must have in place clear and fair arrangements for making reasonable adjustments for this apprenticeship standard. This should include how an apprentice qualifies for Reasonable Adjustment and what Reasonable Adjustments will be made. The adjustments must maintain the validity, reliability and integrity of the assessment methods outlined in this end-point assessment plan.

## Grading

A grading exemption has been granted by the Institute for Apprenticeships and Technical Education.

### Assessment method 1: Professional Discussion A

To pass this method, the apprentice will need to demonstrate competence against the core grading descriptors and then those relevant to their role as a Health Visitor, School Nurse or Occupational Health Nurse. It is not necessary to cover every single KSB.

KSBs	Name of grade	Grade Descriptor
<b>Core</b> <b>K1 K2 K3 K4</b> <b>K7 K10 K11</b> <b>K12 K13 K14</b> <b>K15 K16 K17</b> <b>K18 K19 K20</b> <b>K21 K22 K23</b> <b>K24 K25 K26</b>  <b>Option 1 -K27</b> <b>K28 K29 K30</b> <b>K31 K32 K33</b> <b>K34 K35 K36</b> <b>K41 K42 K43</b>  <b>Option 2 - K44</b> <b>K45 K46 K47</b> <b>K48 K49 K50</b> <b>K51 K52 K53</b> <b>K54 K58 K59</b> <b>K60 K61 K62</b> <b>K63 K64 K65</b> <b>K66 K67 K68</b> <b>K69</b>  <b>Core - S1 S2</b> <b>S3 S4 S5 S6 S7</b> <b>S8 S12 S17</b> <b>S18 S19 S20</b> <b>S21 S22 S23</b> <b>S24 S25 S26</b>	Pass	<b>Core</b>  Leads, manages and delivers specialist community public health nursing recognizing a range of common physical and mental health concerns, engaging and communicating with individuals and organisations in line with relevant legal, regulatory and governance requirements, policies, and ethical frameworks, including any mandatory reporting duties. (K2, K3, K4, K16, K20, K21, K22, K23, K24, K25, K26, S2, S6, S7, S12, S24, S26, S27, S28, S29, S30, B4, B5)  Acts in accordance with the Code: Professional standards of practice and behaviour at all times and uses knowledge and experience to make evidence-based decisions and solve problems within the scope of the role. (K1, S1, B1, B2, B3)  Leads, supports, clinically supervises, manages and appraises a mixed skill/discipline team, promoting collaboration and partnership to deliver service need. (K17, K18, K19, S3, S22, S23, S25)  Participates in research, audit and evaluation using evidence based methods to collect, collate, monitor and analyse data to improve specialist community public health nursing (K10, K11, K12, K13, K14, K15, S17, S18, S19, S20, S21)  Develops a positive teaching/learning environment and workplace for supporting disciplines and professions learning about specialist community public health nursing (S8)

<p><b>S27 S28 S29 S30</b></p> <p><b>Option 1 - S31 S32 S33 S34 S35 S36 S37 S38 S43 S44 S45 S46 S47</b></p> <p><b>Option 2 - S48 S49 S50 S51 S52 S53 S54 S55 S56 S57 S58 S59 S60 S61 S69 S70 S71 S72 S73 S74</b></p> <p><b>B1 B2 B3 B4 B5</b></p>		<p>Ensures all staff are able to recognise vulnerability of adults and children and understands their responsibilities and those of other organisations in terms of inclusion, safeguarding legislation, policies and procedures. (K7, S4, S5)</p> <p><b>Option 1 - Health Visitors and School Nurses</b></p> <p>Engages with individuals, communities, schools and wider populations to determine health needs and raise awareness about health (K27, K28, K29, K30, K31, K32, K33, K34, K35, K36, S31, S32, S33, S34, S35, S36, S37, S38)</p> <p>Enables the assessment, development and engagement of individuals and communities with health enhancing activities. (K41, K42, K43, S43, S44, S45, S46, S47)</p> <p><b>Option 2 - Occupational Health Nurses</b></p> <p>Advises, leads, establishes and carries out programmes to improve health and wellbeing in the workplace (K44, K45, K46, K47, K48, K49, K50, K51, K52, K53, K54, K58, K59, K60, K61, K62, K63, K64, S48, S49, S50, S51, S52, S53, S54, S55, S56, S57, S58)</p> <p>Promotes the health benefits of good working practices and procedures taking into account the effect of the changing nature of work. ( , K65, K66, K67, K68, K69, S59, S60, S61, S69, S70, S71, S72, S73, S74, )</p>
	Fail	Does not meet the pass criteria

## Assessment method 2: Professional Discussion B

To pass this method, the apprentice will need to demonstrate competence against the core grading descriptor and then those relevant to their role as a Health Visitor, School Nurse or Occupational Health Nurse. It is not necessary to cover-off every single KSB.

Revised Mapping	Fail	Pass
<p><b>K5 K6 K8 K9</b></p> <p><b>Option 1 - K37 K38 K39 K40</b></p> <p><b>Option 2 - K55 K56 K57</b></p>	Pass	<p><b>Core</b></p> <p>Leads, manages, develops and delivers health protection and promotion strategies and policies. (K5, K6, K8, K9, S9, S10, S11, S13, S14, S15, S16)</p>

<p><b>S9 S10 S11 S13 S14 S15 S16</b></p> <p><b>Option 1 - S39 S40 S41 S42</b></p> <p><b>Option 2 - S62 S63 S64 S65 S66 S67 S68</b></p>		<p><b>Health Visitors and School Nurses</b></p> <p>Influences and negotiates strategies and policies to initiate changes within their scope of practice (K37, K38, K39, K40, S39, S40, S41, S42)</p> <p><b>Occupational Health Nurses</b></p> <p>Advises a range of stakeholders, organisations and individuals of legal and ethical requirements to protect workplace health (K55, K56, K57, S62, S63, S64, S65, S66, S67, S68)</p>
	Fail	Does not meet the pass criteria

### Overall EPA grading

All EPA methods must be passed for the EPA to be passed overall.

Grades from individual assessment methods should be combined in the following way to determine the grade of the EPA as a whole:

Professional Discussion A	Professional Discussion B	Overall EPA grading
Fail	Fail	Fail
Fail	Pass	Fail
Pass	Fail	Fail
Pass	Pass	Pass

## Roles and responsibilities

Role	Responsibility
Apprentice	<ul style="list-style-type: none"> <li>• complete the constituent parts of the programme successfully</li> <li>• meet all gateway requirements when advised by the employer</li> <li>• understand the purpose and importance of EPA and undertake EPA</li> </ul>
Employer	<ul style="list-style-type: none"> <li>• select the EPAO</li> <li>• support the apprentice to achieve the KSBs outlined in the standard to their best ability</li> <li>• determine when the apprentice is working at or above the level of occupational competence outlined in the occupational standard and is ready for EPA, taking account of the advice of the Academic Assessor</li> <li>• confirm all EPA gateway requirements have been met</li> <li>• confirm arrangements with EPAO for the EPA (who, when, where) in a timely manner</li> <li>• ensure the apprentice is well prepared for the EPA</li> </ul>
EPAO	<p>As a minimum EPAOs should:</p> <ul style="list-style-type: none"> <li>• work with the HEI (if the EPAO is not itself the apprentice's NMC approved education institution)</li> <li>• understand the occupational role</li> <li>• appoint an independent assessor to deliver the EPA</li> <li>• provide training and CPD to the independent assessors they employ to undertake the EPA</li> <li>• provide adequate information, advice and guidance documentation to enable apprentices, employers and providers to prepare for the EPA</li> <li>• deliver the end-point assessment outlined in this EPA plan in a timely manner after gateway</li> <li>• prepare and provide all required material and resources required for delivery of the EPA in-line with best practices</li> <li>• use appropriate assessment recording documentation to ensure a clear and auditable mechanism for providing assessment decision feedback to the apprentice and other stakeholders</li> <li>• maintain robust internal quality assurance (IQA) procedures and processes, and conducts these on a regular basis</li> <li>• conform to the requirements of the nominated external quality assurance body</li> <li>• organise standardisation events and activities in accordance with this EPA plan's IQA section</li> <li>• provide training for the Academic and Practice Assessors necessary for them to understand and apply the requirements of the apprenticeship and the EPA process</li> <li>• organise and conduct moderation of independent assessors' marking in accordance with this EPA plan</li> <li>• have, and operate, an appeals process</li> </ul>

	<ul style="list-style-type: none"> <li>• arrange for certification</li> </ul>
Independent assessor	<p>As a minimum an Independent assessor should:</p> <ul style="list-style-type: none"> <li>• understand the occupational standard and end-point assessment plan</li> <li>• deliver the end-point assessment in-line with the EPA plan</li> <li>• comply to the IQA requirements of the EPAO</li> <li>• be independent of the apprentice, the employer and the training provider who are involved in delivering the apprenticeship</li> <li>• have had training from their EPAO in terms of good assessment practice, operating the assessment tools and grading</li> <li>• have the capability to assess the apprentice at this level</li> <li>• attend the required number of EPAO's standardisation and training events per year (as defined in the IQA section)</li> </ul>
Programme Practice Assessor	<p>As a minimum the Practice Assessor should:</p> <ul style="list-style-type: none"> <li>• understand the occupational standard and end-point assessment plan</li> <li>• meet the NMC requirements for Practice assessors of specialist community public health nurses as set out in Standards for student supervision and assessment (NMC, 2018)</li> <li>• participate in the the end-point assessment in-line with the EPA plan</li> <li>• undertake any training or reading provided by the EPAO necessary for them to understand and apply the requirements of the apprenticeship and the EPA process</li> </ul>
Programme Academic Assessor	<p>As a minimum the Academic Assessor should:</p> <ul style="list-style-type: none"> <li>• understand the occupational standard and end-point assessment plan</li> <li>• meet the NMC requirements for Academic assessors of specialist community public health nurses as set out in Standards for student supervision and assessment (NMC, 2018)</li> <li>• participate in the the end-point assessment in-line with the EPA plan</li> <li>• undertake any training or reading provided by the EPAO necessary for them to understand and apply the requirements of the apprenticeship and the End Point Assessment process</li> </ul>
Training provider/NMC approved education institution	<p>As a minimum the training provider should:</p> <ul style="list-style-type: none"> <li>• work with the employer to ensure that the apprentice is given the opportunities to develop the KSBs outlined in the standard and monitor their progress during the on-programme period</li> <li>• advise the employer, upon request, on the apprentice's readiness for EPA prior to the gateway</li> <li>• Coordinate with the EPAO where the EPAO is not the apprentices NMC approved education</li> <li>• provide the Academic and Practice Assessor play no part or wider role in the EPA itself</li> </ul>

## Internal Quality Assurance (IQA)

Internal quality assurance refers to the requirements that EPA organisations must have in place to ensure consistent (reliable) and accurate (valid) assessment decisions. EPA organisations for this EPA must:

- appoint independent assessors who are:
  - Specialist community public health nurses with the appropriate annotation for the field of practice i.e. HV, SN or OHN who are registered with the Nursing and Midwifery Council
  - competent to deliver the end-point assessment
  - have current knowledge of the Nursing and Midwifery Council:
    - Standards of proficiency for Specialist Community Public Health Nurses (2004)
    - Standards framework for nursing and midwifery education
    - Standards for student supervision and assessment
- provide training for independent assessors in terms of good assessment practice, operating the assessment tools and grading
- provide training or reading for the Academic and Practice Assessors necessary for them to understand and apply the requirements of the apprenticeship and the EPA process
- have robust quality assurance systems and procedures that support fair, reliable and consistent assessment across the organisation and over time.
- operate induction training and standardisation events for independent assessors when they begin working for the EPA organisation on this standard and before they deliver an updated assessment method for the first time
- ensure that independent assessors, programme practice assessors and programme academic assessors attend standardisation meetings on this standard on a regular basis and at least a minimum of one event annually.

## Re-sits and re-takes

Apprentices who fail one or more EPA assessment method will be offered the opportunity to take a re-sit or a re-take. A re-sit does not require further learning, whereas a re-take does.

Apprentices should have a supportive action plan to prepare for the re-sit or a re-take. The apprentice's employer will need to agree that either a re-sit or re-take is an appropriate course of action.

An apprentice who fails an assessment method, and therefore the EPA in the first instance, will be required to re-sit any failed assessment methods only.

Any assessment method re-sit or re-take must be taken during the maximum EPA period, otherwise the entire EPA must be taken again, unless in the opinion of the EPAO exceptional circumstances apply outside the control of the apprentice or their employer.

## Affordability

Affordability of the EPA will be aided by using at least some of the following practice:

- using an employer's premises where possible

## Professional body recognition

This apprenticeship is based on the NMC Standards of proficiency for Specialist Community Public Health Nurses (2004). This means that those who successfully complete the apprenticeship will be eligible to apply for registration with the NMC, and will go on to demonstrate that they meet the wider requirements for registration (good character, indemnity, etc).

## Mapping of knowledge, skills and behaviours (KSBs)

### Assessment method 1: Professional discussion A

Knowledge
<b>Core</b>
<b>K1</b> The principles of strategic and clinical leadership including working within the context of delegation and accountability, whilst taking into account the need for service improvement
<b>K2</b> The relevant legislative requirements, local policies and governance within your scope of practice, including, but not limited to: health and safety at work, public health legislation and safeguarding of both children and vulnerable adults
<b>K3</b> How to identify and share sensitive, complex and confidential information with relevant individuals, groups and stakeholders
<b>K4</b> How to empower individuals, groups and populations to gain greater control over decisions and actions affecting their health and that of the community around them
<b>K7</b> Local and national strategy and policy that supports the identification and care of vulnerable children and adults including safeguarding
<b>K10</b> The range of quantitative and qualitative research methodologies for use in public health and wellbeing
<b>K11</b> How to lead and implement audits
<b>K12</b> The roles and responsibilities of those involved in research, audit and clinical governance
<b>K13</b> The range of legal, ethical, professional, financial and organisational policies and procedures that will apply to your research activities
<b>K14</b> The impact of research on advancing public health and wellbeing
<b>K15</b> The value of disseminating research to advance practice, and enhance the quality, safety, productivity and value for money of public health
<b>K16</b> How to value service user experience and its influence on the development of local services
<b>K17</b> The roles and responsibilities of multi-professionals and multi-professional teams
<b>K18</b> The principles of effective collaboration, partnership and team working
<b>K19</b> Specialist areas of practice as determined by service need



<b>K20</b> The theory, legislation and ethical frameworks relating to informed consent and the use of relevant assessment tools
<b>K21</b> Common physical and mental health concerns that may be identified within your service user population
<b>K22</b> Pathways of referral and treatment relevant to your service user need
<b>K23</b> How behaviour, culture, socioeconomic and other factors can affect health, illness, health outcomes
<b>K24</b> How to plan and deliver complex services taking into account public health priorities
<b>K25</b> The resources available to support individuals within your locality
<b>K26</b> How to develop and run groups or establish networks to meet population need
<b>Option 1 - Health Visitor and School Nurse</b>
<b>K27</b> The wider determinants of health and wellbeing, and the impact they can have on individuals, communities and populations
<b>K28</b> How to collect, analyse and interpret data on health and wellbeing from a wide range of sources to inform health surveillance and assessment
<b>K29</b> Utilise the ways in which screening and monitoring programmes contribute to the public health agenda
<b>K30</b> Normal and abnormal physical, emotional and mental health development including the risks factors that may impact on those under your professional care
<b>K31</b> The principals for using evidence based assessment tools to assess vulnerability, risk and resilience factors in individuals, communities and populations
<b>K32</b> How to determine a proportionate level of service support needed to achieve positive health outcomes
<b>K33</b> How to develop evidence based strategies to increase the confidence and capacity of individuals, communities and populations to enable them to understand, participate and engage in actions which will help them improve their health outcomes to reduce the social gradient and health inequalities
<b>K34</b> How to justify and communicate with individuals, communities and populations on relevant strategies to promote their health and wellbeing to influence and use available resources
<b>K35</b> Diversity and how to support inclusion of individuals and groups within services, communities and populations and actively discourage discriminatory practice and behaviour
<b>K36</b> Methods of evaluating sustainable and collaborative working
<b>K41</b> How to form, prioritise, maintain and disengage from therapeutic professional relationships with families, children and young people in a variety of situations
<b>K42</b> Holistic approaches to assessment and service delivery taking into account a range of social and behavioural factors that impact on relationships across the life span
<b>K43</b> The key transition points in a child or young person's life, and how to liaise and engage with a range of individuals, including the family or young person to ensure a patient centred approach to care transitions



<b>Option 2 – Occupational Health Nurse</b>
<b>K44</b> The reciprocal effects of work on physical and psychological health
<b>K45</b> The prevalence and types of occupational disease, work related ill health and injury
<b>K46</b> Toxicology in relation to employee health and wellbeing
<b>K47</b> Occupational hygiene methods used in the workplace
<b>K48</b> Workplace health hazards such as ergonomic, physical, chemical, biological, psychosocial and mechanical and their effect on health and wellbeing
<b>K49</b> The key detriments and health effects of work-related stress and common mental health issues such as stress, anxiety and depression that can arise from work systems and processes
<b>K50</b> The prevalence and commercial implications to organisations of occupational disease, ill health and injury (and how to prevent these)
<b>K51</b> The risk management framework
<b>K52</b> The legal requirements for health surveillance and the method of health surveillance required for work tasks where a risk and/or a legal requirement has been identified
<b>K53</b> The potential impact of workplace risks on the worker population including occupational hygiene issues such as control of emissions to air, water and land quality
<b>K54</b> Methods of occupational illness monitoring, health surveillance and management (including occupational respiratory disease, noise induced hearing loss, effects of vibration, occupational dermatitis, workplace stressors)
<b>K58</b> The bio-psychosocial model of health
<b>K59</b> The relationship and inter-connectedness between mental and physical health
<b>K60</b> How to access appropriate information on the incidence of long term conditions impacting on health and work performance and their management at work (e.g. hypertension, type 2 diabetes, cardiovascular disease, musculoskeletal disorders, anxiety and depression and tuberculosis)
<b>K61</b> Methods of fitness for work health assessment using specific workplace standards where they exist (e.g. back pain)
<b>K62</b> The employment options for those with long term health conditions and/or disability
<b>K63</b> Where to access additional advice
<b>K64</b> The health benefits of work and a positive work culture including the associated complexities of the importance of organisational culture and employee engagement
<b>K65</b> The effect of the changing nature of work and the multi-generational population on employment, workability, work performance and productivity
<b>K66</b> The relationship between not working and health
<b>K67</b> The effects of organisational change on health and wellbeing
<b>K68</b> How to plan, deliver and evaluate occupational health services ethically and effectively to meet the requirements of the employer
<b>K69</b> Methods of influencing and negotiation

Skills
<b>Core</b>
<b>S1</b> Develop, sustain and manage relationships collaboratively with those involved in the provision of care to individuals and local populations, whilst ensuring that resources are negotiated and employed ethically and effectively
<b>S2</b> Engage with clients in a way that reflects professional curiosity, enquiry, integrity and proficiency to act in the best interests of individuals
<b>S3</b> Demonstrate decision making and the delegation of areas of professional practice
<b>S4</b> Manage and apply a risk based approach to identify those vulnerable to abuse and initiate appropriate action
<b>S5</b> Collaborate with colleagues and other professionals in other agencies to ensure inclusion, maintain safety and minimise risk to vulnerable children and adults
<b>S6</b> Communicate health information and legislation to others in a way that is factual, accurate and appropriately reflects the needs of the situation
<b>S7</b> Identify, apply and evaluate specialised quality systems and risk management tools
<b>S8</b> Contribute to the development of a culture of learning and development for individuals, communities and professional colleagues, including students to help them develop their professional confidence and competence
<b>S12</b> Use advanced communication skills with individuals, groups and communities to promote their health and wellbeing
<b>S17</b> Lead and engage in research activity and carry out statistical analysis
<b>S18</b> Initiate and/or lead evidence-based activity that aims to enhance public health practice and contribute to the evidence base
<b>S19</b> Critically appraise and synthesise the outcomes of research, evaluation and audit, and apply this within your own and others' practice
<b>S20</b> Disseminate outcomes of research through appropriate media to further advance public health practices
<b>S21</b> Apply evidence based methods to collect, collate, monitor and analyse data relating to strategies and policies, local groups and services including user feedback and engagement forums
<b>S22</b> Apply interpersonal and communication skills to engage with other professionals and teams
<b>S23</b> Lead and actively participate in multi-professional meetings
<b>S24</b> Influence and negotiate to achieve outcomes that will promote and protect the health and wellbeing of individuals, groups and communities
<b>S25</b> Liaise with, and refer to, other professional personnel and agencies within your scope of practice
<b>S26</b> Apply knowledge and skills of behaviour change within clinical interventions to promote engagement in health enhancing activities
<b>S27</b> Plan service development using specialist skills and knowledge for public health protection and promotion

<b>S28</b> Identify and address a range of social, physical and mental health conditions of people of all ages within your scope of practice
<b>S29</b> Use appropriate assessment tools to support decision making related to informed consent, deprivation of liberty and the mental capacity process relevant to your scope of practice during health assessments
<b>S30</b> Make shared decisions with your client group and the wider professional team to create a shared plan of care to meet the identified need including consideration of signposting to other services or groups
<b>Option 1 – Health Visitor and School Nurse</b>
<b>S31</b> Collect, appraise, utilise and appropriately communicate information relating to individuals, communities and populations
<b>S32</b> Observe and interpret parent-infant, child and young person interaction and use evidence based interventions to support behaviours needed to build and maintain a positive parent/child relationship
<b>S33</b> Assess and review situations over time to ensure that plans of care and programmes of work reflect the changing needs of individuals, communities and populations
<b>S34</b> Develop and sustain relationships with individuals and communities to lead, deliver, review and evaluate scheduled screening, health surveillance, child and family health reviews
<b>S35</b> Communicate and engage with individuals, communities and populations to enable them to understand and participate in actions which will help them improve their health outcomes and respond effectively to a range of health issues within the client base and service context
<b>S36</b> Raise awareness, capacity and confidence about the public health actions that individuals, communities and populations can take to improve their health and social wellbeing at key stages of human development
<b>S37</b> Work in a wide range of environments that are varied and challenging whilst recognising and embracing diversity and promoting an equitable service delivery for individuals, communities and populations, including vulnerable and hard to reach groups
<b>S38</b> Evaluate effectiveness and sustainability of chosen interventions including collaborative working
<b>S43</b> Advocate person centred care through the development of a collaborative health needs assessment that demonstrates the voice of the child has been captured and professionals working with the families have been included
<b>S44</b> Develop the capacity and confidence of individuals, communities and populations to influence and empower them to use available services and resources
<b>S45</b> Lead and deliver preventative community based health projects with individuals, communities and populations across boundaries defined by services, professions and organisations
<b>S46</b> Work in partnership with others to prevent and protect the public's health and wellbeing from specific risks
<b>S47</b> Utilise a range of resources, including technology, to provide specialist advice and information on health issues relevant to families, children and young people
<b>Option 2 – Occupational Health Nurse</b>
<b>S48</b> Advise employers and managers on the potential health effects of common chemical, physical and biological agents and ways to prevent and/or reduce the impact on health of employees

<b>S49</b> Advise employers, managers and employees on the design of work tasks to prevent occupationally related injury such as repetitive strain injuries or musculoskeletal disorders
<b>S50</b> Advise employers, managers and individual employees on the mental, emotional and physical effects of work-related stress
<b>S51</b> Refer employers and managers to tools for preventing and managing work-related injury including stress management tools
<b>S52</b> Carry out individual health risk assessment where work is thought to be a factor in employee ill health
<b>S53</b> Influence a positive work culture
<b>S54</b> Perform risk assessment to identify when health surveillance is required and what method of health surveillance should be used
<b>S55</b> Recognise what specific health surveillance training is required and access the training as appropriate for their specific job role
<b>S56</b> Advise employers about suitability for role and fitness for work following health surveillance assessments
<b>S57</b> Collect, analyse and present data related to work related injury and ill health
<b>S58</b> Advise employers and managers on the prevention and management of work related injury and ill health
<b>S59</b> Interpret and apply a range of legislation, including data protection, employment law and health and safety legislation and advise employers accordingly
<b>S60</b> Undertake safe and confidential professional practice in relation to data protection, diversity and inclusion, access to medical reports and safeguarding vulnerable adults
<b>S61</b> Advise organisations on the national drivers, public health and economic agenda in relation to work, health and wellbeing and how to use information to improve practice
<b>S69</b> Use public health data and organisational data to influence, lead and manage projects to improve employee health and wellbeing
<b>S70</b> Advise organisations on the potential effects of the changing nature of work and the multi-generational population on employment, workability, work performance and productivity
<b>S71</b> Promote the health benefits of good work
<b>S72</b> Influence, affect and facilitate organisational change in relation to the approach to employee health and wellbeing
<b>S73</b> Carry out occupational health service needs assessment and programme review to meet the evolving needs of the employer
<b>S74</b> Identify, network, engage and collaborate with staff and stakeholders, and work with partners and other professionals to achieve effective working relationships and influence organisational and individual health and wellbeing

## Behaviours

**B1** Behave in accordance with the NMC Code

<b>B2</b> Be professional and professionally curious
<b>B3</b> Be self-reflective and aware
<b>B4</b> Be open and flexible
<b>B5</b> Be positive, resilient, proactive and influential

## Assessment method 2: Professional Discussion B

Knowledge
<b>Core</b>
<b>K5</b> The factors that influence the health needs of individuals, groups and communities within your scope of practice
<b>K6</b> The health promotion strategies that are directly related to the improvement of public health outcomes
<b>K8</b> How to apply critical enquiry and analysis skills to a range of data
<b>K9</b> The factors that affect health and wellbeing and how to affect change as a result
<b>Option 1 – Health Visitor and School Nurse</b>
<b>K37</b> The relevant national policies, research and legislation applicable to your scope of practice
<b>K38</b> How to critically appraise research, policy and legislation and use the findings to influence change within your specialist area of practice
<b>K39</b> How to identify, influence and develop interventions and services to reduce inequalities by working in partnership to plan, implement and evaluate health and wellbeing improvement programmes
<b>K40</b> Health and safety legislation in relation to the role
<b>Option 2- Occupational Health Nurse</b>
<b>K55</b> The legal and ethical requirements for the protection of workplace health and associated legislation and approved codes of practice (e.g. Health and Safety at Work Act 1974)
<b>K56</b> Employment and specific workplace setting legislation (e.g. Equality Act, General Data Protection Regulation, Access to Medical Reports Act, Working Time Regulations, Employment Rights Act, Human Medicines Regulations 2012)
<b>K57</b> The national drivers, public health and economic agenda in relation to work, health and wellbeing

Skills
<b>Core</b>
<b>S9</b> Use critical evaluation skills for the design, implementation and review of health promotion strategies for individuals, groups and communities to meet identified needs

<b>S10</b> Determine opportunities to promote preventative self-care in individuals, groups and communities
<b>S11</b> Apply audit, research and change management skills to influence policy development, implementation and amendment within clinical practice in collaboration with others
<b>S13</b> Determine, apply and evaluate advocacy skills to protect and promote health and wellbeing
<b>S14</b> Apply and evaluate tools and procedures that support the care needs of vulnerable children and adults including safeguarding, abuse and violence
<b>S15</b> Work in partnership to capitalise on organisational or community resources and assets that provide support for those in disadvantaged groups
<b>S16</b> Influence public behaviours to improve physical and mental health and wellbeing through the promotion of local and national programmes e.g. immunisation, smoking and healthy eating campaigns
<b>Option 1 – Health Visitor and School Nurse</b>
<b>S39</b> Identify, interpret and apply national and local research, policy and legislation in relation to your current scope of practice
<b>S40</b> Appraise, influence and contribute to policies and recommend changes in collaboration with clients, communities, colleagues and wider stakeholders to initiate change
<b>S41</b> Work with others to develop, plan, implement and evaluate evidence based programme and projects to improve health and wellbeing, and to improve service
<b>S42</b> Identify, interpret and apply health and safety legislation and approved codes of practice with regard for the environment, wellbeing and protection of those working with the wider community
<b>Option 2 – Occupational Health Nurse</b>
<b>S62</b> Carry out a comprehensive functional assessment using a bio-psychosocial model
<b>S63</b> Influence and facilitate individual health behaviour change to challenge barriers to health improvement
<b>S64</b> Advise employees and the employer on health management and return to work programmes (including adjustments and modifications required)
<b>S65</b> Advise employees and the employer on safe and healthy methods and patterns of working for those with long term health conditions
<b>S66</b> Advise employers and managers on work capability
<b>S67</b> Carry out a functional assessment of physical and mental wellbeing and, from the findings, assess work-ability
<b>S68</b> Identify and support people with mental health issues and advise on reasonable adjustments for people with a learning disability