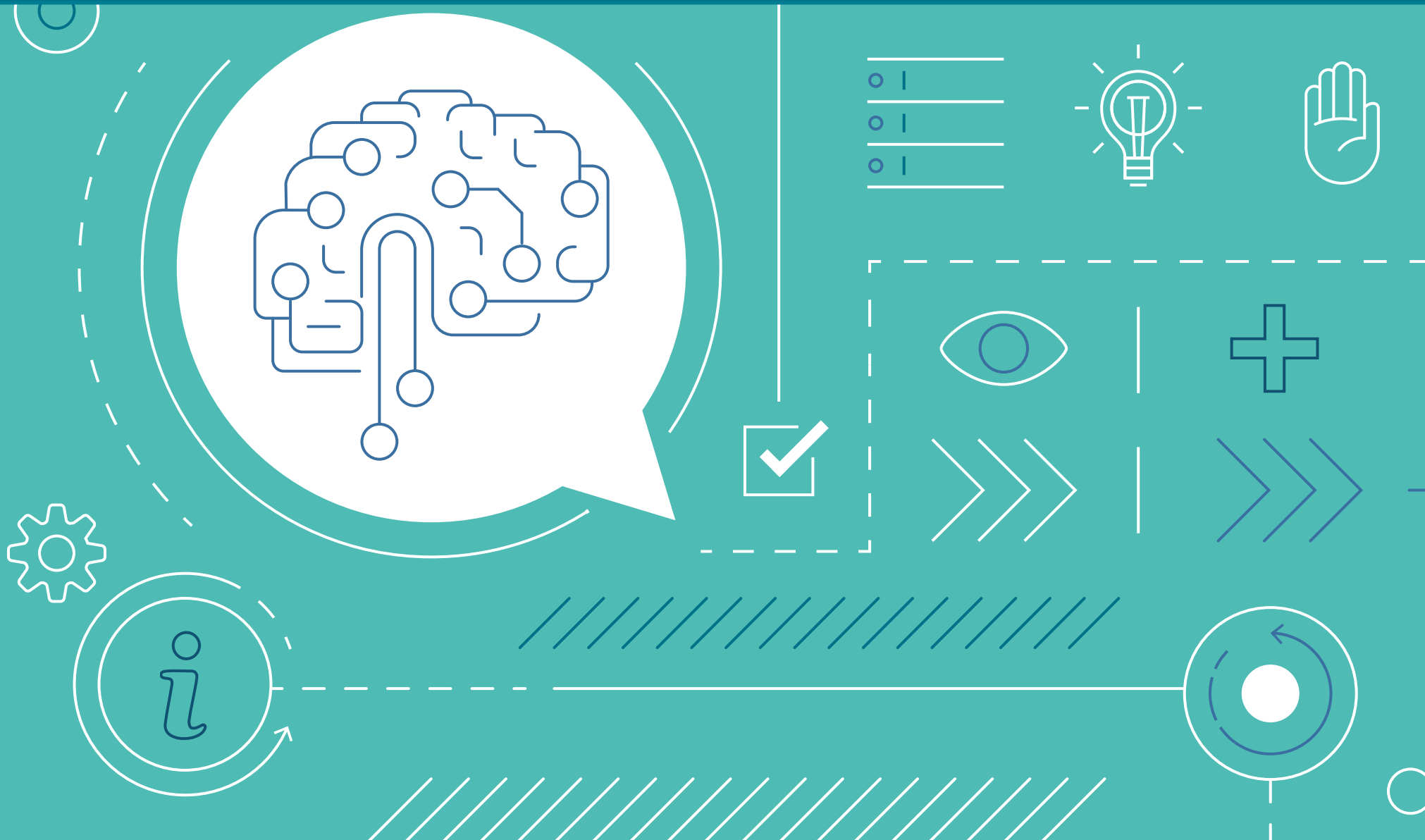
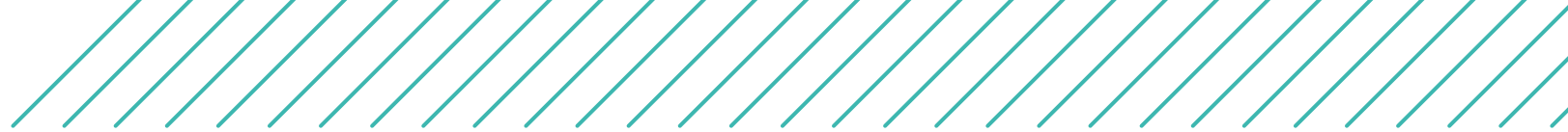


Family Nurse Capability and Proficiency Framework



Contents





What is a Capability and Proficiency Framework?

This framework has been developed for Family Nurses working within the Family Nurse Partnership (FNP) programme in Scotland. As FNP continues to be embedded this framework reflects values, skills and knowledge evident in nurses and midwives working in a community setting.

As all Family Nurses are already registered nurses or midwives there is an expectation that they meet the required proficiencies outlined within the NMC Standards of proficiency for registered nurses (NMC 2018) and / or Standards of proficiency for midwives (NMC 2019).

Within this framework capability and proficiency are considered as part of a developmental continuum from capability to proficiency. Capability (or ability) describes the ability to apply knowledge, attitudes, beliefs and skills in new situations and modify as required to do high quality work. Proficiency describes a high degree of ability, experience and expertise developed over time.

In addition, proficiency indicates the ability to consistently apply knowledge, attitudes, beliefs and skills with competence and capability to a prescribed level of mastery. Proficiency includes ability to synthesise multiple elements and adapt approach in complex situations.

Why develop a Capability and Proficiency framework?

Historically, competency-based national frameworks were developed from industry standards as indicators to ensure minimum performance requirements were met (O’Connell et al. 2014; Stephenson 1998) and to provide assurance for employers.

While this assurance remains relevant for high quality care there have been some concerns that this can reduce assessment to a “tick box” exercise and a reductionist approach (Girod 2000).

Competence and assessment of competence is only one aspect of capability and proficiency. Capability encompasses competence however it is also forward looking, exploring the realisation of potential (Bromley 2017).

Family Nurses, like other community nurses, work in ever changing and unpredictable environments requiring skills and attributes that enable the Family Nurse to assess and manage unfamiliar situations on a regular basis.

Many authors now consider assessment of acquisition of competence to be too static and simplistic to reflect the working environment of many healthcare professionals and therefore, suggest that a capability framework would be more appropriate (O’Connell et al 2014).

Capable and proficient people are “creative, have a high degree of self-efficiency, know how to learn, can take appropriate and effective action to formulate and solve problems, can apply competencies in unfamiliar and familiar situations, and work well with others” (O’Connell et al. 2014, p2731).

As a senior nurse Family Nurses are expected to be able to apply the values, skills and knowledge gained through the FNP Education Programme with a level of capability, mastery and proficiency.

To support reflection on and assessment of practice this framework offers examples of application for capability then mastery.



The term ‘mastery’ relates to an expectation that learning has been consolidated to such a degree that it is known, understood and embedded thereby leading to proficiency.

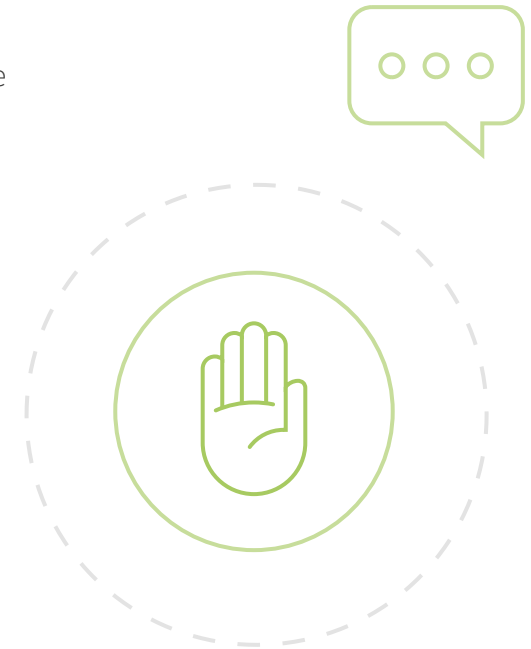
The Family Nurse Partnership programme has expanded across Scotland bringing Family Nurses and Supervisors from a wide variety of nursing and midwifery disciplines and experiences.

While the recruitment process helps to ensure that nurses have the necessary experience and expertise to undertake the learning for this specialist role, it is acknowledged that no individual nurse will join FNP with all the knowledge and expertise required for this role.

The structure of health and social care services are changing significantly, with the definition and expectations of professional roles also evolving. It is anticipated that this Framework seeks to complement the dynamic landscape of health and social care and can be used as a “live” document to identify areas for development for all family nurses and inform personal development planning.

The structure of delivering the FNP programme facilitates frequent opportunities for reflective practice and identification of ongoing learning needs. It also can be used to support formative assessment and provide scaffolding for continuous learning within FNP and the wider professional context. The weekly supervision and accompanied visits incorporated into the FNP model also contribute to the ongoing formative assessment of the Family Nurse.

A Capability and Proficiency Framework supports education providers to continue to provide high quality education that enables excellence in healthcare (NES 2019) and helps prepare nurses for future needs and roles (NMC 2018, Nursing: 2030 Vision 2017, Excellence in Care 2015)



How will this framework be used?

For Family Nurses and Supervisors:

To guide personal and professional development to foster effective high-quality care. Following Foundations in FNP Practice each nurse will complete the FNP Learning Needs Assessment. This creates an individual learning plan to support the development of capability and proficiency in specific FNP practice.

The Learning Needs Assessment can be found on the FNP pages on Turas.

There is an expectation that most Family Nurses will reach mastery after delivering the programme for three years. However, combined with feedback from accompanied visits and supervision, this framework is intended to contribute to reflective practice and continuous professional development. It is also intended to complement Turas Appraisal.

For FNP Leads and Service Managers:

To provide an overview of key skills, knowledge and attributes that can be expected from Family Nurses and provide care assurance for those working with FNP. This may also support succession planning as FNP becomes an integral aspect of universal service provision.

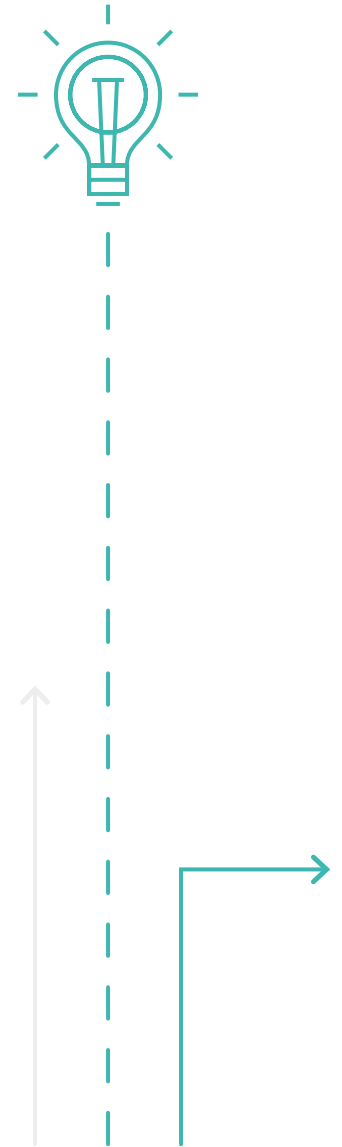
For Education providers:

To guide the ongoing development of education and learning activities, materials and programmes specific to the needs of Family Nurses.

NMC Revalidation

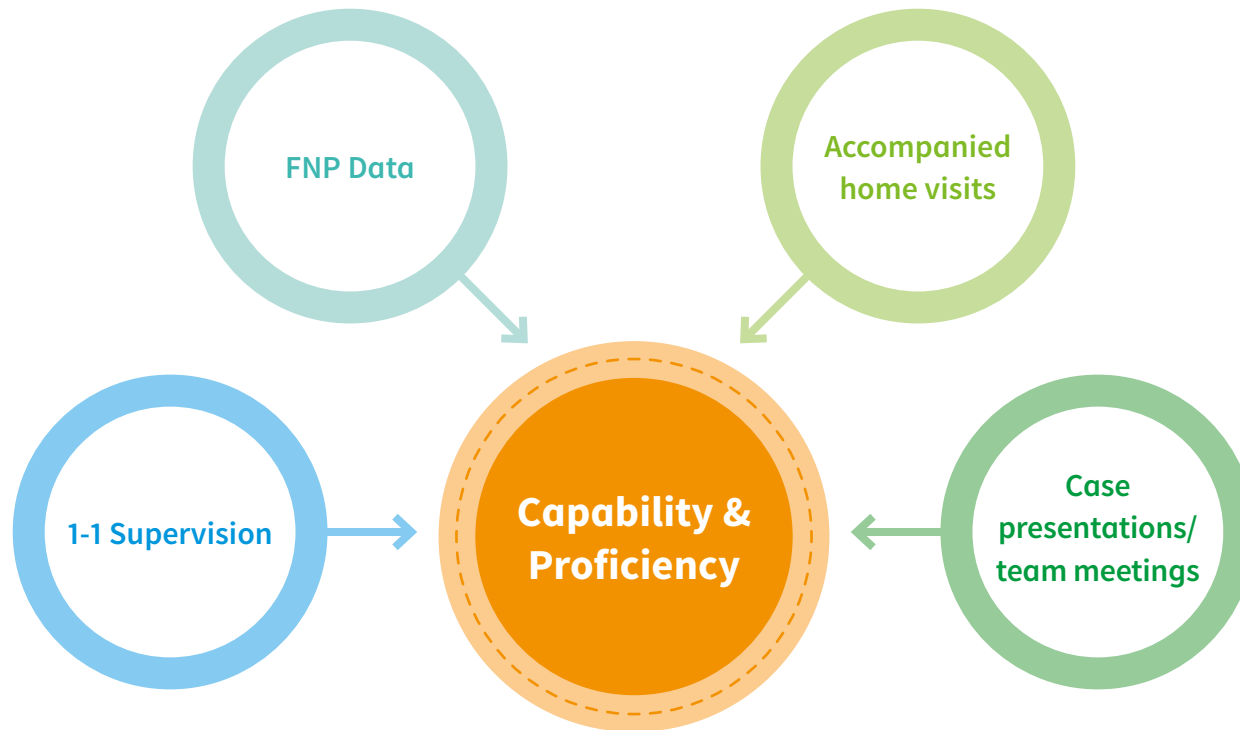
Working through this framework will contribute to providing evidence for the Family Nurses revalidation journey. This could, for example, be achieved through:

- + reflective accounts and discussion during case presentations, team meetings and supervision,
- + participatory learning throughout the FNP Education programme,
- + CPD through attendance at FNP CPD workshops and local learning opportunities and
- + feedback from accompanied home visits with the Supervisor and from clients and their families.



How are Capability and Proficiency assessed in FNP?

The Family Nurse Supervisor has a key role in the assessment of capability and proficiency. Within FNP capability and proficiency are assessed in several ways:



Weekly 1:1 supervision captures the individual Family Nurse's development using the Shohet and Hawkins seven-eyed model of supervision which combined with Kolb's reflective cycle is used to support reflection within supervision. This is captured by the Family Nurse and Supervisor on agreed documentation and stored as required locally.

Data: the data set captured by Family Nurses informs clinical practice and is reviewed by the Family Nurse and Supervisor on a regular basis during supervision. In addition, the data set captured by Family Nurses informs clinical practice, as it identifies areas of strength within individual practice, as well as areas for growth.

For example, data may evidence progress in engagement and retention of clients, or health behaviour change or identify where a Family Nurse may have some challenges.

This data can then be used to inform topics for observing during accompanied home visits, skills practice or team-based learning supporting ongoing development towards gaining proficiency.

Accompanied Home Visit

The supervisor accompanies the Family Nurse on home visits every four months to observe specific areas of programme implementation and offer strength-based feedback to encourage professional growth.

This is commenced four months after the Family Nurse begins their role and offers an excellent opportunity to identify additional learning needs for incorporation into the local learning plans.

The purpose of accompanied home visits

Accompanied home visits are designed to enable the supervisor to:

- + observe nurses' strengths and areas that need development during interactions with clients
- + observe for integration of the nurse's learning
- + provide feedback and explore observations of the visit and agree any actions arising
- + provide consultation regarding client/family issues and challenges
- + provide an opportunity to obtain feedback from clients on their experiences of the programme

Key thematic areas of programme delivery are outlined in the associated Clinical Guidance on Turas. Over the course of one year it is anticipated that all thematic areas will be considered during accompanied visits to ensure that reflection on all elements.

Following an accompanied visit is an excellent time to reflect on progress. This is documented on the current paperwork which is available on Turas as hard copy or as an electronic form. The Family Nurse and Supervisor will retain a copy of this document and this is stored in line with local record keeping and governance policy.

Case Presentation: team meeting

Weekly team meetings are held with the focus outlined within the core model elements. These meetings offer an additional opportunity to assess the nurses ongoing development through the presentation of a case.

This will include the use of genograms and additional analytical tools as relevant. This can be used as a Reflective Account example for NMC Revalidation.

Reflective Practice



The structure of delivering the FNP programme facilitates frequent opportunities for reflective practice and identification of ongoing learning needs during supervision. The structure also lends itself to using a Capability and Proficiency Framework to support formative assessment, thus providing scaffolding for continuous learning within FNP and the wider professional context.

Reflective formative assessment methods will help Family Nurses relate theoretical knowledge with clinical practice through use of reflective models, such as Gibbs (Gibbs 1988).



The Framework

The Structure of the Framework

The Framework is based on the Pillars of Practice from the NES Post Registration Career Development Framework and is divided into four domains;



Clinical Practice



Facilitation of Learning



Leadership



Evidence, Research and Development

Each Pillar of Practice has a specific aspect of associated clinical work aligned to it;

Clinical Practice:

- + Safe, effective and person-centred care
- + Professional Judgement and Decision Making

Facilitation of Learning:

- + Learning, teaching and assessment
- + Creation of the learning environment

Leadership:

- + Teamwork and Development
- + Professional and Organisational leadership

Evidence, Research and Development:

- + Evidence into practice

Pillar of Practice

Clinical Practice: Safe, Effective and Person Centered Care/Professional Judgement and Decision making (Level 6/Level 7)

Capability 1.1

Continually applies all underlying theories, principles, policies and clinical practice methods integral to the effective implementation of the FNP model

1.1.1

Key knowledge, skills behaviours evident in practice

Applies detailed and extensive knowledge of self-efficacy, attachment and human ecology theories in all work with clients and other professionals.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Works autonomously to deliver the FNP programme, taking decisions about agenda matching content as required while being mindful of professional accountability and responsibility.</p> <p>Use the FNP Core Model elements, National and Local policy and procedure to guide judgment.</p>	<p><i>e.g. Data noted on Home Visit Encounter form demonstrates effective engagement and programme domain % as expected</i></p>		<hr/>
<p>Mastery</p> <p>Develops advanced competence, innovation, management and delivery of the FNP programme, agenda matching to needs of the client (person centered care). {Evidenced through for example, accompanied visit reflection, client retention, client outcomes}.</p>	<p><i>e.g. Demonstrates an advanced knowledge of the underpinning theories and programme materials and can modify and adapt for complex situations (observed during accompanied visit)</i></p>		<hr/>

1.1.2

Key knowledge, skills behaviours evident in practice

Employs self-awareness to effectively manage challenging situations and relationships.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Demonstrates a critical understanding of emotional containment and uses this to manage ongoing complex and challenging situations.</p> <p>Uses supervision effectively to reflect on practice and the therapeutic relationship.</p>			<hr/>
<p>Mastery</p> <p>Demonstrates tenacity, enthusiasm and confidence in prolonged challenging work situations.</p> <p>Uses understanding of self and self-control to identify and manage the emotions of others in adverse situations.</p>			<hr/>

1.1.3

Key knowledge, skills behaviours evident in practice

Uses advanced interpersonal and motivational interviewing skills to develop and maintain a therapeutic relationship and culture that promotes client centred, safe and effective care.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Demonstrates an understanding of the difference between the three styles of communication.</p> <p>Understands the importance of active listening, curiosity and respect even during uncertainty. Recognises change talk and works with ambivalence.</p> <p>Able to have a challenging conversation when needed.</p>			<hr/>
<p>Mastery</p> <p>Promotes and acts to influence others to incorporate non-judgemental values-based care, into all aspects of practice.</p> <p>Demonstrates advanced knowledge and understanding and application of behaviour change techniques supported using MI skills.</p>			<hr/>

1.1.4

Key knowledge, skills behaviours evident in practice

Utilises a therapeutic relationship to strengthen the clients understanding of the underlying FNP programme theories in achieving the programme outcomes.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Work autonomously and as part of team, using knowledge, skills, evidence base and underlying FNP theories to facilitate the delivery of safe, effective and person-centered care.</p>			<hr/>
<p>Mastery</p> <p>Practices autonomously and as part of the FNP team, using advanced knowledge of the programme to agenda match to client need.</p>			<hr/>

1.1.5

Key knowledge, skills behaviours evident in practice

Actively engages clients in the programme seeking and providing feedback using a strength-based approach.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Articulates the importance and process of seeking feedback from clients in FNP.</p> <p>Demonstrates how this can influence clinical practice and retention within FNP.</p>			<hr/>
<p>Mastery</p> <p>Develops a robust understanding of the parallel process in FNP and uses feedback from clients/colleagues/wider stakeholders to inform and improve practice.</p>			<hr/>

1.1.6

Key knowledge, skills behaviours evident in practice

Applies critical thinking and reasoning in clinical decision making to assess, manage and evaluate complex and dynamic situations.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Demonstrates sound critical thinking in decision making and what to include in the decision-making process.</p> <p>Demonstrates working in partnership with client and families to assess, manage and evaluate situations.</p>			<hr/>
<p>Mastery</p> <p>Assesses situations, exploring the root cause of complex situations remaining mindful of supporting the client to find her solution while ensure safe and effective care.</p> <p>Demonstrates autonomous and competence decision making.</p> <p>Explores and analyses evidence to support judgment and decision making.</p>			<hr/>

1.1.7

Key knowledge, skills behaviours evident in practice

Actively reflects on practice to match client need and goals to visit content and programme outcomes.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Uses a range of reflective models and tools to support a structured approach to reflection. Incorporates learning from reflection into programme delivery evidenced through visit planning and data.</p>			<hr/>
<p>Mastery</p> <p>Demonstrates professional accountability and responsibility using supervision effectively to inform and improve practice.</p>			<hr/>

1.1.8

Key knowledge, skills behaviours evident in practice

Applies detailed knowledge of Getting it Right for Every Child Approach (GIRFEC) to assess child’s wellbeing and progress against the SHANARI wellbeing indicators.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Demonstrates through supervision and record keeping, a working knowledge of GIRFEC, associated tools and risk assessment.</p>			<hr/>
<p>Mastery</p> <p>Consistently applies the principles of GIRFEC in practice including specialist knowledge of child development, assessment planning and review, understanding the impact of trauma, adversity and vulnerability, communicating with children and young people and building relationships with parents and partners.</p>			<hr/>

1.1.9

Key knowledge, skills behaviours evident in practice

Actively uses local and national child and adult protection measures to assure safety of both children and adults in need of protection.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Acts as Named Person or Lead Professional (where used in practice), chairs and participates in meetings for the child.</p> <p>In partnership with other agencies applies comprehensive knowledge of Child/Adult Protection legislation and associated measures to ensure safety of child and/or adult.</p>			<hr/>
<p>Mastery</p> <p>Acts as named person or lead professional (where used in practice), chairs and participates in meetings for the child.</p> <p>Demonstrates enhanced ability to manage threshold disputes, form new hypotheses as required and communicate these appropriately.</p>			<hr/>

1.1.10

Key knowledge, skills behaviours evident in practice

Assesses client's motivation to address any health behaviours having an impact on her own and/or child's wellbeing.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Selects and applies the most appropriate intervention and then plans for sustained change.</p>			<hr/>
<p>Mastery</p> <p>Selects and applies advanced lifestyle and behaviour specific behaviour change (e.g. smoking cessation, healthy eating) approaches to support clients.</p> <p>Acts as a resource for the support, training and education of others.</p>			<hr/>

1.1.11

Key knowledge, skills behaviours evident in practice

Recognise and understand the impact of trauma and practice using a trauma enhanced approach (NES 2017).

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Recognise and acknowledge the contribution trauma may have made to the development of a person’s mental or physical health difficulties.</p>			<hr/>
<p>Mastery</p> <p>Recognise where trauma has led to missed developmental opportunities.</p> <p>Demonstrate how to build trust and engage the person within a working context by being consistent, trustworthy, collaborative and non-judgemental.</p> <p>Develop clear but flexible boundaries with the person.</p>			<hr/>

Pillar of Practice

Facilitation of Learning: Learning, Teaching and Assessment/Creation of the Learning Environment (Level 6/Level 7)

Capability 2.1

Continually extends and applies detailed knowledge and learning relevant to all aspects of the FNP model, evaluating new research, materials and approaches to fully address the health and care needs of the FNP cohort.

2.1.1

Key knowledge, skills behaviours evident in practice

Acts as an experienced practice supervisor/practice assessor (NMC 2018 see footnote) and role model for less experienced Family Nurses, colleagues, student nurses and student health visitors.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Provides advice and support for less experienced colleagues.</p>			<hr/>
<p>Mastery</p> <p>Advocates and contributes to the development of an organisational culture that supports continuous learning and development, evidence-based practice and succession planning. Contribute to a range of audit and evaluation strategies which inform FNP and wider workforce education and learning.</p>			<hr/>

2.1.2

Key knowledge, skills behaviours evident in practice

Actively participates in team learning events developing educational materials for students.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Creates and presents case studies to demonstrate application of the FNP model in practice.</p>			<hr/>
<p>Mastery</p> <p>Demonstrates core skills for facilitation of learning. Takes responsibility for a specific area of practice and facilitates learning within team. Evaluates learning and responds to evaluation as required.</p>			<hr/>

2.1.3

Key knowledge, skills behaviours evident in practice

Reflects on current learning materials engaging with education providers to inform improvements and development of new materials.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Participates in national review of materials and/or resources and development of new additional materials as appropriate.</p>			<hr/>
<p>Mastery</p> <p>Uses developments and current evidence in practice to suggest and contribute to the development of new and additional programme materials to meet client need.</p>			<hr/>

2.1.4

Key knowledge, skills behaviours evident in practice

Apply quality improvement approaches to practice to inform potential improvements.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Identifies areas of practice that may benefit from a quality improvement approach to support ongoing high-quality care.</p>			<hr/>
<p>Mastery</p> <p>Demonstrates a working understanding of Improvement methodology and identifies and contributes to tests of change with the team.</p>			<hr/>

2.1.5

Key knowledge, skills behaviours evident in practice

Actively examine own client and visit data to identify areas for development and further learning.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Demonstrates an understanding of qualitative and quantitative methods and sources of data. Recognises the contribution that own client data makes to ongoing learning and development.</p>			<hr/>
<p>Mastery</p> <p>Demonstrates confidence in data analysis and using this to inform and improve practice and contribute to interpretation and measurement of health needs and outcomes.</p>			<hr/>

2.1.6

Key knowledge, skills behaviours evident in practice

Effectively and responsibly uses a range of digital technologies to engage with, access, input, share and apply information and data with individuals, within teams and between agencies.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Demonstrates an understanding of qualitative and quantitative methods and sources of data. Recognises the contribution that own client data makes to ongoing learning and development.</p>			<hr/>
<p>Mastery</p> <p>Demonstrates confidence in data analysis and using this to inform and improve practice and contribute to interpretation and measurement of health needs and outcomes.</p>			<hr/>

Capability 3.1

Continually provide strong and effective leadership across professional and organisational boundaries/teams contributing to the creation of a culture of support and empowerment within the team.

3.1.1

Key knowledge, skills behaviours evident in practice

Critically reflects with team on practice and identifies areas for development in own practice augmenting this by reading relevant literature and opportunities for learning to promote positive programme outcomes.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability Actively participates in supervision, team reflection and learning activities, interrogates FNP data to monitor quality of programme delivery.</p>			<hr/>
<p>Mastery Demonstrates a critical understanding of the functions of supervision, the core model element requirements in relation to supervision and the principles and purpose of the Seven Eyed Model used in FNP. Uses supervision effectively to support clinical practice and child and adult protection.</p>			<hr/>

3.1.2

Key knowledge, skills behaviours evident in practice

Acts as a role model promoting lifelong personal and professional development in line with NMC revalidation process (NMC 2015).

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability Demonstrates a positive approach to development and emotional intelligence.</p>			<hr/>
<p>Mastery Demonstrates recognition of own emotions and impact on others, accurately assesses own strengths and limits through regular reflection.</p>			<hr/>

3.1.3

Key knowledge, skills behaviours evident in practice

Demonstrates positive organisational skills using creative and innovative approaches to finding solutions.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Completes visit planning, delivery and documentation in a timely manner presenting complex information in a clear and succinct way.</p>			<hr/>
<p>Mastery</p> <p>Delivers optimal programme visits for each client on caseload using creative and innovative approaches to maintain work-life balance.</p>			<hr/>

3.1.4

Key knowledge, skills behaviours evident in practice

Actively seeks opportunities for working in partnership with client, colleagues and wider stakeholders.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability Involves clients in service evaluation and redesign.</p>			<hr/>
<p>Mastery Actively involves clients in the development and use of new local and national materials and resources through existing review processes.</p>			<hr/>

Pillar of Practice

**Evidence, Research and Development: Evidence into Practice
(Level 6/Level 7)**

Capability 4.1

Continually extends and applies knowledge of evaluation and research approaches, methods and analysis to benefit FNP in Scotland.

4.1.1

Key knowledge, skills behaviours evident in practice

Understands different research approaches, methods and analysis.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability Uses research approaches to assess how evidence is being used to inform the quality of FNP programme delivery and care.</p>			<hr/>
<p>Mastery Promotes a research culture within the team. Collates evidence reports to inform local and national service development.</p>			<hr/>

4.1.2

Key knowledge, skills behaviours evident in practice

Assists others to access, use and apply relevant evidence to practice.

Examples of sphere of responsibility	Examples of application (to be completed by Family Nurse)	Document ongoing progress here	Signature/date of sign off with Family Nurse Supervisor
<p>Capability</p> <p>Uses local and national FNP data to inform service development and clinical practice.</p>			<hr/>
<p>Mastery</p> <p>Contributes to the development of local and national FNP guidance and policy.</p>			<hr/>

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