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Health Education and  
Improvement Wales (HEIW)

# All Wales Urgent Primary Care Practitioner Competency Framework



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# Section 1: Introduction to the Framework

## 1.1 Purpose

The Urgent Care Practitioner (UCP) Competency Framework aims to strengthen Urgent Primary Care (UPC) services by supporting the learning and development of the UPC workforce. This document promotes the development of the urgent care practitioner workforce from novice to expert. It outlines the educational requirements and clinical competencies required at each level to support progression through the career pathways.

This document is not an in-depth curriculum to be completed by individuals, but a tool for this multi-professional group to guide, measure and track their development. It is designed to help individuals gather and collate evidence that supports their level of practice, whatever their clinical role.

## 1.2 Definition

Urgent Care Practitioner (UCP) is the term used within Urgent Primary Care and Out of Hours services in Wales. In recent years the UCP role has diversified to include nurses, paramedics, pharmacists, physician associates and allied health professionals.

It is recognised that each profession brings their own skillset to the urgent primary care service. This framework describes those skillsets that are common across all professions and where there are unique skillsets providing care at the same level of competence.

## 1.3 Scope

This document aims to outline the framework for developing the Urgent Care Practitioner (UCP) workforce within the urgent primary care setting, including out of hours. Clinicians and independent practices providing in hours urgent care may find this framework useful in developing the service however, their particular requirements are beyond the scope of this document.

The document defines the training and competencies required at each level of practice within the registered workforce, regardless of professional background.

## 1.4 Audience

Audience	Using the Framework
<b>Organisations</b>	With an ever-growing reliance on non-substantive staff within UPC, this framework allows employers to review the skills of UCPs working within their setting and highlights the level at which they are working and the skills they possess.
<b>Urgent Care Practitioners</b>	To map career progression and possible development routes into expert practice areas (within scope of professional licence)
<b>Supervisors</b>	To identify where an individual can extend their scope of practice (ie as part of Performance Appraisal and Development Review (PADR)).

## 1.5 Urgent Primary Care Workforce Framework

The table below summaries the levels of Urgent Care Practitioner defined within this framework, noting the pre-requirements and progression points between such roles:

<b>Urgent Care Practitioner Level 1</b>	<ul style="list-style-type: none"> <li>• New to role/service qualified within patient facing role</li> <li>• Assessment of competence and learning needs undertaken</li> <li>• Carries out telephone consultation and triage, providing advice and referring to other agencies where appropriate, only with direct clinical supervision on site</li> <li>• With additional training a UCP Level 1 can undertake face-to-face consultations in a UPCC for minor illnesses, only with direct clinical supervision available on site</li> </ul>	<b>Urgent Care Practitioner Level 2</b>	<ul style="list-style-type: none"> <li>• Carries out face-to-face consultations in a UPCC for patients with undifferentiated or undiagnosed conditions</li> <li>• Clinical assessment of patients, diagnosing and treating as appropriate</li> <li>• Prescribing independently or dispensing medications under PGD</li> <li>• Referring patients to secondary care or other services as needed</li> </ul>	<b>Urgent Care Practitioner Level 3</b>	<ul style="list-style-type: none"> <li>• Carries out face-to-face consultations and remote consultations of increasing complexity, dependent on competence</li> <li>• Prescribes medication independently</li> <li>• Undertakes additional roles in relation to education, service improvement and leadership</li> </ul>	<b>Senior Urgent Care Practitioner</b>	<ul style="list-style-type: none"> <li>• Provides clinical leadership and support for multidisciplinary team delivering UPC</li> <li>• Responsibilities include performing telephone triage, face-to-face consultations either in UPCC or patient's residence as a home visit</li> <li>• Undertakes additional roles in relation to teaching, audit and research</li> </ul>	<b>Expert Generalist</b>	<ul style="list-style-type: none"> <li>• Monitors and manages patient flow across the region/Health Board</li> <li>• Undertakes role of Clinical Lead and provides support for clinicians working within the UPCC network</li> <li>• Has the competence to assess, diagnose, and treat remotely where appropriate</li> </ul>
	<ul style="list-style-type: none"> <li>• Relevant Degree or equivalent, in nursing, paramedicine, pharmacy, physician associate studies or allied healthcare sciences (academic level 6)</li> <li>• Professional registration with NMC, GPhC, FPA, and/or HCPC</li> <li>• Must complete Postgraduate studies in Minor Illness (Certificate level) for face-to-face consultations</li> </ul>		<ul style="list-style-type: none"> <li>• Professional registration with NMC, GPhC, FPA, and/or HCPC</li> <li>• Relevant Degree or equivalent, in nursing, paramedicine, pharmacy, physician associate studies or allied healthcare sciences (academic level 6)</li> <li>• MSc pathway in Advanced practice (must have completed year 2), or equivalent experience or Postgraduate (certificate) in Minor Illness, Clinical Patient Assessment modules (academic level 7)</li> <li>• Completed competencies in PGD use</li> </ul>		<ul style="list-style-type: none"> <li>• Full GMC Registration &amp; License to practice or Professional registration with NMC, GPhC and/or HCPC</li> <li>• Relevant Degree or equivalent, in nursing, paramedicine, pharmacy or allied healthcare sciences (academic level 6)</li> <li>• MSc pathway in Advanced practice (must have completed year 2), or equivalent experience or Postgraduate (certificate) in Minor Illness, Clinical Patient Assessment modules (academic level 7)</li> <li>• Independent prescribing completed</li> <li>• Coaching / Mentoring</li> </ul>		<ul style="list-style-type: none"> <li>• Full GMC Registration &amp; License to practice or Professional registration with NMC, GPhC and/or HCPC</li> <li>• MRCGP or equivalent MSc in Advanced Practice/Advanced Clinical Practice or equivalent experience and competency as defined in this Framework (academic level 7)</li> <li>• Independent prescribing</li> <li>• Autonomous clinical practice</li> <li>• Evidence of working with the Advanced Practice framework for Wales</li> <li>• Leadership training</li> <li>• Teaching</li> <li>• Audit</li> <li>• Research</li> </ul>		<ul style="list-style-type: none"> <li>• Full GMC Registration &amp; License to practice or Professional registration with NMC, GPhC and/or HCPC</li> <li>• MRCGP or equivalent MSc in Advanced Practice/Advanced Clinical Practice or equivalent experience and competency as defined in this Framework (academic level 7)</li> <li>• Expert clinical practice</li> <li>• Can evidence significant experience in education, leadership, management, audit and research</li> </ul>



The UCP role is an extended role rather than an advanced role, as most UCPs work at an enhanced level of practice with specific knowledge and skills in a field of expertise. Practitioners working at an enhanced level of practice must make complex decisions using specific knowledge and skills in a field of expertise.

They manage all aspects of a patient's care within their current scope of practice, which will be particular to a specific context. Experienced UCPs, such as UCP Level 2, can and are often expected to have some advanced capabilities within the clinical pillar and cover aspects across the four pillars of advanced practice.

Advanced Clinical Practitioners (ACPs) have developed their knowledge and skills to an advanced level of practice across all four pillars (clinical practice, leadership and management, education and research).

They are trained to manage the whole episode of a patient's clinical care, from the time the patient presents, through to the end of the episode, working autonomously and safely in managing higher levels of risk, uncertainty and medical complexity, compared to that of UCP Level 1.

For further information, please see the [Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales](#).



## 1.6 Professional Scope of Practice

The following is a list of considerations required if employing a nurse, AHP, pharmacist or physician associate to the trainee UCP role. Additional training needs will depend on their prior experience. The table below lists the registered professional roles that are likely to currently undertake these roles, but could include other roles, depending on prior skills and experience.

Registered Professional	Professional Consideration	
<b>Nurse</b>	Patient Group Direction (PGD) awareness and training maybe needed Role transition to autonomous decision-making role	May require venepuncture training Clinical patient assessment skills
<b>Paramedic</b>	Likely to have good physical assessment skills given prior training They have medicines awareness as, through the Schedule 17 and 19 of the Humans Medicines Regulations 2012, they can carry/hold and administer drugs as defined in these documents.	However, wider PGD awareness may be needed Will require venepuncture training Safe discharge follow-up with health promotion skills
<b>Physiotherapist</b>	Will come with expertise in musculoskeletal assessment, but may need input into initial first line treatment PGD awareness and training may be needed	Medicines management and administration training Will require venepuncture training Resuscitation skills
<b>Pharmacist</b>	Likely to need extensive patient initial assessment and clinical patient examination skills (depending on prior roles) Will require venepuncture training	Administration of medicines (may not have IP status if qualified prior to 2026) Resuscitation skills
<b>Physician Associate</b>	Role transition to autonomous decision-making role Currently unable to prescribe or request ionising radiation (for example, X-Ray or CT scans).	However, they are expected to have an adequate level of pharmacology knowledge to safely manage patients under supervision.

## Section 2: Education and Training

The development of the UCP workforce requires a combination of academic courses, short courses and workplace development of clinical competencies.

On completion of initial training, the continuous professional development (CPD) needs of the practitioner should be reviewed by service leaders during annual appraisal/PADR process and service review. These learning needs will be defined for each level of practice.

### 2.1 Courses

Completion of the following courses is advised:

	UCP1	UCP2	UCP3	Senior UCP
Local Induction	Yes	Yes	Yes	Yes
Health Board Mandatory Training (see Appendix 1)	Yes	Yes	Yes	Yes
Independent prescribing	No	Yes	Yes	Yes
Resuscitation Training (ILS or PILS)	Yes	Yes	Yes	Yes
Minor Illness	No	Yes	Yes	Yes
Clinical Patient Assessment	Yes	Yes	Yes	Yes
Remote Consultation Skills	Yes	Yes	Yes	Yes





## 2.2 Paediatric Specific Training

UCPs will assess and manage paediatric patients, over the age of 12 months. As such practitioners should ensure they have the skills and ability to assess this age group of patients within the UPC setting.

To support those working in UPC and to increase confidence of the UCP workforce in treating children and young people, the table below provides some recommendations and resources for consideration. However, it is acknowledged that this required learning will depend on the service and individual's scope of practice.

Resource	Information
<b><u>Spotting the Sick Child Course</u></b>	This course provides a foundation for UCPs who may wish to expand their knowledge in this area. The course has helped UCPs new to the speciality to gain fundamental knowledge.
<b><u>Don't Forget the Bubbles</u></b>	This resource covers learning material for managing children with minor illness and injury as well as other presentations.
<b><u>Advanced Assessment of the Child and Young Person module</u></b>	This resource provides advanced clinical assessment and diagnostic skills when working with children and / or young people.
<b><u>e-Learning for Health</u></b>	Several resources can be found on this website. UCPs may need specific training in mental health and safeguarding specific to caring for children.

## 2.3 Continuous Professional Development

Continuous professional development is essential to maintaining and continuing the development of clinical skills. This document defines the core and supplementary skills and competencies for each clinical role. It is designed to stay with the UCP for the whole of their career in the service, supporting their progression throughout their career.

In addition to formal training opportunities, professional development events will be held throughout the year to support the development of the UCP workforce. This includes the annual urgent primary care conference.





## Section 3: Assessment

Supervision and assessment are key for the development of all clinical staff. In all development roles, supervision is critical in providing clinical governance for the role. We recommend that all UCPs at all levels of practice have a designated supervisor who will act in the role of 'Education Supervisor' to provide educational support their development. One to one meeting's should occur every 3 months (as a minimum), to support the UCP during this time.

Educational Supervisors should ensure they have sufficient experience and have undertaken appropriate training in the assessment, feedback and mentoring of learners. They should ensure that they meet any educator requirements of their own professional body and those of the awarding body for any accredited courses.

### 3.1 Competency Levels

This framework uses Benner's model to enable all clinicians to describe their knowledge/skill development of non-patient facing and patient facing roles within the Urgent Primary Care service to help describe the career progression opportunities that can exist.

Please note that for roles where there is a requirement to undertake both patient facing and non-patient facing functions it is possible to be at different stages of skill acquisition, i.e. you may be expert triage practitioner, and a competent clinical practitioner at the same time, however the framework should describe your planned skills development in your career within UPC, supported by your competency portfolio.

Competency Levels	
<b>Novice UCP</b>	Individual is unable to perform this task due to having no previous experience. A practitioner would be unable to safely perform the skill without direct support requiring verbal queues and physical intervention or support.
<b>Advanced Beginner UCP</b>	Advanced beginners can perform the required skill, however, will require direct supervision, support and advice.
<b>Competent UCP</b>	Able to demonstrate safe and acceptable performance because the individual has had prior experience in clinical situations. They are efficient and skilful in parts of the practice area, requiring occasional supportive cues. Knowledge is developing.
<b>Proficient UCP</b>	Has been practising these skills for many years and is able to perform them to a high standard without direction or supervision.
<b>Expert UCP</b>	Has extensive experience in performing this skill to a high standard without any supervision. Can anticipate and deal with problems independently. Is confident in supporting the training of others (ie more inexperienced UCPs) enabling them to carry out this skill.

*(Benner,P 1984)*

## 3.2 Assessment Tools

Work-based assessment tools are the preferred methods of assessment for UCP roles throughout the career pathway. Work-based assessments include:

- ~ mini-CEX
- ~ Case Base Discussions (CBD)
- ~ Direct Observation of Procedures (DOPS)
- ~ Multisource Feedback (MSF)
- ~ Reflective Review

Competency sign-off must be completed by an agreed experience practitioner competent in that competency. Typically, this will be a lead UCP or another senior role as appropriate, using the tools listed above.

Accreditation will be sought for a selection of clinical units. Where a clinical unit or module is accredited, the assessor must meet the qualified assessor criteria of the awarding body.

## 3.3 UCP Skills Portfolio

The UCP skills portfolio documents evidence of the skills and competence of substantive and non-substantive UCPs working within a UPC setting.

The portfolio recommends which work-based assessments (WBA) are completed for each unit of competency sign-off. WBA templates and tools are included to support work-based learning and assessment. The supervisor and learner should agree which WBAs are appropriate for a particular competence and how they will be used. Other forms of evidence may include a certificate from a course, notes from an informal discussion, a reflection on practice, a case study or a thank you card from a patient.

One piece of evidence may be used for several different competencies. This can be logged and tracked in the UCP Skills Portfolio and the Evidence Log.

This portfolio is designed to work alongside other portfolios currently in use across Wales e.g. Advanced Practice Portfolios, RSP/111 Transition portfolios. These portfolios will have competencies in common with this UCP portfolio and therefore can themselves be used as evidence of attainment of competency by simply mapping the competencies that are common to each.



## Section 4: How to use the Framework

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### Step 1. Identify a Named Assessor

Completing the portfolio and framework will take time and dedication from both the individual and named assessor. The named assessor should be a GP or Senior Urgent Primary Care Practitioner that regularly works for an UPC/OOH service, has experience of or received training in feedback and assessment, and has a good understanding of competence development within this framework.

Individual competencies within the portfolio, or assessments done to demonstrate competencies can be assessed by any clinician that practices in the area that competence is being assessed and its within their scope of practice.

### Step 2. Draft a Personal Development Plan

Once any prior learning has been incorporated into the portfolio, it is important that the individual meets with their named mentor/assessor to identify any gaps in practice/knowledge and to include those in a personal development plan. This will include setting a timeframe for completion of tasks and regular review points. It will also provide the learner with an opportunity to discuss and arrange any learning activities such as shadowing or attendance at a course.

### Step 3. Gathering Evidence

In general, there is an expectation of a triad of evidence for each competency within the portfolio. For example, a mini-CEX done in practice with a case-based discussion on the case and a documented reflection on practice.

Individuals will need to think about the evidence they submit and whether it truly demonstrates competence rather than knowledge. For example, they may attend a course where they have learned about the pathophysiology and assessment of a particular condition. In isolation this would not demonstrate competence, but a reflection on the learning and then a Direct Observation of Practice demonstrating the use of that knowledge in practice would.

### Step 4. Assessment

It is anticipated that a formal assessment will be a dynamic process between the individual and their named mentor/assessor. As each section in the portfolio is completed, the relevant summary section of the framework can be signed off by the assessor. As practitioners progress through each level of the career framework, each competency will be reassessed with new evidence to demonstrate the ability to work at a higher level. This continual building of new evidence will demonstrate the individual's progression and inform the employer of their current level of practice through the PADR process, as well as forming evidence for re-registration/revalidation, as required.



## Section 5: Competencies

The competencies required for practitioners working in Urgent Primary Care are organised into 3 areas:

- ~ Non-Clinical
- ~ Triage
- ~ Clinical

The framework describes the competencies required for each UCP level. All clinicians should read and be familiar with the competencies specific to their role.

It is anticipated that the competencies for the UCP Level1 can be achieved within 12 months.

When using these competencies, it is imperative that practitioners ALWAYS keep within their scope of practice and registration. This ensures they are practising safely, lawfully and effectively.

### 5.1 Non-Clinical Competencies

Non-Clinical Competency	UCP 1	UCP 2	UCP 3	Senior UCP	Expert Generalist	Module
Health Board values & behaviours						NC1
Communication with patients						NC2
Communication with colleagues						NC3
Team working and patient safety						NC4
Dealing with emergency situations						NC5
Therapeutics and medicine management						NC6
Infection Control						NC7
Quality and Safety Improvement						NC8
Research						NC9
Audit						NC10
Teaching and Training						NC11
Dealing with complaints						NC12
Health Promotion & Public Health						NC13
Consent and confidentiality						NC14
Legal framework for practice						NC15
Management and NHS structure						NC16

## 5.2 Triage Competencies

Triage Competency	UCP 1	UCP 2	UCP 3	Senior UCP	Expert Generalist	Module
Telephone/Remote Consultation Skills						T1
Clinical decision making						T2

## 5.3 Clinical Competencies

Clinical Competency	UCP 1	UCP 2	UCP 3	Senior UCP	Expert Generalist	Module
Cardiovascular						CC1
Respiratory						CC2
Gastro-Intestinal (GI)						CC3
Neurological						CC4
ENT						CC5
Ophthalmology						CC6
Musculoskeletal (MSK)						CC7
Dermatology						CC8
Genitourinary (GU)						CC9
Endocrine/Metabolic						CC10
Mental Health						CC11
Women's Health						CC12
Men's Health						CC13
Sexual Health						CC14
End of Life Care						CC15
Child Health						CC16

## Appendix 1: Mandatory Training List

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Mandatory Training requirements can be found via the learners online NHS Electronic Staff Record (ESR). Modules will include (but may not be limited to) the following areas:

- ✧ Basic Life Support
- ✧ Manual handling
- ✧ Fire safety
- ✧ Health and safety
- ✧ Infection control
- ✧ Safeguarding
- ✧ Child and vulnerable adult protection
- ✧ Record keeping
- ✧ Access to health records
- ✧ Equality & Diversity / Human Rights
- ✧ Violence against women, domestic abuse and sexual violence
- ✧ Violence & Aggression
- ✧ Information Governance
- ✧ Revalidation and Fitness to Practice
- ✧ Personal and people development
- ✧ Welsh

## Appendix 2: Work Based Assessment Tools

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The following templates are provided to support learning and do not need to be completed for each competency.

- ~ Direct Observation of Procedural Skill (DOPS)
- ~ Multisource Feedback (MSF)
- ~ Consultation Assessment Proforma (Mini-CEX)
- ~ Case Based Discussion (CBD)
- ~ Reflective Reviews
- ~ Supervisor Meeting



## Direct Observation of Procedural Skill (DOPS)

This template enables the mentor to assess and document the knowledge base of the individual and the practical skills required to enable management of the patient e.g., system examination, physiological monitoring, communication with patient.

UCP Trainee				
Competency being assessed:				
please indicate level of achievement				
Novice	Advanced Beginner	Competent	Proficient	Expert
Brief description of the practical skill/ clinical encounter observed:		Give rationale for & evidence to support decision:		
What were the learning needs identified during the discussion?		How will these learning needs be met and when?		
Assessors name (print)				
Designation				
Assessing Qualification (if applicable)				
Signed				
Date				

# Multisource Feedback (MSF)

UCP Trainee	
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Please provide feedback on the UCP Trainee in the following areas. The feedback should be non-judgemental, based on observation and provide support on how you feel they might improve as well as areas they are performing well in and should continue in their current practice.

1. Professionalism				
Novice	Advanced Beginner	Competent	Proficient	Expert
Detail performance areas to commended:				
Suggested areas for improvement in performance:				
2. Communication Skills				
Novice	Advanced Beginner	Competent	Proficient	Expert
Detail performance areas to commended:				
Suggested areas for improvement in performance:				
3. Management of Clinical Presentations				
Novice	Advanced Beginner	Competent	Proficient	Expert
Detail performance areas to commended:				
Suggested areas for improvement in performance:				

4. Record Keeping				
Novice	Advanced Beginner	Competent	Proficient	Expert
Detail performance areas to commended:				
Suggested areas for improvement in performance:				
5. Teamworking				
Novice	Advanced Beginner	Competent	Proficient	Expert
Detail performance areas to commended:				
Suggested areas for improvement in performance:				
Assessors name (print)				
Designation				
Date				

This form should be returned to: \_\_\_\_\_



# Consultation Assessment Proforma (Mini-CEX)

This template provides a structure for the learner to have their consultation skills assessed. The guidance for what should be considered during the assessment and assessing the performance can be found in the overarching clinical consultation competency.

UCP Trainee		
Competency being assessed:		
Case Details:	Presenting complaint:	
	Male/Female:	Age:
Please assess each statement. If a section does not apply, please mark it N/A (non-applicable)		
	Novice Advanced Beginner Competent Proficient Expert	Rationale for Score Given:
Demonstrates ability to quickly build a relationship with the patient		
Introduces self		
Good eye contact		
Speaks at a volume that the patient can hear		
Speaks with tone and speed of speech that demonstrates an empathetic, interested and non-judgemental approach		
Explains necessary information in language that the patient understands		
Checks patient understanding		
Gives the patient an opportunity to ask questions		
Elicits relevant history for a specific problem in a structured way, giving patients time to answer questions posed		
Demonstrates an ability to use a systematic/ structured approach to physical examination of the patient		
Appropriate vital signs		
Clinical examination		
Identifies those patients' requiring analgesia and administers appropriate pain relief		
Demonstrates an ability to interpret findings from history ± clinical examination and obtains relevant investigative studies		

Documents data accurately in an organised and succinct format		
Demonstrates clinical decision-making skills		
Formulates diagnosis based on logical progression of data		
Offers sound rationale for clinical decisions to both the patient and assessor		
Develops and implements a timely therapeutic management plan consistent with ☐ physical need ☐ psychological need ☐ age & developmental changes ☐ family considerations ☐ referral to other health care professionals ☐ community resources ☐ appropriate follow up		
Demonstrates safe management of the patient regardless of the outcome		
Demonstrates independence in clinical decision making		
Identified strong areas of consultation		
Suggested areas for improvement for next consultation		
Overall assessment:		
please indicate level of achievement		
Novice	Advanced Beginner	Competent
		Proficient
		Expert
Assessors name (print)		
Designation		
Assessing Qualification (if applicable)		
Signed		
Date		

## Case Based Discussion (CBD)

UCP Trainee				
Competency being assessed:				
please indicate level of achievement				
Novice	Advanced Beginner	Competent	Proficient	Expert
Brief description of the case:				
Focus of discussion:				
What were the learning needs identified during the discussion?				
How will these learning needs be met and when?				
Assessors name (print)				
Designation				
Assessing Qualification (if applicable)				
Signed				
Date				



## Reflective Review

A page is required for each reflective review. Do not include any information that might identify a specific patient, service user or colleague.

<b>UCP Trainee</b>				
<b>Competency being assessed:</b>				
please indicate level of achievement				
<b>Novice</b>	<b>Advanced Beginner</b>	<b>Competent</b>	<b>Proficient</b>	<b>Expert</b>
<p>What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?</p>          				
<p>What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?</p>          				
<p>How did you change or improve your practice as a result?</p>          				
<p>How is this relevant to the Code? Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust</p>          				
<b>Assessors name (print)</b>				
<b>Designation</b>				
<b>Assessing Qualification (if applicable)</b>				
<b>Signed</b>				
<b>Date</b>				

# Supervisor Meeting

UCP Trainee	
Review of UCP Trainee since last meeting	
Review evidence in the UCP Trainee portfolio and sign off competencies where appropriate	
Plan for next 3 months (until next review)	
Additional comments	
Assessors name (print)	
Designation	
Assessing Qualification (if applicable)	
Signed	
Date	