GIG CYMRU NHS WALES
Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

ALL WALES EDUCATION, LEARNING AND DEVELOPMENT FRAMEWORK

FOR SPECIALIST INFECTION PREVENTION AND CONTROL WORKFORCE

Noddir gan **Lywodraeth Cymru**
Sponsored by **Welsh Government**

ALL WALES EDUCATION, LEARNING AND DEVELOPMENT FRAMEWORK

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Disclaimer

With reference to the focus of this framework, that is, the specific training, learning and development standards and aligned levels and competencies for the IPC workforce, both the minimum requirements and, progressively, the requirements of relevant core components to a given role should be achieved. NOT ALL COMPETENCIES NEED TO BE ACHIEVED.

Due to this rapidly evolving and changing nature of this IPC speciality there may be additional training, learning and development required outside of this framework

Introduction

Preventing harm to patients, health workers (HWs) and visitors due to health care-associated infections (HAIs) is fundamental to achieve safe quality care and reduce antimicrobial resistance (AMR). Similarly, preventing and reducing the transmission of infectious diseases that cause global threats, such as pandemic coronaviruses, influenza or influenza-like infectious diseases and other emerging pathogens, is essential.

The importance of effective specialist infection prevention and control (IPC) practice and directed from the specialist workforce has become more essential throughout the pandemic. The IPC workforce should be a trained, dedicated IPC focal point who ideally leads a trained and multidisciplinary team, and reports to the highest level in the health care organization.

The framework is not intended to replace current relevant frameworks but supplement. There are several routes to developing through the levels of practice, development attained via Higher Education Institutions and work-based/experiential learning is equally of value. Training programmes should include pre- and postgraduate training, new employee orientation, in-service training, as well as continuous educational opportunities. Ideally, based on the understanding that capacities and resources for implementation vary widely from one individual to another, a stepwise blended learning approach is recommended to achieve these core competencies.

In the individual IPC development planning process, it is advisable to refer to the compendium of IPC courses endorsed by local academic institutions and other organisations (available via HEIW website).The compendium will further help identify the process for establishing enrolment on specific courses/modules in relation to IPC certificates, diplomas, and postgraduate degrees (or their equivalent) in order for individuals to discuss with named supervisor manager, or significant, other how the various learning courses or scenarios related to IPC speciality can be reflected in their future PDR documentation.

The purpose of this framework is to assist in transforming IPC specialist workforce, working within NHS Wales, by providing key information to map/assess employees' competence to support progression and may allow development into the next level prior to, or even without, attainment of higher pay scale (Agenda for Change banding). An overview of levels provides a description of the attributes expected and suggests the levels that should be progressed to support career development. Completing all the learning outcomes/competencies and/or obtaining a qualification will not result in automatic promotion into a more senior position. These positions will be by appointment through recruitment processes, post vacancies and service need.

What is the All-Wales Infection Prevention and Control Training, Learning and Development Framework?

The IPC framework will highlight specific areas for the training, learning and development of the IPC specialist workforce. This will enable IPC specialist workforce to build on identified and relevant competencies, to enhance their careers, and meet essential IPC needs that will be critical within the next 3 to 5 years.

The competency domains (page 12 table) assist to:

- predict and proactively integrate knowledge development and career enhancement
- identify strategic areas of need and future development for the professional within the dynamic and resilient nature of the evolving IPC role
- engage IPC specialists to enhance their knowledge and skills throughout their career within interconnected core competencies/domains to meet the needs of health and social care across the continuum of NHS Wales.

This engagement will reinforce Public Health Wales/Welsh Government Healthcare Associated Infection & Antimicrobial Resistance Programme (HARP) vision of prudent health care without infection while providing a safer practice. The framework can promote the development of new skills and supports professional growth and workforce transformation regardless of IPC practice setting.

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Development of resources to support the framework

Health Education Improvement & Education Wales worked in close partnership with Public Health Wales and stakeholders to develop this cohesive, integrated and progressive approach to IPS specialist workforce education and training development.

This work has included the development of a framework designed with easy-to-use content that intentionally overlaps (or maps) with nationally and internationally recognised core competency (IPS[1] 2021, WHO 2019[2], APIC[3]) and domains to reflect the complexity of IPC practice. This framework is developed for those within the IPC workforce, and the competency domains can be used by the IPC specialist in any health care setting, regardless of full-time or any other equivalent status. This has the potential to inform future development of education curricula and relevant accreditation of professions. Additionally, the framework can be utilised where IPC specialist role has multiple responsibilities. The framework will assist in developing an individual's personal practice and in turn can assist with IPC service development. As previously stated, in line with patient safety is the focus of IPC practice across the continuum of care.

During the preparation of this framework stakeholders discussed education, training, development and succession planning for the IPC, AMS and HP workforce competencies. Stakeholders (listed in appendix) highlighted existing development and educational processes and where improvements can be included. The task and finish work group have agreed the core competencies, which new IPC specialists can begin to develop their practice and forward to next levels to create a career pathway. In addition, the framework provides career advancement options, to assist identify strengths and areas for development through self-assessment, appraisal and as a way of structuring feedback from colleagues.

1. https://www.ips.uk.net/ips-competencies-framework

2. https://apps.who.int/iris/handle/10665/335821

3. https://apic.org/professional-practice/infection-preventionist-ip-competency-model/

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Development of resources to support the framework *continued*

Support should be provided by the employing organisation to ensure that discussions around IPC competencies and multidisciplinary learning is an organisational level priority:

Time for personal and professional development is protected and part of contract/PDR i.e. study, laboratory visits

Assurance of any work practices should be performed in line with an appropriate regulator (e.g. NMC, GMC, HCPC, RPS). Any training undertaken from outside the organisation (e.g. postgraduate training) should be quality assured and take form of periodic checks to ensure programmes deliver required outcomes, through audit, evaluation and implementation of best practice.

Control and responsibility for one's own development takes place at individual or micro level and organisational may include PADR/CPDs, learning contracts, team or trainer appraisal, measures of performance. **NOT ALL COMPETENCIES NEED TO BE ACHIEVED** and the selection of relevant competencies should be determined through discussion with an assessor as below.

Improvement in practice must take place continuously and assessment of learning needs is required to identify what matters most to the individual, but reflects service requirements, provides incentive for a blended learning approach using experiential learning for maximum benefit. This improvement in practice will help newly appointed IPC healthcare professionals prepare to practice and support all staff with on-going continuing professional development, education, and development opportunities, and assists with revalidation/credentialling processes. For example, use as a framework for a portfolio to demonstrate competency assurance.

The main role of the **assessor** is to assess the IPC practitioner's performance and/or related understanding from a range of evidence (as indicated in table …page) to ensure that the competence and/or knowledge demonstrated meets the required standards. An assessor can be a manager, supervisor or team lead and from a different professional discipline. **The individual IPC practitioner** is responsible for ensuring that they:

- demonstrate evidence-based practice
- meet the requirement of their regulator
- are working at the level of practice at which they are employed with an opportunity to develop their practice to the next level

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Definitions

Competence: proven ability to use knowledge, skills and personal, social and/or methodological abilities in work or study situations and in professional and personal development (WHO, 2020). Or proven ability to understanding what a professional should be able to do with sufficient knowledge and skills (Bubb et al , 2016). OR observable and measurable knowledge, skills, abilities, and personal attributes that improve performance and result in success (WHO,2020).

Domain: a specified sphere of the knowledge, skills and attitudes required for an infection prevention and control (IPC) professional to practice with an in-depth understanding of situations, using reasoning, critical thinking, reflection, and analysis to inform assessment and decision-making in the prevention and control of health care-associated infection and antimicrobial resistance activity or knowledge.

Subdomain: a subdivision of a domain.

Competency Domains: are related sets of foundational abilities representing the required elements and outcomes that define the knowledge, skills, experience, attitudes, values, behaviours, and established professional standards. (WHO, 2020).

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Levels in the framework

As the aim of this framework is to support multi professional, clinical and management development to ensure skills are maximised and services are effective it has been designed, aligned and underpinned by, underpinned by the Credit and Qualifications Framework Wales (CQFW) Level Descriptors (CQFW 2009) CQFW level descriptors[4] and the descriptors for the relevant level of the Skills for Health Career Framework.[5] Additionally, this enables the development of accredited qualifications by universities or awarding bodies e.g. Agored Cymru/ City and Guilds.

It also supports individuals undertaking self-assessment and work-based assessment. This helps decision making in relation to an individual's learning and development and how to progress, either from one level to the next or to identity opportunities for learning and development. This introduces the concept self-assessment and assessment in the IPC workplace to identify what has already achieved and how to transform. A step-up approach, of each level of practice building on the previous level avoids repetition but projects transformation.

4. https://gov.wales/sites/default/files/publications/2018-02/level-descriptors.pdf

5. https://www.healthcareers.nhs.uk/working-health/working-public-health/public-health-workforce-explained/core-public-health-workforce

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Target staff groups at each level/step approach

(Table 1) Note: These are some examples only.

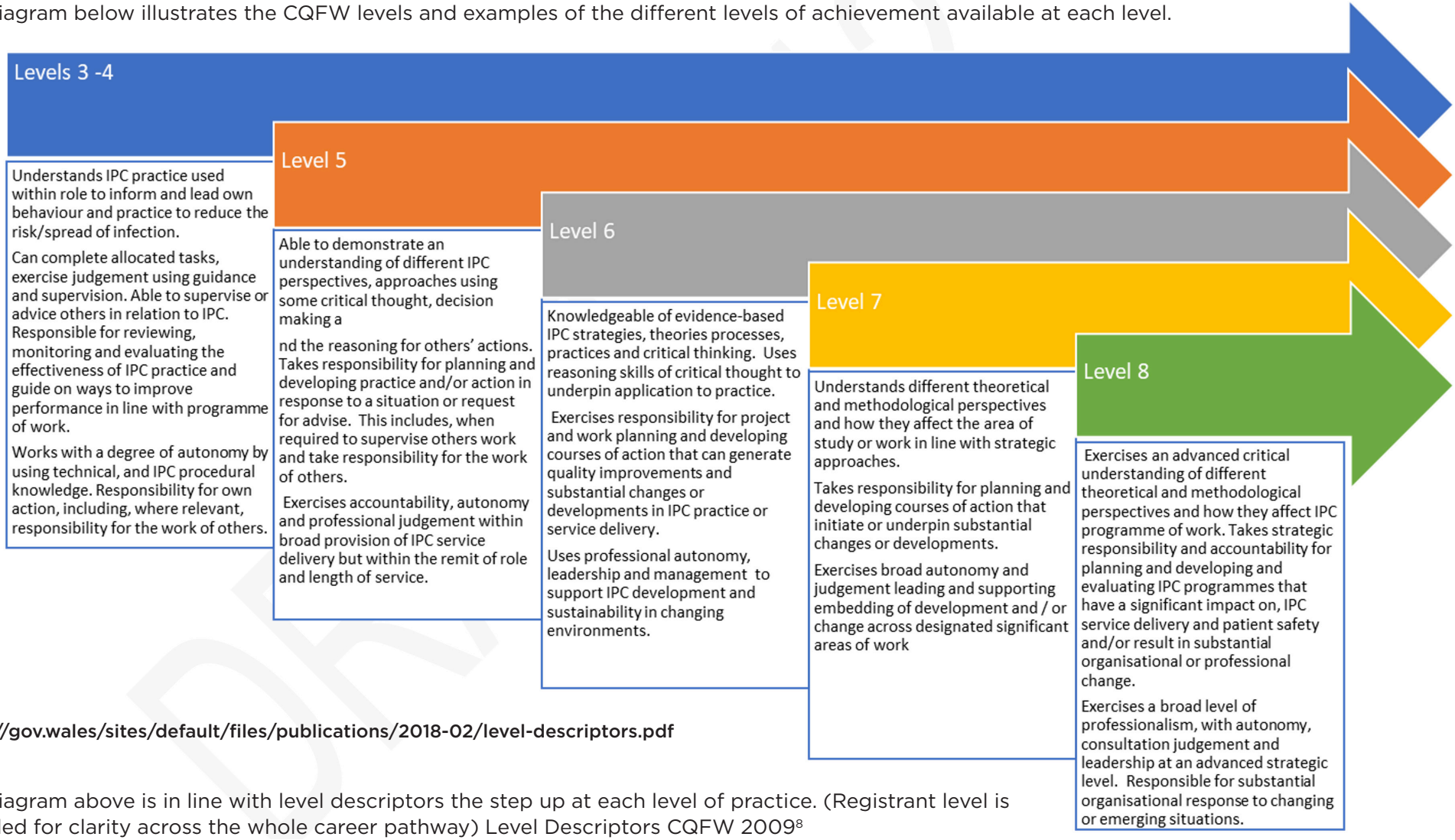
Level 4	Level 5	Level 6	Level 7	Level 8[6]
IPC link person /IP associate	Registered practitioners consolidating IPC experience and education. On a journey from novice, when initially registered, to practitioner	Becoming proficient (timescale of dependent on experience of IPC operational practice)	Proficient (more than 3 years IPC practical experience)	Expert
Non – registrant/Cert level.[7]	Registrant	Enhanced Registrant	Advanced	Consultant

6. https://gov.wales/sites/default/files/publications/2018-11/credit-and-qualifications-framework-for-wales-learner-guide.pdf

7. Skills for Health (2012 – under review in 2021), Infection Prevention & Control National Occupational Standards (NOS): https://tools.skillsforhealth.org.uk/ Skills for Health (2020), Core Skills Training Framework (England): Statutory/Mandatory Subject Guide: https://skillsforhealth.org.uk/info-hub/cstf-england-guidance-and-download/ (Under review Nov 2021 to March 2022)

Target staff groups at each level/step approach *continued*

The diagram below illustrates the CQFW levels and examples of the different levels of achievement available at each level.



https://gov.wales/sites/default/files/publications/2018-02/level-descriptors.pdf

The diagram above is in line with level descriptors the step up at each level of practice. (Registrant level is included for clarity across the whole career pathway) Level Descriptors CQFW 2009[8]

8. https://gov.wales/sites/default/files/publications/2018-02/level-descriptors.pdf

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Target staff groups at each level/step approach *continued*

Having clear and concise target level descriptors (as above) and the All Wales IPC Education and learning framework[9] will enable supervisors, managers, practitioners and educationalists to have a clearer understanding of the capabilities and competencies needed for their clinical and non-clinical staff at each level of practice and have realistic expectations of the workforce, which in turn, will enable better workforce planning, job matching and potential renumeration.

Table 1. Core competencies/Domain/ subdomains

This is a generic framework for any IPC practitioner and regardless of their professional background. It therefore does not contain statements that relate only to specialist areas of role outside remit of IPC.

The proportion and expertise associated with each competency will vary according to the role and level. Within this Framework competencies are defined within four domains with each proving responsibility, key knowledge, skills and behaviours and opportunities for educational and professional development outlined for each aspect of IPC practice.

The four domains align to four pillars of practice for advanced practice. As an individual's career progresses the proportion of their role for each domain will change. Hence, the standards specified for each domain will need to be considered, by organisations and managers/assessors as to how an individuals can be developed to facilitate the development of career pathways within the IPC workforce using that will meet the future IPC service delivery needs. Outlining professional development will provide assurance of up to date, effective and safe IPC practice across all health and social care settings and improves the performance of the organisation.

9. https://heiw.nhs.wales/files/ipc-framework-final-nbsp/

Target staff groups at each level/step approach *continued*

Diagram 1.

Competency domains

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Target staff groups at each level/step approach *continued*

Table 2. Domains/Sub domains

Education (Domain)

Description of competency (standard of knowledge, understanding or skill required)
a) Education of self and others.
b) IPC knowledge, skills, expertise
c) Effective educator with proven ability to improve behaviour, habits, mindsets, and performance outcomes

Sub-domains

a)
1. Identify and evaluate own development needs to meet current service provision and future demand relating to organisational objectives.
2. Keep updated and identify gaps in knowledge and skills or other developmental needs to inform future clinical exposure and develop expertise.
3. Use self-assessment to develop learning and develop action plans to highlight formal and informal education and learning opportunities.

b)
1. Maintain and enhance infection prevention and control knowledge, practice, and skills by using a both academic and professional practice resources and learning opportunities.
2. Seek extract/s of pertinent academic literature to support the science in relation to IPC practice such as academic journals, journal clubs and courses.
3. Critical evaluation of published literature, research studies and appropriate application to practice.

c)
1. Use education to inform, guide and empower others to adopt IPC and associated evidence base as an essential learning and development requirement for all aspects of healthcare practice.
2. Adopt supportive, nurturing role and practice related to coaching, mentoring, supervising consulting and preceptorship opportunities.
3. Design and deliver a blended learning programme to ensure all learning styles are included. Education events should be appropriate for the target learner and promote positive behaviour change.
4. Use informatics and resources/tools to support effective delivery of IPC training and development.
5. Provide specific education, that meets need, that addresses immediate urgent need and action, as situations arise.
6. Assess and evaluate individuals' or teams' competence and/or performance, provide constructive feedback to highlight how knowledge and skills can be enhanced, while providing or signposting to the required education to develop prevention and control of infection practice.

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Target staff groups at each level/step approach *continued*

2. Quality Improvement & Safety

Description of competency (standard of knowledge, understanding or skill required)
a) Quality improvement
b) Research and patient safety
c) Occupational health

a)

1. Identify opportunities and systems to improve the quality and performance of IPC practice to promote efficacy, safety and improve patient care outcomes.
2. Use skills for improvement and process methodologies by implementing collaborative improvement activities and shared leadership.
3. Adopt, evaluate and adapt QI methodologies using a variety of learner styles to sustain or drive improvement to change behaviour, process and culture.
4. Be aware of National and local systems to measure or drive improvement of IPC
5. Use information to identify, monitor and report trends, informing IPC strategies, priorities and areas of concern.
6. Able to learn from action and analyse information from safety reporting system/s, to help manage with limited resources and emergency situations.
7. Initiate and/or facilitate quality improvements and measure impact to guide future risk reduction based on experience and awareness.

b)

1. Use research to inform evidence-based IPC practice by critically analysing and evaluating research and disseminate findings accordingly.
2. Actively participate to change practice and collaborate where possible.
3. Engage in opportunities to develop or review new technology and informatics used for diagnosis, patient care, IPC practice, treatment or to advance in scientific research.
4. Understand human factors and use organisational data to evaluate the ongoing approach to safety.
5. Lead IP&C practice by using research and a strong evidence base, develop own knowledge and expertise to influence patient care and services.
6. Identify measurable outcomes and incorporate into audit programmes to effectively measure compliance with infection prevention and control standards and guidelines.
7. Use research, audit, data and information to shape and influence practice, and influence decision making and planning.
8. Implement risk assessment and risk reduction via evidence-based prevention strategies to ensure assessment of current risks, minimizing risk, and/or eliminating or reducing the transmission of pathogens.

c)

1. Collaborate, support and provide advice to occupational health and health and safety professionals to develop and adapt evidence-based guidance/ national recommendations to undertake risk assessment, inform practice, monitor performance, evaluate practice and respond to situations and adverse incident/s.
2. Co-produce and use informatics systems to ensure occupational health is captured in relevant surveillance, feedback and IPC strategies.
3. Support the safety of healthcare workers by being an advocate for immunization strategies and implementing multimodal educational plans and QI initiatives.

Target staff groups at each level/step approach *continued*

3.

Description of competency (standard of knowledge, understanding or skill required)
a) Clinical Practice
b) Professional stewardship/AMR
c) Microbiology & Surveillance

a)

1. Work consistently in line and integrity with laws, professional and practice standards, and development requirements.
2. Maintain confidentiality of sensitive information and equality/diversity in all aspects of practice and educates others in respect to duties.
3. Use skills in communication, education, relationship-building, behaviour change, and facilitation to ensure compliance is established and that all health care workers are educated and feel accountable for preventing and controlling infections.
4. Seen as an advocate for patient safety and ethical principles are embedded in all practice associated with role. Has cultural awareness and ability to work under pressure and extreme circumstances.
5. Aware of rapidly evolving healthcare situations, both HCAIs, global threats, community- and population-focused, capable of recognizing, escalating and managing emerging infections, and able to deal effectively with environmental hazards and threats.
6. Use knowledge and/or development of evidence-based guidelines, and products reducing risk through engineering and other controls.
7. Use advanced knowledge on water safety, ventilation, IPC in the build environment, waste management to inform and advise others.
8. Provide expertise at meetings for example, water safety, specialist ventilation, decontamination, personal protective equipment and investigations.
9. Work closely with microbiology laboratory by collecting, validating and interpretating data.
10. Able to use IT systems to input, analyse, extract, and manage data to support and drive data quality, governance of processes for patient safety and optimum outcomes.
11. Use observational, assessment and feedback skills used during visits, ward rounds, inspections, audits in clinical and non – clinical areas to advise, monitor and evaluate IPC practice.
12. Provide feedback to others following observation of appropriate care activity, hand hygiene, maintenance of indwelling devices, and environmental and risk assessing/ ensuring that patients are appropriately isolated or during outbreaks.
13. Use knowledge of the requirements for the specific clinical areas and practices being observed.
14. Maintain and communicates records, and appropriate action plans that nee to be implemented and sustained.
15. Provide expertise to primary care, public health services, special care including infection surveillance, outbreak management and supports vaccination programmes
16. Collaborate with clinical colleagues in other specialities and occupational health, facilities, estates, domestic services, environmental health, health & safety, and catering.
17. Use knowledge and proficient IT skills to manage electronic data to support surveillance process.

continued overleaf

Target staff groups at each level/step approach *continued*

3. *continued*

b)

1. Contribute to antimicrobial resistance (AMR) strategies by understanding methods of detection, clinical practice as above, and evidence base to support IPC guidance.
2. Being an advocate for AMR and delivers education in relation to AMR.
3. Use multimodal strategies to implement IPC measures to reduce AMR and HCAI.
4. Contribute or develops activities antimicrobial stewardship and IPC.
5. Lead and promote and communication about the burden of AMR and HCAI.
6. Contribute and support an effective system for ongoing surveillance and rapid alert/detection of AMR at organisational level.
7. Use and integrate audit into existing quality improvement programmes in relation to AMS.
8. Support the monitoring and evaluates antimicrobial prescribing and how this relates to local resistance patterns by working with AMR teams to provide regular feedback to individual prescribers in all care settings.
9. Report patient safety incidents related to antimicrobial use, including hospital admissions for potentially avoidable life-threatening infections, infections with Clostridiodes difficile or adverse drug reactions such as anaphylaxis.
10. Able to identify, challenge and action inappropriate clinical practice and antibiotic prescribing.
11. Develop or contribute to process that promotes and/or supports the work of antimicrobial stewardship teams.

c)

1. Use experience and expertise in relation epidemiology and surveillance and able to apply principles to IPC practice.
2. Demonstrate knowledge of the microorganisms that cause infection in humans in healthcare and community settings.
3. Understand general principles of IPC practice, human behaviour, hierarchy of controls and immunisation and advises others appropriately.
4. Understand key characteristics of pathogenicity, transmission, virulence, and other risk factors associated with chain of infection.
5. Able to risk assess in relation to mode of transmission associated with clinical presentation, definitions of infection, laboratory reports, patient placement, required clinical procedures, etc
6. Knowledgeable about clinical manifestation and presentation of infection, diagnostic, laboratory testing and screening methods.
7. Able to interpret reports and advise others in line with organisational protocols and guidance.

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Target staff groups at each level/step approach *continued*

4.

Description of competency (standard of knowledge, understanding or skill required)
a) Leadership
b) Management
c) Programme management

a)

1. Effective communicator using compassion, emotional intelligence, and situational awareness. Able to examine a problem or situation and find solution through creative application of knowledge, experience, data, and evidence.
2. Conveys communication of IPC knowledge via links with the local IPC team, to regional level, health authorities and across boundaries to help coordinate response.
3. Coordinate required preparedness and response to requests for advice, education, support, and planning including emerging infectious disease, emergencies, and threats at organisational, national and global level. (covering both community and acute care settings).
4. Demonstrate political astuteness, through awareness of key influencers, able to network and facilitate interaction and collaboration for IPC at organisational level and national strategic programmes.
5. Demonstrate understanding and flexibility to support others during uncertainty, as IPC practice continues to evolve on the health agenda and with ever changing demands or emergencies
6. Demonstrate strong leadership by being highly visible and holding strong values around IPC with compassionate and considering equality and diversity. Taking a collaborative approach in working in partnership to work effectively within the organisation and across the health community in Wales.

b)

1. Actively seeking out opportunities to improve delivery of service through education, training, partnership, influencing and innovative working.
2. Advocate for leading transformation to facilitate desired behaviours and key performance/meet targets by using an evidence-based approach to influence others.
3. Recruits, interviews, align workloads, prioritises, mentors, supervises, and motivates members of IPC team/s to ensure delivery of high-quality care through excellent teamwork. Leading with compassion to enable team/s to identify, and secure resources, but to value and take care of the individuals within them.
4. Employs a strategy of QI and manages IPC programme using science, technology, health care business models, in accordance with regulatory and accreditation requirements.

continued overleaf

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Target staff groups at each level/step approach *continued*

4. *continued*

c)

1. Facilitate teamworking to drive a shared vision and success, in a position to recommend how this vision is escalated within the organisation and outside for continued and sustained change and strategic vision.
2. Lead in programme management, as a decision maker, manages communicates and accountable for implementation and evaluation
3. Facilitates and coordinates interdisciplinary projects, leading as a champion for a culture of safety. Able to generate a culture of support and accountability, rather than a culture of blame.
4. Engage in local project development, including the built environment, budget planning, particularly in recommending specific equipment, education personnel and resources for the IPC programme
5. Participate in planning, reporting, risk management and coordination of IPC activities
6. Provide expertise for a specific area of IPC as a key representative or core member of a group for a defined purpose.
7. Act as subject matter expert to provide advice on development of models of work and subject matter or to undertake research.

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Maintaining a portfolio provides structure for recording and reviewing learning by using evidence to demonstrate the quality and quantity of professional development.

It is useful for demonstrating which competencies have been accomplished, assists in recognising ability in specified areas of IPC practice and identifies opportunities to develop further. A portfolio takes account the requirement of professional registration, NHS KSF and resources promoted by the relevant professional association/s and evidence required can be utilised for demonstrating continuing learning and development.

Sources of evidence to demonstrate competency.

There is a wide range of evidence that can be presented at a PADR/CPD and/or appraisal meeting. The following (in table below) are examples of sources of evidence that can be used, and one piece or source of evidence will often be applicable to different competencies. Depending on professional field, specific items can be added to the list below to provide an accurate representation of competencies.

An assessor needs to be able to review, comment and sign off evidence, in relation to the knowledge, skills, values, attitudes and experience to meet the competency (level as indicated in table 1). Additional, feedback can be provided by using an assessment hierarchy such as WHO, IPS, or RCP[10] (add link)

The content of the evidence should be aligned to SMART criteria (Specific, Measurable, Attainable, Relevant, and Time-Bound) to provide efficacy and ease feedback. Types of evidence can be written, recorded (visual or audible), observed, discussed or practicable but should ensure that the confidentiality and security of personal and sensitive information is protected

Source/types of evidence	Examples which can be: Written, Observed, Discussed, Practical
360° feedback, peer review and/or third-party feedback	Results of a structured appraisal process on performance by team members and/or service users. Positive performance appraisals. Letters or feedback, awards, recognitions, or achievements or media reports
PADR/CPD record (ESR)	Record of formal meeting and outcomes, progress and report.
Direct Observation of practice	Record of performance (from direct observation) in relation to specific aspect of IPC practice. Examples are Observed Clinical Event, Direct Observed Practical Skill or using a competency assessment tool.

continued overleaf

10. https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework

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Source/types of evidence	Examples which can be: Written, Observed, Discussed, Practical
Operational IPC development	Policies, SOPs, procedures, reports, guidelines, information leaflets, risk assessment, communication tools (e.g. Situation, Background, Actions, Recommendations) and checklists. Programme outcomes/or resources developed. Photographs representing projects you have been involved.
Reflectivity opportunities	Reflective journal, recording experience that includes reflection on the individuals practice, understanding and learning. Attendance record from action-learning sets, clinical supervision.
Project, programme work and development	Specific pieces of work undertaken with clear aim, objectives and outcomes related to an IPC practice or service delivery.
Presentation	A verbal, written or poster presentation to a meeting, committee, webinar, seminar, or conference.
Professional accreditation, revalidation, credentialing activity	Documents and material required for professional registration and to remain registration. For example NMC revalidation.
Qualifications over specified time scale	Certification of validated knowledge gained (for example from Higher Education Institutions and formal education & training undertaken).
IPC day to day practice	Written texts of material prepared and delivered as part of IPC work duties, for example, advice records, feedback. Dissemination of information/communication in relation to diagnostic test results/analysis in relevance to IPC practices and data analysis/dissemination.
Audit records	A systematic review of IPC practice or services against measurable standards with a resulting action plan.

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continued from page 20

Source/types of evidence	Examples which can be: Written, Observed, Discussed, Practical
Adverse Incidents Reports	A synopsis of the given situation by using a recognised tool to capture key elements relating the situation, the actions taken and the lessons learnt.
Case studies and case-based discussion	A synopsis in relation to IPC practice and/or service delivery. For supervision that support reflective practice. Scenario based teaching.
Teaching and training material	Resources and/or strategies prepared for a learning and development activities such as learning aims, objectives and evaluation. Records, feedback from supervising/mentoring.
Professional activity	Recognition or records of any contribution made to the work of a professional group, special interest group, association, or organisation.
Publications	Copies of or recognition of published material in the public domain authored solely or jointly. Examples include, journal articles, posters, interviews, podcasts, books, editing and book reviews.
Self–directed learning	Bibliography from reading journals and articles, literature review from reviewing books and papers, updating knowledge via information sources, journal clubs. Synopsis of a discussion with a professional colleague to evaluate practice. Completion of a self-assessment/self-awareness process, such as SWOT/SNOB/SCOB with action plan.

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Appendix 2

Task & Finish Group Members

Name	Organisation
Lisa Duffy	HEIW - Infection, Prevention and Control Programme Manager
Mandy Rayani (Chair Task & Finish Group)	Hywel Dda UHB - Director of Nursing, Quality and Patient Experience
Tracey Gauci (Deputy Chair Task & Finish Group)	Hywel Dda UHB – Consultant Practitioner Infection Prevention - Infection Control
Sandy Walther (Administrative support)	HEIW - Administrative Officer, Education, Quality and Integration
Gail Huntley- Harries	HEIW - Workforce Modernisation Manager, Education, Quality and Integration
Angharad Davies	Swansea University
Gavin Forbes	Public Health Wales Consultant Microbiologist Microbiology
Gillian Knight	Welsh Government
Helen Ronchetti	Aneurin Bevan UHB - Infection Control
Hayley Harrison Jeffreys	Velindre NHS Trust – Infection Control
Helen Farmer	Powys Teaching Health Board – Infection Control
Jason Crowl	Powys Teaching Health Board – Primary & Community Care
Joanne Walters	Swansea Bay UHB - Infection Prevention & Control Team
Louise Colson	Welsh Ambulance Service NHS Trust
Lyndsay McNicholl	Carmarthenshire Council
Lynne Williams	Bangor University
Marie Davies	Powys Teaching Health Board – Nursing
Mel Jenkins	Hywel Dda UHB - Senior Nurse Infection Prevention

continued overleaf

Appendix 2 Task & Finish Group Members *continued*

Name	Organisation
Jaci Huws	Bangor University - Senior lecturer
Muhammad Yaseen	Velindre - Infection Prevention & Control
Nicholas Reid	Public Health Wales - Consultant Antimicrobial Pharmacist
Nicky Hughes	Royal College of Nursing
Ricky Frazer	Velindre NHS Trust – Oncology Consultant
Sarah Morgan	CTM UHB - Deputy Lead Infection Prevention Control Nurse & Decontamination Officer
Victoria Daniel	Public Health Wales - Microbiology
Alex Smith	Powys Teaching Health Board – Nursing
Angela Voyle-Smith	(Velindre - Workforce & OD)
Bethan Cradle	(CTM UHB – Infection Control)
Jennie Leleux	Powys Teaching Health Board – Infection Control
Julie Harris	Swansea Bay UHB - Pharmacy
Meryl Davies	Public Health Wales - Lead Antimicrobial Pharmacist – Primary and Community Care
Michelle Moseley	Royal College of Nursing
Richard Desir	Welsh Government
Sally Hore	Aberystwyth University
So Vinnicombe	Bangor University
Samantha Murray	Aneurin Bevan UHB - Infection Control
Terri Larkin	Carmarthenshire Council

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