

Transferable Role Template

Career Framework Level 7

AAC Assessor

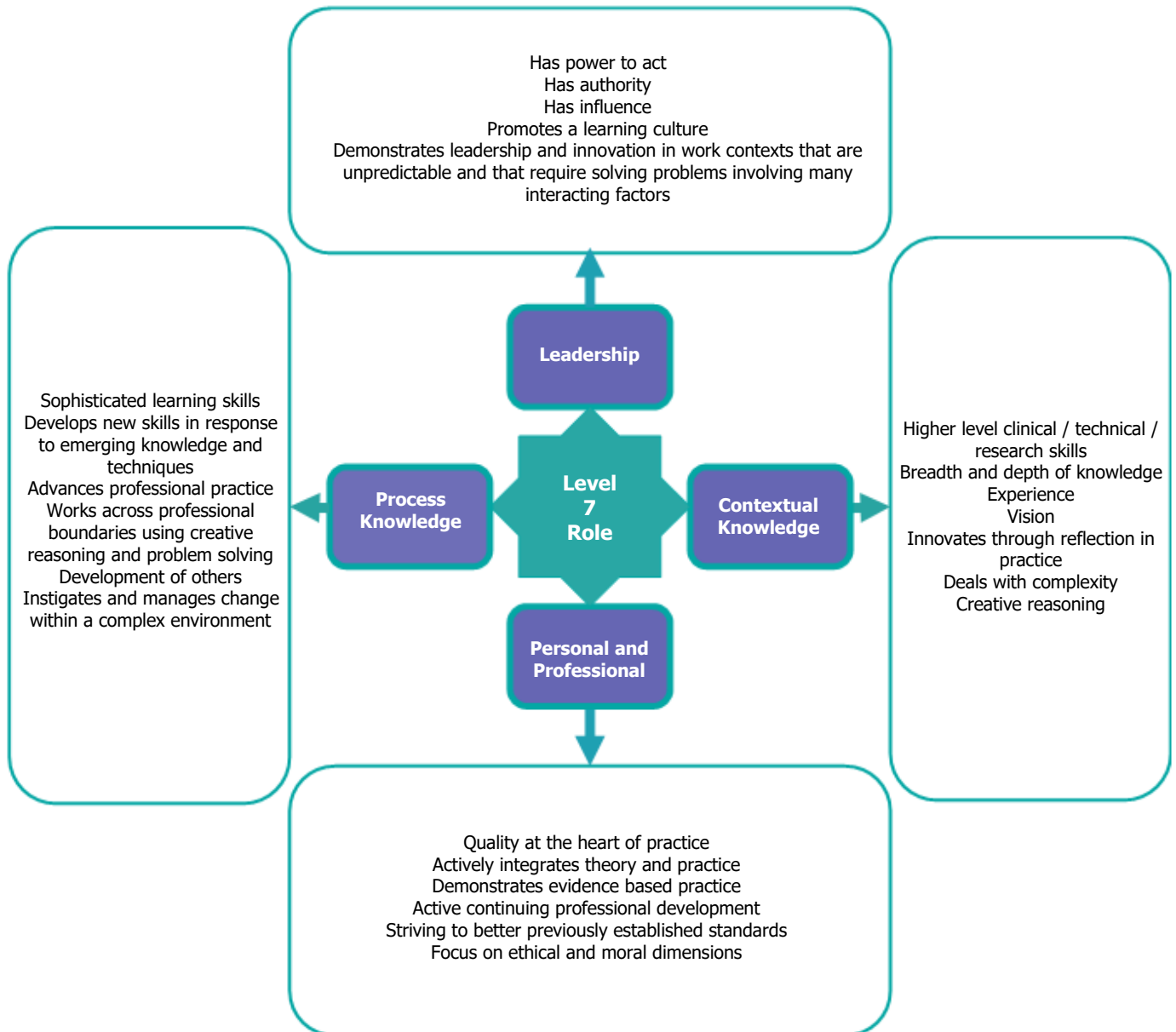
Published : 29-10-2016

Developers

Birmingham Access to Communication and Technology Service
Skills for Health

Level Descriptors

Key characteristics of a Level 7 Role



Definition of the Level 7 Role

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

Example of Role at Level 7

Advanced Practitioner:

Whilst recognising that some professions have already defined the advanced practitioner: the definition of an advanced practitioner used in this template is intended to be applicable to all professional and occupational groups. This definition is based on the level 7 descriptors that inform the career framework for health and therefore is useful to employers.

Advanced practitioners are experienced professionals who have developed their skills and theoretical knowledge to a very high standard, performing a highly complex role and continuously developing their practice within a defined field and/or having management responsibilities for a section/small department. They will have their own caseload or work area responsibilities.

Further information regarding the role of the advanced practitioner has been used to support these findings

Basic Information:

Named Role	AAC Assessor
Area of work	Community NHS Or Local Authority Or Independent
Role Family	AHPs
Experience required	Occupational therapist or speech & language therapist
Career Framework Level	7

Summary of Role

The AAC assessor conducts assessments with children and adults who have been referred to ACT to establish their goals and needs for augmentative and alternative communication.

Scope of the Role

An AAC assessor will complete comprehensive assessments and reviews with clients to identify clear goals and needs in the area of augmentative and alternative communication.

This role is shared across speech and language therapy and occupational therapy.

Working with the local team, the assessor provides clinically reasoned prescription recommendations and formulates an effective implementation plan.

Where clients have a condition that impairs their physical ability to communicate, but have appropriate literacy and underpinning social interaction and communication skills an occupational therapist can complete this role. This is covered by 1,3,4 and 5 NOS and not 2.

Where clients have a condition that impacts normal language development, or their language has been impaired by an acquired condition, a speech and language therapist must be involved in the assessment team. This involves all the NOS 1-5.

The AAC assessor is responsible for all the stages of intervention:

Planning the assessment - identifying all relevant information and selecting assessment equipment and resources needed to conduct a thorough assessment.

Conducting the assessment - to include communication skills and needs, physical, cognitive, psychosocial, environmental, risk aspects. Consideration of the skills and needs of the wider supporting team. Articulation of advanced clinical reasoning to support equipment prescription and implementation plan.

Follow up after the assessment - to include justification for specific equipment, liaising with local team, customization and programming the equipment to meet client needs.

Providing the equipment and training the person and their local team in its use to optimise the persons communication potential.

Reviewing the persons communication needs in relation to AAC.

The AAC assessor will meet the following five standards:

1. Plan assessment of an individuals health status
2. Assess an individuals communication skills and abilities
3. Develop, prepare and maintain resources for use by individuals who use augmentative and alternative communication (AAC) systems

This standard relates to the development, preparation and maintenance of resources for individuals who use augmentative and alternative communication (AAC) systems. Resources may be high or low tech. Augmentative and alternative communication is used here as a global term to refer to methods of communicating that supplements the ordinary methods of speech and/or handwriting.

4. Select assistive devices or assistive technology to meet an individuals needs

This standard covers the identification and selection of assistive devices to meet an individuals needs. It includes agreement with individuals and their carers on the selection and preparation of a specification or an intervention. It may also include working with others to plan or modify the specification or intervention.

5. Assist and support individuals to use augmentative and alternative communication (AAC) systems

This standard relates to working with individuals, their carers and other members of the multi-disciplinary team where appropriate, to assist and support individuals who use augmentative and alternative communication systems. Augmentative and alternative communication is used here as a global term to refer to methods of communicating that supplements the ordinary methods of speech and/or handwriting.

Level 7 Core Competences / National Occupational Standards:

Underpinning Principle	Reference Function		Competence
1. COMMUNICATION	1.2	Communicate effectively	GEN97 Communicate effectively in a healthcare environment Click to view competence detail
2. PERSONAL & PEOPLE DEVELOPMENT	2.1.1	Develop your own practice	GEN13 Synthesise new knowledge into the development of your own practice Click to view competence detail
			CFAM&LAA3 Develop and maintain your professional networks Click to view competence detail
	2.1.2	Reflect on your own practice	GEN23 Monitor your own work practices Click to view competence detail
			SCDHSC0033 Develop your practice through reflection and learning Click to view competence detail
3. HEALTH SAFETY & SECURITY	2.2.1	Support the development of the knowledge and practice of individuals	SCDHSC0043 Take responsibility for the continuing professional development of yourself and others Click to view competence detail
	3.5.1	Ensure your own actions reduce risks to health and safety	IPC2.2012 Perform hand hygiene to prevent the spread of infection Click to view competence detail
			PROHSS1 Make sure your own actions reduce risks to health and safety Click to view competence detail
			PMWRV1 Make sure your actions contribute to a positive and safe working culture Click to view competence detail
	3.5.2	Protect individuals from abuse	SCDHSC0024 Support the safeguarding of individuals Click to view competence detail
4. SERVICE IMPROVEMENT	4.6	Promote service improvement	CFAM&LCA1 Identify and evaluate opportunities for innovation and improvement Click to view competence detail
5. QUALITY	5.1.1	Act within the limits of your competence and authority	GEN63 Act within the limits of your competence and authority Click to view competence detail
	5.1.2	Manage and organise your own time and activities	HT4 Manage and organise your own time and activities Click to view competence detail
6. EQUALITY & DIVERSITY	6.1	Ensure your own actions support equality of opportunity and diversity	SCDHSC0234 Uphold the rights of individuals Click to view competence detail

Underpinning Principle	Reference Function		Competence
	6.2	Promote equality of opportunity and diversity	SCDHSC3111 Promote the rights and diversity of individuals Click to view competence detail
B. HEALTH INTERVENTION	B2.1	Obtain information from individuals about their health status and needs	CHS169 Comply with legal requirements for maintaining confidentiality in healthcare Click to view competence detail
D. INFORMATION MANAGEMENT / INFORMATION AND COMMUNICATION TECHNOLOGY	D2.4	Maintain information / record systems	CFA_BAD332 Store and retrieve information using a filing system Click to view competence detail
H. MANAGEMENT & ADMINISTRATION	H1.2.4	Implement change	CFAM&LCA4 Implement change Click to view competence detail
	H1.3.1	Contribute to the effectiveness of teams	SCDHSC0241 Contribute to the effectiveness of teams Click to view competence detail
	H1.3.2	Develop relationships with individuals	CFAM&LDD1 Develop and sustain productive working relationships with colleagues Click to view competence detail
	H2.6	Receive and pass on messages and information	ESKITU020 Use digital communications Click to view competence detail

Role Specific Competences / National Occupational Standards:

Underpinning Principle	Reference Function		Competence
1. COMMUNICATION	1.1	Develop methods of communicating	CHS154.2014 Develop, prepare and maintain resources for use by individuals who use Augmentative and Alternative Communication (AAC) systems Click to view competence detail
	1.3	Support individuals to communicate	CHS155.2014 Assist and support individuals to use Augmentative and Alternative Communication (AAC) systems Click to view competence detail
A. ASSESSMENT	A2.1	Plan assessment of an individual's health status	CHS38 Plan assessment of an individual's health status Click to view competence detail
	A2.4	Assess an individual's needs arising from their health status	CHS152 Assess an individuals communication skills and abilities Click to view competence detail
G. MEDICAL DEVICES PRODUCTS & EQUIPMENT	G2.3	Issue equipment, medical devices and products	CHS140.2014 Select assistive devices or assistive technology to meet an individual's needs Click to view competence detail

Facets of Role (National Occupational Standards):

Underpinning Principle	Reference Function		Competence
		None Assigned	

Locality Specific Competences / National Occupational Standards:

Underpinning Principle	Reference Function		Competence
		None Assigned	

Indicative Learning and Development

Transferable roles may be underpinned by a range of learning and development activities to ensure both competence and role confidence. The learning and development included within the template is by nature indicative. In some cases it is endorsed by professional bodies and/or special interest groups and accredited by an awarding body.

Transferable role	AAC Assessor
Formal endorsed learning	Formal learning normally has an assessment component and should lead to a recognised qualification or be part of learning which is endorsed by a recognised authority.
Informal learning	<p>Informal learning opportunities may include work shadowing, self directed study, and non assessed taught sessions. This is not an exhaustive list. All learning should be negotiated and include clear learning outcomes which impact upon practice.</p> <p>This role will utilise the following learning opportunities:</p> <ul style="list-style-type: none"> - Work shadowing - Desk based research regarding available resources - Use of supervision - Peer review - Training sessions from AT companies - Attendance at relevant conferences and meetings in relation to AT.
Summary of learning and development including aims and objectives	Learning will enable the therapist to undertake the role competently and meet the performance criteria and knowledge statements in the NOS contained in this role profile.
Duration	<p>As an OT an AAC caseload would not normally be taken on until competency in EC including PC access was achieved.</p> <p>Initial period of training for approximately 6 -12 months for both OT and SLT. While competency is being developed a delegated supervised caseload will be held with independent reviews.</p> <p>On-going training and supervision to be provided</p>
National Occupational Standards used	As detailed within role outline. The performance criteria and knowledge statements in each NOS will form the basis for the development of specific learning outcomes for each person and may be used to develop generic learning outcomes for each module/unit of learning.
Credits (including framework used)	Wherever possible learning should be credit rated to enable transferability and progression

Indicative Learning and Development

Transferable roles may be underpinned by a range of learning and development activities to ensure both competence and role confidence. The learning and development included within the template is by nature indicative. In some cases it is endorsed by professional bodies and/or special interest groups and accredited by an awarding body.

Accreditation	Wherever possible learning should be accredited by education providers, professional bodies or similar
APEL and progression	Wherever possible learning should be transferable through APEL and should enable progression to other formal learning
Programme structure	Most programmes of learning are built around a flexible, blended learning experience. Modules of learning enable choice and therefore a tailored learning experience.
Continuous Professional Development	<p>It is recognised that continuing professional development is an essential component to maintaining competent, safe practice at all levels of the career framework. Learning should be active, with the impact on service delivery clearly defined and agreed between the learner and their line manager. A range of methods for capturing the impact of learning may be used e.g. learning contracts, reflective accounts, productivity measures, appraisals systems and processes.</p> <p>Formal supervision to provided weekly initially and PDR in line with trust policy</p>
Resources required, e.g. placement learning, preceptors, accredited assessors etc	<p>Learners may need to access learning in a variety of ways including online, taught sessions, self directed study. Wherever possible protected time included in their work schedule should be considered.</p> <p>Where work based assessments take place; assessors will be required</p> <p>Ongoing supervision and review</p>
Quality Assurance	<p>Learning should be quality assured to ensure fitness for purpose and efficacy.</p> <p>For this role the following may be useful in assuring quality of learning:</p> <ul style="list-style-type: none"> Professional membership Audit

Indicative Learning and Development

Transferable roles may be underpinned by a range of learning and development activities to ensure both competence and role confidence. The learning and development included within the template is by nature indicative. In some cases it is endorsed by professional bodies and/or special interest groups and accredited by an awarding body.

<p>Policies included in learning programme documentation</p>	<p>Policies are related to the learning and not to service delivery. Where formal learning is offered some of the following policies may apply. For example: Equal opportunities, Accessibility Teaching and learning Assessment, internal verification and moderation Appeals procedure APEL processes Staff development Academic standards Equality and diversity E-safeguarding and Safeguarding Health and safety Grievance and disciplinary procedures</p>
<p>Funding</p>	<p>Funding for learning should be negotiated locally and should be sustainable to fulfil service needs.</p>
<p>Leading to registration or membership with:</p>	<p>Some learning may result in the learner being registered or being able to join a professional body or similar organisation.</p>

References & Further Information:

Brown G., Esdaile S.A., Ryan S.E., (eds) (2004) *Becoming an advanced healthcare practitioner*
Butterworth Heinemann London

Care Quality Commission (accessed March 2014) National standards
<http://www.cqc.org.uk/public/what-are-standards/national-standards>

College of Occupational Therapists, (2015) Code of ethics and professional conduct
<https://www.cot.co.uk/sites/default/files/publications/public/CODE-OF-ETHICS-2015.pdf>

European Commission, (2008) *The European qualifications framework for lifelong learning (EQF)*
Office for Official Publications of the European Communities, Luxembourg

Health and Care Professions Council, (2014) Standards of proficiency for speech and language therapists
<http://www.hcpc-uk.org/publications/standards/index.asp?id=52>

Health and Care Professions Council, (2013) Standards of proficiency for occupational therapists
<http://www.hcpc-uk.org/publications/standards/index.asp?id=45>

Higgs, J., Titchen, A., eds. (2001). Practice knowledge and expertise in the health professions. Butterworth Heinemann, Oxford

Hinchliff, S., Rogers, Rosemary, eds. (2008). Competencies for advanced nursing practice. Hodder Arnold, London

NHS England (2016) AAC service specification:

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/aac-serv-spec-jan-2016.pdf>

NHS England (2016) Guidance for commissioning AAC services and equipment:

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/guid-comms-aac.pdf>

Reece I., Walker S., (2003). Teaching, training and learning, a practical guide. Business Education Publishers Ltd, Sunderland

Roberts, G. W. (2004). Consultancy and advanced teaming: promoting practice beyond the healthcare environment. In: Brown, G., Esdaile, S.A., Ryan, S.E., eds. Becoming an Advanced Healthcare Practitioner. Butterworth Heinemann, London

Royal College of Nursing (2008) Advanced nurse practitioners, an RCN guide to the advanced nurse practitioner role, competences and programme accreditation

RCN/DH (2005) Maxi nurses. advanced and specialist nursing roles. Royal College of Nursing (<http://www.rcn.org.uk/publications>)

Skills for Health (2010 updated 2014). Summary of attributes and definitions for career framework levels. <http://www.skillsforhealth.org.uk/workforce-transformation/customised-career-frameworks-services/>

Skills for Health (undated, updated 2014). Employability skills matrix for the health sector, <http://www.skillsforhealth.org.uk/about-us/news/employability-skills-matrix/>

Skills for Health (undated, reviewed 2014). The career framework for health

<http://www.skillsforhealth.org.uk/workforce-transformation/customised-career-frameworks-services/>

Skills for Health, Workforce Projects Team. (2008). Six Steps Methodology to Integrated Workforce Planning. Skills for Health, Manchester

Skills for Health. (2011). Pathway mapping. Workforce transformation how to guides

UCE Birmingham, (2012). UCE Birmingham guide to learning outcomes

<http://www.ssdd.bcu.ac.uk/outcomes/>
accessed 19.09.2012