

AMICUS CPHVA Labour Relations Committee

A working group of the CPHVA Labour Relations Committee has prepared guidance for LAR's and members on reviewing job descriptions for Agenda for Change. We have drawn on lessons from early implementers and established good practice guidance. The guidance should not be seen as prescriptive as local formats will need to be agreed through established local processes. The only definitive national guidance is that recently agreed by the shadow executive (Appendix B) which constitutes a national agreement and should be adhered to. The guidance we have prepared is in the form of additional assistance for our membership and does not conflict with that agreement.

The tables attached at the end of this guidance are intended for use as a guide to the type of elements you may wish to include in either your job description or the supporting evidence which is presented for matching purposes. The lists are not intended to be exhaustive nor should you use any elements that cannot be evidenced within your work.

We hope to produce similar guidance for other community nursing disciplines which will be sent once it becomes available.

Joyce P. Horan
Chair LRC

AMICUS CPHVA
Labour Relations Committee
Guidance for members reviewing Job Descriptions/Person
Specifications for Agenda for Change (AFC).

Introduction

All job descriptions must have been reviewed jointly and agreed by every individual to adequately reflect the current duties of the post.

Central to the matching process is the matching panel which comprises trained representatives drawn from a trust's own staff/trade union representatives and management. The job of the panel is to assess a post and match it to a profile that carries a particular AFC band; if successfully matched the post being evaluated will be given the same banding as the profile. The matching panel can reach three decisions:

- to match a post to a profile
- to refer it back to the post holder and their manager with a request for more information
- to decide the post cannot be adequately matched using a profile and refer the post for local job evaluation

For more detailed information refer to AFC Job Evaluation Handbook.

In order to ensure that the matching panel can correctly assess, evaluate and match a post, it is essential that the written information submitted meet two criteria:

- It should be current, accurate and comprehensive in its description of the responsibilities and demands of the post.
- It should be clear concise and unambiguous

How to Restructure the Job Description

Step 1

Before redesigning the job description, break the job down into the main areas of responsibility of the post; list the key tasks of the post and outcomes expected from the post. The job evaluation factor plan, definitions and notes are contained within the AFC Job Evaluation Handbook, these can be used as a basis to ensure that sufficient detail is contained in the job description. The tasks should be arranged into three broad families in order to avoid repetition:

- knowledge and skills

- responsibilities
- effort and environment

When drawing up the list of the key tasks it is important to include the following:

- The work that is required from the post to achieve the main purpose of the job. The list should not include personal contributions that are not required to perform the job or details on how the tasks in the list are done.
- Any additional work you do that is required of your post or which you perform as part of duties you are employed to undertake, such as the department manual handling trainer, the departmental/PCT safety representative, clinical student placement co-ordinator etc.
- The list is accurate and a fair up to date description of what is required. While it is important not to undersell a role or to exclude key aspects of the work, it is equally important not to exaggerate responsibilities.
- Do not write the job description directly following the national profiles or by using the terminology from the job evaluation factor definitions and factor levels document, use the headings only as a prompt.

Step 2

Decide which information/duties will go into your rewritten job description and person specification. Where information is not given on any job evaluation factor in the job description, check that this will be in the supplementary information given to the panel.

Step 3

Draw up the revised job description using the information and duties set out in your list. When writing the job description it is important to ensure that it:

- Is brief – most job descriptions should be no more than 3 or 4 sides of A4, if it is any longer then it is likely it is too long and detailed.
- Uses simple language. Do not be tempted to use overly complex sentences or follow the language of the job evaluation scheme. You must demonstrate clearly exactly what the duties and responsibilities of a particular element of the job are.
- is not repetitive
- Is a meaningful description of what the post actually does, as well as comprehensive enough to ensure that it is suitable for matching purposes. If the job description does not make sense the matching panel will not be able to match it.

- Does not use the factor headings in the job evaluation guidance to list out the principal duties of the post, or copy into the job description any of the descriptions of particular levels in the job evaluation guidance.
- Is consistent throughout the job description and does not give contradictory information. Is also consistent with the information supplied in the person specification and any other supporting information.

Step 4

Once finished the job description should be reviewed to see if adequate information is provided on all the relevant factors in the job evaluation scheme. Check for any wooliness or vagueness in any of the main job description points. Review the person specification and any other supporting information to ensure that it is relevant and provides adequate information across all 16 of the job evaluation factors.

Step 5

The job description should be formally agreed by both the post holder and their manager (or the person whose responsibility it is) it is important that the agreement of both parties is formally recorded as this will prevent challenges and disagreements emerging about the post at or just prior to the matching process.

Members are advised to seek guidance from their local accredited representative.

Job description framework.

The following job description framework has been developed to highlight information that will support the job matching and evaluating process; it also provides a general guide when reviewing any job description.

The framework provides guidance under each of the three broad families, referred to at Step 1, it is not necessarily recommending changes to existing job description formats.

Framework

Job details

This normally includes:

- Job Title
- Department
- Reporting Arrangements
- Base
- Grade and Salary

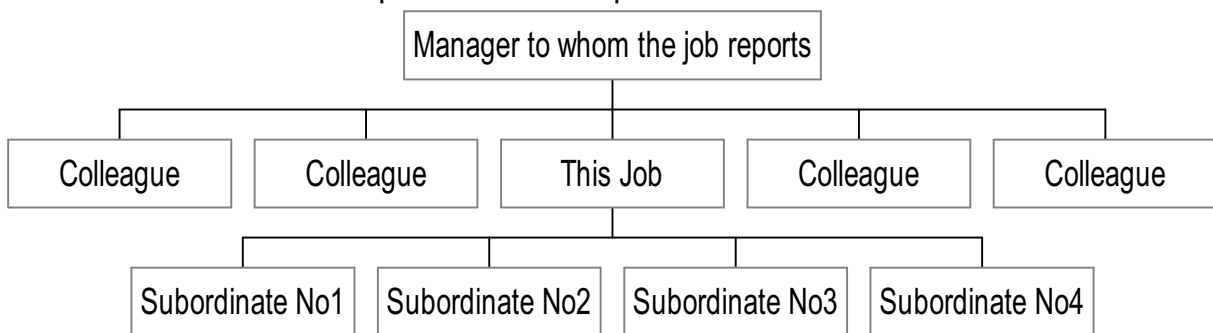
Job summary or principal function.

This should give an accurate, concise statement to explain why the job exists to enable the reader to gain an immediate focus on the role being described. Usually no more than one/two paragraphs.

Organisation Chart

This shows where and how the job fits within the organisation. It shows the manager to whom the job reports (making clear where this person sits in the organisation, e.g. same department, hospital, another site etc), the staff that report to the post and post-holder's peers

This chart is sometimes provided as a separate attachment.



Knowledge and Skill Factors

This section should include information on factors 1-5:

- Communication and relationship skills
- Knowledge, training & experience
- Analytical & judgmental skills
- Planning & organisational skills
- Physical skills

The information in this section may be included in job descriptions under 'experience, knowledge and skills' and 'communications and relationships'. Some of this information may also be contained in the person specification. Caution is advised when using person specification information to inform the job evaluation process as such information should reflect the job requirements, as performed by a fully competent post-holder, and not a recruitment specification.

Whichever section of the job description it is included in, the requirements are:

- A summary of the knowledge and skills required to do the job and whether they are formally gained through professional/technical qualifications. In addition the length of work/post qualification experience needed to do the job. Also details of whether the post-holder is required to maintain professional registration and undertake Continuous Professional Development.

- A summary of the type of 'people contact' the jobholder has to have both within the organisation and outside it, including an indication of the nature and purpose of the relationship; such as information-giving, marketing, persuading, influencing, negotiating, providing counselling or support, giving advice, etc.

Some information the job matchers and evaluators might be trying to ascertain from the job description follows:

- How much need is there in the role to talk to other people?
- Is their communication with patients and relatives?
- Is there contact with people external to the organisation, if so, why? For example does the medical secretary have daily telephone contact with GPs regarding patients appointments?
- What impact does this communication process have to the organisation?
- What is the nature of the communication? For example information exchange, influencing, persuading, negotiation etc.
- What qualifications must the post-holder have to do the job?
- What level /type of knowledge and skill does the job require?
- How long does it take for a person to be proficient in this role/what length of experience is required?
- What are the essential skills/knowledge required on (a) day one in the job, and (b) within the next 12 months?
- Is the role routine?
- Is the job role task driven?
- Is job content straightforward; one process or many processes that have to fit together?
- How much about the whole process(es) does the post-holder need to know, understand, or undertake themselves?
- Does the post-holder have to determine what course of action to take?
- Is the post-holder required to gather information, from a variety of sources before taking an action?
- In this job, is there only one way /one process to do the job or are there many?
- How much of the role is involved with the 'today'?
- Does the role involve thinking/planning ahead?

Responsibilities Factors

This section should include information on factors 6-12:

Responsibilities for:

- Patient /client care
- Policy/service development/implementation
- Financial and physical resources
- Human resources
- Information resources
- Research and development

Level of:

- Freedom to act

The information in this section may be included in job descriptions under 'key results area', 'main task and responsibilities', 'duties and responsibilities' etc.

Whichever section of the job description they are included in responsibilities should be a statement of the end results required of a job. The characteristics are:

- a description of the results, not necessarily the duties and activities, these should explain the 'what' and not the 'how' of the job
- not broad and vague, but specific

Example of a responsibility for medical secretary role might therefore be:

'To manage the consultant's diary to ensure their time is used most effectively and appropriately and in line with workload issues.'

For each of the responsibilities, consideration will need to be given to the level of freedom to act within them. For example does the post-holder set policy in that area and/or carry the responsibility, using professional knowledge/skills, for action in respect of patient care and/or management etc?

Some information the matchers and evaluators might be trying to ascertain from the job description follows:

- For patient / client care roles, what is the level of care delivery or is the role about managing care delivery. If so, at what level?
- What is the patient care impact for non- clinical posts?
- Does the post have responsibility for different care group, or for developing and maintaining 'care pathways'?
- Does the post-holder follow policies set by organisation, or are they responsible for monitoring and developing policies in (a) department/ward (b) directorate, or (c) whole organisation?
- Is the post-holder responsible for expensive equipment?
- Could an incorrect action by the post-holder cost the organisation money or have other serious implications?
- Does the post-holder manage a budget for pay and /or non-pay? What impact do their actions/ activities have?
- Does the post-holder have sole or shared responsibility for a budget or do they just monitor expenditure?
- Is the post-holder responsible for a team of staff, if so, is the team multi-disciplinary and/or what services do the team provide and to whom?
- Is the post-holder responsible for all aspects of managing a team or do they only supervise the team on a 'day to day' basis?
- Is the post-holder responsible for the training and development of their own team of staff?

- Does the post-holder provide training/development across a professional group?
- Is the post-holder responsible for entering information onto existing systems and if so is the information passed to them or do they obtain it by observation, research etc?
- Is the post-holder responsible for developing information systems within their area of responsibility?
- Is the post-holder involved in research and development and what is the impact of that activity on the organisation and wider?

Effort and Environment

This section should include information on factors 13-16:

- Physical effort
- Mental effort
- Emotional effort
- Working conditions

It is unusual for a specific section in this area to be included in job descriptions. However as it forms a part of the job matching and evaluating process this information will either need to be included in job descriptions or made available to matchers and evaluators as supporting evidence.

Some information the job matchers and evaluators might be trying to ascertain from the job description follows:

- Does the post-holder use any equipment?
- What physical movement is required in the job?
- Does the post-holder have to move between different work areas, locations, etc?
- What is the level of concentration and how intense is the concentration required to do the job?
- What is the level of detail in the work performed by the post-holder? For example finance work may require the daily balance of figures.
- Is there emotional involvement with patients and staff in difficult circumstances, e.g. Imparting bad news?
- Is the post-holder exposed to working conditions that are difficult to work in? For example maintenance staff working in a confined area, working outside in all weather conditions, catering/kitchen staff working in extreme heat or working in operating theatres for long periods of time.

It may be useful to consider using a risk assessment tool to identify working conditions that cannot easily be incorporated into job descriptions. See example (Appendix A)

Appendix A

	DUTIES AND RISK FACTORS OF THE POST	YES	<u>NO</u>
1	Exposure Prone Procedures (EPP's)*		
2	Manual Handling Operations		
3	Dust, Dirt, Smells		
4	Chemicals, Fumes or Gasses (Glutaraldehyde, fixer, anaesthetic gases, reconstitution/handling of cytotoxic drugs)		
5	Patient Contact		
6	Babies / Children Contact		
7	Food handling / Preparation		
8	Driving		
9	Fork Lift Truck Driving		
10	User of Display Screen Equipment		
11	Noise		
12	Infestation		
13	Blood and Body Fluids / Waste / Samples / Foul Linen		
14	Excessive Cold		
15	Excessive Heat		
16	Inclement weather		
17	Radiation		
18	Laser Use		
19	Heights over 2 metres		
20	Confined Spaces		
21	Vibration i.e. Power Tools		
22	Using machinery with moving / exposed parts		
23	Shift work		
24	Use of latex products		
25	Physical violence / aggression		
26	Animals		
27	Employment of young people		
28	Any other hazards please specify		
29	Other		

If any hazard is identified above please give details below.



***Definition of Exposure Prone Procedures (EPP's)**

Exposure prone procedures are those where there is a risk that injury to the Health Care Worker may result in the exposure of the patient's open tissues to the blood of the HCW. These procedures include those where the HCW's gloved hands may be in contact with sharp instruments, needle tips and sharp tissue (spicules of bones and teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

Appendix B

Shadow Executive Advice on Agenda for Change - Job Descriptions

JOB DESCRIPTIONS AND AGENDA FOR CHANGE

Frequently asked questions at AfC meetings and training sessions concern job descriptions – whether they should be updated; whether they should follow the JE national profile or KSF format; whether there is a recommended format. Documents have circulated recently, which give misleading and unhelpful information, so it may be helpful to re-state the position.

The advice is, and always has been that:

Having up-to-date, agreed job descriptions is good HR practice, their main purpose being to ensure that employees and their line managers have a common understanding of what is required of the jobholder; the required information is generally set out in the form of a list of job duties;

Similarly, having person specifications available for all posts is good HR practice, as it facilitates the recruitment process;

Up-to-date, agreed job descriptions and person specifications will facilitate matching and make it more accurate and efficient (EI experience confirms this);

Job descriptions should not follow the national JE profile format, as profiles are not job descriptions and do not fulfil the main purpose of having job descriptions;

Information required for matching, which is not usually included in job descriptions or person specifications (for example, in relation to the effort and environment factors) can be collected by other means, for instance, by short questionnaire (examples from EI sites can be found on the Modernisation Agency website) or through oral evidence.

While it may suit the needs of the organisation to include in the job description information on competencies required for the job it should be noted that job descriptions, which are exclusively competence-based, are not helpful for matching purposes.

There is no recommended format: the format and content of job descriptions are matters for individual organisations to agree in partnership and should be appropriate to the needs of the organisation.

A KSF outline is for KSF use and not for job matching purposes.

Elements for inclusion in Job Descriptions or Supporting Evidence

FACTOR	Health visiting elements for inclusion in Job Descriptions or supporting evidence
Communications & Relationship Skills	<ul style="list-style-type: none"> • Child protection complex information which can be contentious • Differing professional opinions in a multi-agency arena. • Hostile environment when clients/ professional cannot accept or admit issues e.g. domestic violence, attendance at child protection case conferences, adversarial cross-examination in court. • Presenting complex issues in a professional manner suited to the intended leadership e.g. reports and court statements. • Required to use influencing skills where English is not first language or understanding is limited. • Have to interpret needs in a multi- agency context where other agency criteria and issues of consent and confidentiality cause conflict. • Communication of needs identified through assessment by practitioner to parent carer. May often be emotive and meet barriers to acceptance.
Knowledge, Training & Experience	<ul style="list-style-type: none"> • Require Registered Nurse qualifications plus community specialist practitioner in public health – Health Visiting (BSc Hon.). • Require ENB998 Teaching and Assessing in Clinical Practice) • Require independent prescriber statutory recordable qualification.
Analytical & Judgement Skills	<ul style="list-style-type: none"> • Child protection often complex and conflicting evidence. All has to be collected, analysed and interpreted in order to decide on safe option. Health visitor is a key participant in this decision making and in any legal action and protection plans that ensue. These are often life changing decisions. • Care planning for children with complex needs including disabilities, often under Tertiary centres and having multiple interventions. • Looked after Children needing assessment of complex health and social needs. • Analyses of community health needs to inform public health strategies.
Planning & Organising Skills	<ul style="list-style-type: none"> • Plans care programmes for complex needs. • Plans own workload to meet constantly changing needs of service users. • Organises planning meetings for multi- agency care pathways for complex and special needs cases.
Physical Skills	<ul style="list-style-type: none"> • Nurse led immunisation for neonates requiring great skill. • Cardiopulmonary Resuscitation and treatment of Anaphylaxis in adults, children and babies. • Weighing and measuring babies and plotting growth on centile charts for child protection requiring great accuracy. This is also required for diagnoses of faltering growth. • Examination of children for developmental dysplasia of the hips. • Conducting infant hearing screening and other developmental screening requiring specialised physical skills. • Care of tracheotomies and peg tubes is a skill occasionally needed when supporting children with complex needs.

	<ul style="list-style-type: none"> • Use of haemacues. • Keyboard use.
Responsibility for Patient/Client Care	<ul style="list-style-type: none"> • As an independent prescriber diagnoses and prescribes treatment for a range of childhood conditions, smoking cessation and minor ailments. • Under patient group directions provides nurse led childhood immunisation programmes and contraception. • Develops specialist practitioner care packages, programmes of care for complex needs and provides highly specialised lifestyle advice. • Develop care programmes which incorporate socio- environmental needs with health and medical needs.
Responsibility for Policy/Service Development	<ul style="list-style-type: none"> • Participates in working groups for service development, protocol and clinical policy development. • Provides data to inform the local planning processes. • Participates in corporate committee structures to provide a clinical view.
Responsibility for Financial and Physical Resources	<ul style="list-style-type: none"> • Authorised to sign subordinates expense forms and ordering stock items and health promotion leaflets. • Have devolved budget for community nursing public health initiatives. • Handle petty cash.
Responsibility for Human Resources	<ul style="list-style-type: none"> • Participates in appointment panels. • Day to day management of support staff. • Appraisals and performance management, work allocation and monitoring of support staff. • Delegation and supervision for many types of student. • Assessment and grading of student nurses. • Mentorship and preceptorship for newly qualified health visitors. • Sickness absence service cover. • Work allocation.
Responsibility for Information Resources	<ul style="list-style-type: none"> • Responsible for entry of epidemiology data compiled from multiple sources. also health needs data and workload data to inform planning and to provide and community profiles, • Compiling court statements and case conference reports from case notes and other sources. • Management, storage and retrieval of records. • Completing assessment documents such as the Single Assessment Framework in collaboration with Local Authority. • Sometimes required to take formal minutes at management and professional meetings. • Developing presentations using Power Point. • Web surveys to determine evidence base for service development.
Responsibility for Research and Development	<ul style="list-style-type: none"> • Regularly undertakes audit. • Critical appraisal of emerging research. • Health needs data analyses and client satisfaction surveys. • Service development and evaluation. • Benchmarking.

<p>Freedom to Act</p>	<ul style="list-style-type: none"> • Have only broadly defined policies and national codes of conduct. • Expected to plan implement and evaluate own care programmes. • Accountable for own work and that of juniors within broad service specifications. • Advice and guidance mainly sort as needed from other agency personnel, consultants and peers.
<p>Physical Effort</p>	<ul style="list-style-type: none"> • Carrying heavy bags • Carrying heavy or bulky equipment e.g. scales • Stooping, kneeling, crawling whilst examining babies or undertaking developmental assessment. • Driving • Sitting long periods when typing reports or inputting data
<p>Mental Effort</p>	<ul style="list-style-type: none"> • Absolutely nothing predictable. • Constant crisis response needed for issues such as:- post natal depression, child protection, bereavement, domestic violence, distraught parent. substance misuse and youth justice issues. • Nurse led Vaccination sessions, health assessment, diagnoses and prescribing, therapeutic interviews, health education, and health screening all need prolonged concentration and form the bedrock of health visiting. • Frequent interruptions occur by social workers requiring child protection history during investigation or parents seeking advice or in crises. • Intense concentration is required for child protection case conferences, Core Groups, planning groups, court statements, litigation statements, interviews with guardian ad litem's and cross examination in court often by two or three barristers and guardian ad litem's. • Aggressive parental challenge about child protection concerns are all regular occurrences in many areas. • Part 8 enquiries into serious child protection incidents can be a fairly regular occurrence.
<p>Emotional Effort</p>	<ul style="list-style-type: none"> • Frequent exposure to distressing or emotional circumstances occurs in dealing with child or parental bereavement, unwanted pregnancy, terminally ill child or parent, domestic violence, or newly diagnosed special needs. • Frequency of dealing with highly distressing circumstances such as child protection would depend on the level of need within the caseload. Under government social inclusion agenda the targeted services will mean the frequency of exposure greatly increases. The reality for many working in today's targeted services is that it will be a weekly if not daily occurrence. • All items mentioned in mental effort create permanent emotional drain due to ongoing case responsibility and need for constant vigilance. For many, child protection, domestic violence family breakdown and substance abuse are issues dealt with on a daily basis. • Occasional traumatic incidents occur when unexpectedly finding a child suffering from serious non-accidental injury, when undergoing a Part 8 investigation (death or serious injury as a

	<p>result of abuse.)</p> <ul style="list-style-type: none"> • Anaphylaxis following vaccination. • Dealing with violent culture where guns, knives etc are in common usage. • Dealing with bereavement, domestic violence, disability and mental health issues.
<p>Working Conditions</p>	<ul style="list-style-type: none"> • Frequent driving on home visits. • Constantly in and out of different temperature settings. • Often poor and unsuitable premises e.g. clinics/groups in church halls with physical hazards such as lighting heating and noise. • Frequent exposure to body fluids. • Contact with fleas, lice, scabies • Enuresis and Encoporesis. • Clients poor personal and home hygiene standards. • Human and pet excrement daubing. • Illicit substance misuse paraphernalia. • Dangerous pets • Drunkenness and aggression. • Exposure to secondary smoking.

FACTOR	School nursing elements for inclusion in job descriptions or supporting evidence
Communications & Relationship Skills	<ul style="list-style-type: none"> • Child protection complex information which can be contentious • Differing professional opinions in a multi-agency arena. • Hostile environment when clients/ professional cannot accept or admit issues e.g. domestic violence, attendance at child protection case conferences, adversarial cross-examination in court. • Presenting complex issues in a professional manner suited to the intended leadership e.g. reports and court statements. • Required to use influencing skills where English is not first language or understanding is limited. • Have to interpret needs in a multi- agency context where other agency criteria and issues of consent and confidentiality cause conflict. • Communication of needs identified through assessment by practitioner to parent carer. May often be emotive and meet barriers to acceptance.
Knowledge, Training & Experience	<ul style="list-style-type: none"> • Require Registered Nurse qualifications plus community specialist practitioner in public health – School Nursing (BSc Hons) or substantial in-depth post registration experience in this field. • Requires ENB 998 teaching and assessing in clinical practice • Any additional training e.g. Vaccination and immunisation, family planning
Analytical & Judgement Skills	<ul style="list-style-type: none"> • Child protection often complex and conflicting evidence. All has to be collected, analysed and interpreted in order to decide on safe option. • School Nurse is a key participant in this decision making and in any legal action and protection plans that ensue. • Care planning for children with complex needs often under Tertiary centres and having multiple interventions. • Looked after Children needing assessment of complex health and social needs. • Children with disabilities frequently require educational statements.
Planning & Organising Skills	<ul style="list-style-type: none"> • Plans own workload to meet constantly changing needs of service users. • Organises planning meetings for multi- agency care pathways for complex and special needs cases • Plans care programmes for complex needs. • Member of pastoral Support Team which creates plans for children at risk of exclusion. • Plan involvement in Personal Health and Social Education Curriculum • Healthy Schools Standard- Health Action Team members formulate plans for improvement in school environment.
Physical Skills	<ul style="list-style-type: none"> • Nurse led immunisation requires additional course of training plus regular update on cardiopulmonary Resuscitation and treatment of Anaphylaxis. • Training children in the use of epipen injection techniques. • Training children and teachers in the use of inhalers, nebulisers etc.

	<ul style="list-style-type: none"> • Keyboard use
Responsibility for Patient/Client Care	<ul style="list-style-type: none"> • Under patient group directions provides nurse led childhood immunisation programmes and contraception. • Develops specialist practitioner care packages, programmes of care for complex needs and provides highly specialised lifestyle advice. • Develop care programmes, which incorporate socio-environmental needs with health and medical needs.
Responsibility for Policy/Service Development	<ul style="list-style-type: none"> • Participates in working groups for service development, protocol and clinical policy development. • Provides data to inform the local planning processes. • Participates in corporate committee structures to provide a clinical view.
Responsibility for Financial and Physical Resources	<ul style="list-style-type: none"> • Authorised to sign subordinates expense forms • Responsible for ordering and safe maintenance of vaccinations and injection equipment, Shock packs and Asthma drugs and equipment for emergency use in special schools. • Responsible for ordering and distribution of health promotion materials. • Responsible for use of complex equipment e.g. vision screening equipment and computerised dolls for realities of parenting courses.
Responsibility for Human Resources	<ul style="list-style-type: none"> • Participates in appointment panels. • Day to day management of support staff. • Management and professional supervision of school nurse staff nurse grades. • Appraisals and performance management, • Delegation and supervision for many types of student. • Assessment and grading of student nurses. • Mentor and preceptor for newly appointed school nurses. • Sickness absence service cover. • Work allocation.
Responsibility for Information Resources	<ul style="list-style-type: none"> • Responsible for entry of health needs data and workload data to inform planning and to provide school and community profiles, • Compiling court statements and case conference reports from case notes and other sources. • Management, storage and retrieval of records. • Completing assessment documents such as the Single Assessment Framework in collaboration with Local Authority. • Sometimes required to take formal minutes at management and professional meetings. • Developing presentations using Power Point. • Web surveys to determine evidence base for service development.
Responsibility for Research and Development	<ul style="list-style-type: none"> • Regularly undertakes audit. • Critical appraisal of emerging research. • Health needs data analyses and client satisfaction surveys. • Service development and evaluation. • Benchmarking.
Freedom to Act	<ul style="list-style-type: none"> • Have only broadly defined policies and national codes of conduct.

	<ul style="list-style-type: none"> • Expected to plan implement and evaluate own care programmes. • Accountable for own work and that of juniors within broad service specifications. • Advice and guidance mainly sort as needed from other agency personnel, consultants and peers.
Physical Effort	<ul style="list-style-type: none"> • Carrying heavy bags • Carrying heavy or bulky equipment e.g. vision screening equipment, Vaccination equipment and records. • Driving • Sitting long periods when typing reports or inputting data
Mental Effort	<ul style="list-style-type: none"> • Absolutely nothing predictable. • Constant crisis response needed for issues such as:- child protection, bereavement, domestic violence, substance misuse and youth justice issues. • Nurse led Vaccination sessions; health assessment, health education, and health screening all need prolonged concentration and form the bedrock of school nursing. • Frequent interruptions occur by teachers requiring advice, social workers requiring child protection history during investigation or parents seeking advice or in crises. • Intense concentration is required for child protection case conferences, Core Groups, planning groups, court statements, litigation statements, interviews with guardian ad litem's and cross examination in court often by two or three barristers and guardian ad litem's. • Aggressive parental challenges about child protection concerns are all regular occurrences in many areas. • Part 8 enquiries into serious child protection incidents can be a fairly regular occurrence.
Emotional Effort	<ul style="list-style-type: none"> • Frequent exposure to distressing or emotional circumstances. Occurs in dealing with child or parental bereavement, unwanted pregnancy, terminally ill child or parent, domestic violence, or newly diagnosed special needs. • Frequency of dealing with highly distressing circumstances such as child protection would depend on the level of need within the caseload. The reality for many working in today's targeted services is that it will be a weekly if not daily occurrence. • Occasional traumatic incidents occur when unexpectedly finding a child suffering from serious non-accidental injury, when undergoing a Part 8 investigation (death or serious injury as a result of abuse.) • All items mentioned in mental effort create permanent emotional drain due to ongoing case responsibility and need for constant vigilance. For many, child protection, domestic violence family breakdown and substance abuse are issues dealt with on a daily basis. • Anaphylaxis following vaccination. • Dealing with violent culture where guns, knives etc. are in common usage.
Working Conditions	<ul style="list-style-type: none"> • Frequent driving schools and home visits. • Constantly in and out of different temperature settings.

	<ul style="list-style-type: none">• Noisy disruptive classroom situations.• Often poor and unsuitable premises (Eye tests in the school corridor).• Contact with fleas, lice, scabies• Enuresis and Encoporesis.• Poor personal and home hygiene standards.• Human and pet excrement daubing.• Illicit substance misuse paraphernalia.
--	---

FACTOR	Elements to be added to any Community Specialist Practice profile for those persons undertaking specialist practice mentorship (CPT)
Communications & Relationship Skills	<ul style="list-style-type: none"> • Teaching specialist community practice student about all these complex issues. • Developing and assessing enhanced communication skills of the student. • Demonstrating the use of enhanced techniques for use in therapeutic interviewing and cognitive behaviour work.
Knowledge, Training & Experience	<ul style="list-style-type: none"> • A further qualification in specialist practice teaching is required plus evidence of substantial experience and CPD. • For some universities production of portfolios to demonstrate teaching and assessing competencies is an ongoing requirement.
Analytical & Judgement Skills	<ul style="list-style-type: none"> • Teaching requires critical appraisal of research and analyses of evidence base. • Must facilitate student's analyses of health needs and community profile data.
Planning & Organising Skills	<ul style="list-style-type: none"> • Plans and organises training programme for student including multi disciplinary and multi agency experiential placements. • Plans own workload to meet the required learning outcomes of the student as well as providing prioritised service to clients.
Physical Skills	<ul style="list-style-type: none"> • All these practical skills and the required underpinning knowledge have to be taught entirely by the CPT as the academic content of the course does not allow any such training to be undertaken by the tutor.
Responsibility for Patient/Client Care	<ul style="list-style-type: none"> • The CPT has to train and assess the student in all areas of health visiting. • The CPT has total responsibility for assessing competence in prescribing and only via that assessment is the student able to become registered as an independent prescriber.
Responsibility for Policy/Service Development	<ul style="list-style-type: none"> • The CPT is expected to lead on service development initiatives and develop training programmes. • With the university they participate in curriculum development planning
Responsibility for Financial and Physical Resources	<ul style="list-style-type: none"> • Authorised to sign student expense claims and ordering stock items and health promotion leaflets. Small library budget
Responsibility for Human Resources	<ul style="list-style-type: none"> • Responsible for teaching specialist practice post basic students as a significant part of the job. • Responsibility for training and assessment of all practice elements in the field. • Assessment of practice portfolios for continuous assessment at level three. Total responsibility for assessment of prescribing competence for registration as independent prescriber. • Assessment is by higher level criteria for specialist practice.
Responsibility for Information Resources	<ul style="list-style-type: none"> • Completing assessment documents for Student HVs
Responsibility for Research and Development	<ul style="list-style-type: none"> • Supports and facilitates the student in research project for research dissertation to Honours degree. • Acts as research supervisor in collaboration with university.
Freedom to Act	<ul style="list-style-type: none"> • In teaching specialist practice only reference would be to

	university. (Service managers would not have current qualification/ knowledge and do not hold responsibility for this area.)
Physical Effort	
Mental Effort	<ul style="list-style-type: none"> • The CPT has to support the student in working through all these issues and dealing with what is often a serious culture shock. • Intense concentration is also required for the teaching process so that all interactions have to be explained in advance, • The student has to be assessed during the interaction and a detailed debriefing held afterwards.
Emotional Effort	<ul style="list-style-type: none"> • The CPT has the added dimension of supporting the student through these situations and also supporting them through the stresses of the course and assessment processes.
Working Conditions	