



**National Wound Care  
Strategy Programme**



# Wound Care Workforce Framework

Working in partnership with

**TheAHSN***Network*



## Foreword

**Baroness Watkins of Tavistock**  
**Non-Executive Director, NHSE Board**  
**Chair, National Wound Care Strategy Programme**  
**Board, 2018 - 2021**



There are estimated to be 3.8 million people living with a wound<sup>1</sup>, many experiencing long-term pain, discomfort and poor quality of life related to their wound. Too often, inadequate care means that people with wounds suffer for longer than is necessary. Evidence points to marked unwarranted variation in UK wound care services, underuse of evidence-based practices and overuse of ineffective practices<sup>2</sup>.

For those caring for people with wounds, poor healing rates increase the demand on scarce resources. The annual NHS cost of wound management is estimated to be £8.3 billion and includes 54.4 million district/community nurse visits, 53.6 million healthcare assistant visits and 28.1 million practice nurse visits<sup>2</sup>.

Improving wound care offers major opportunities to improve the quality of chronic wound care through innovative solutions that will improve wound healing, improve patient experience and quality of life, prevent harm, increase productivity of staff and produce financial savings in line with the requirements of the recent NHS Long Term Plan.

Good wound care rests on addressing the interdependencies between the different health and care professionals caring for people with wounds. Although wound care is often perceived as primarily a nursing issue, non-healing or skin breakdown is usually due to underlying co-morbidities. All members of the team caring for people with wounds need to be able to recognise their role in wound management, know how to take appropriate action and how to support patients in their wound care.

This framework sets a standard for all levels of the multi-professional workforce involved in wound care, whether as a gatekeeper to more specialised service, as an expert clinician working within such services or as someone providing initial or ongoing wound care. It supports practitioners in developing and providing evidence of their knowledge and skills, enabling the highest standards of practice as well as providing a structure for career and role development within wound care.

Thank you to all those contributed to the development of this framework.

*Mary Watkins*



## Statements of support



“Chronic wounds are a significant burden and can impact greatly on a person’s quality of life. The number of people in England with a chronic wound is increasing year on year so it is crucial that every health and care practitioner has the knowledge and skills to provide these people with the right care, wherever they are. We must develop wound care expertise across the entire health and care workforce, building knowledge and skills in line with individuals’ scope of practice.

Health Education England is proud to be part of the development of the National Wound Care Core Capabilities Framework for England, the first multi-professional framework of its kind. It sets out the knowledge and skills needed across the workforce to deliver wound care safely, to improve healing rates and to impact positively on the experience of people with a wound.”

**Professor Mark Radford, CBE, PhD, RN**

**National Director - Intensive Support & Deputy Chief Nursing Officer of England**



“The Royal College of Nursing welcomes this important work. This skills framework is an opportunity to clarify roles and responsibilities in what can be a complex clinical situation. The human and financial cost of poor wound care is significant and can have long lasting consequences. This framework, by defining the skills and knowledge required by members of the wider Multi-Disciplinary Team (MDT), will help drive up standards of wound care in all settings.”

The Royal College of Nursing is proud to support this comprehensive framework and acknowledges the benefits for not only nurses but the wider MDT.

**Jude Diggins**

**Interim Director of Nursing, Policy and Public Affairs,  
Royal College of Nursing**





“The impact on quality of life for people living with a wound can be huge. At a population level, the number of people living with a wound continues to increase and the expertise of the nurse in supporting healing has never been more vital. District Nurses and their teams in community healthcare are at the forefront in delivering complex care in the home and wound care is a significant part of their work, requiring a range of expert, specialist skills. The National Wound Care Core Capabilities Framework for England is therefore to be welcomed for its clear and comprehensive synthesis of the key elements involved in evidence-based, high quality wound care. Embedded into community health services, it has the potential to drive improvements in the way that wounds are managed and treated, promoting healing and transforming quality of life.”

**Dr Crystal Oldman CBE**

**Chief Executive, The Queen's Nursing Institute**

***From a clinician  
and a carer***

“Since looking after my mum who has required input with wound care, it has opened my eyes to the variability in wound care and this document can only help with improving the quality and consistency in wound care so I’m proud to have been part of that”.



# Contents

|   |    |
|---|----|
| <i>Foreword</i> .....   | 0  |
| <i>Contents</i> .....   | 4  |
| <i>Glossary</i> .....   | 5  |
| <i>Introduction</i> .....                                       | 7  |
| <b>1. The Core Capabilities Framework</b> .....                 | 11 |
| Domain A. Underpinning principles .....                         | 13 |
| Domain B. Assessment, investigations and diagnosis .....        | 17 |
| Domain C. Wound Care .....                                      | 24 |
| Domain D. Personalised care and health promotion .....          | 32 |
| Domain E. Leadership & Management, Education and Research ..... | 41 |
| <b>2. The Career Framework</b> .....                            | 50 |
| <i>Identifying Tier Levels for Practice</i> .....               | 56 |
| <i>References</i> .....   | 57 |
| <i>How the frameworks were developed</i> .....                  | 58 |
| <i>Acknowledgements</i> .....                                   | 60 |

**Please cite as:**

National Wound Care Strategy Programme (2023) Wound Care Workforce Framework.



## Glossary

Within this framework, these terms have the following meanings:

### Advanced clinical practice

A level of practice delivered by experienced, registered health and care practitioners and characterised by a high degree of autonomy and complex decision making. Advanced clinical practice is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence (Health Education England 2017<sup>3</sup>). Advanced practitioners have developed advanced skills and knowledge to allow them to take on expanded roles and scope of practice.

### Capabilities and Competences

The terms 'capabilities' and 'competences' are both widely used in educational and workforce development literature.

The Oxford English Dictionary definitions for both terms include 'the ability to do something'.

Due to the similarity of these terms, they have often been used interchangeably, with little clear distinction between the two. Both require knowledge, skills and behaviours.

However, in recent years, there has been a move towards making a distinction which can be summarised as follows:

**Capabilities** are the attributes (skills, knowledge and behaviours) which individuals bring to the workplace. This includes the ability to be competent and beyond this, to manage change, be flexible, deal with situations which may be unpredictable and continue to improve performance.

**Competences** are standards of performance, focused on the outputs of work and observable performance. Competences include the ability to transfer and apply skills and knowledge to a range of situations/contexts but they usually tend to describe practice in stable environments with familiar problems. To be competent is to consistently perform to the standards required in the workplace.

There is inevitably a great deal of overlap between Capabilities and Competences. Both Capabilities and Competences:

- are about 'what people can do',
- describe knowledge, skills and behaviours,
- can be the outcome of education, training or experience.

However, for the purposes of this framework we are using the term 'Capabilities' as this describes the potential to be competent, and beyond this, to work effectively in situations which may require flexibility and creativity in order to produce an outcome.



The capabilities in this framework have been designed to support education and development and they are not intended to form a summative list of competences against which the performance of an individual is assessed.

## **Communication**

This covers all methods of communication (written, visual, verbal, non-verbal).

## **Health and care practitioner**

An individual who is delivering care to a person with a wound. It may well be that the term 'practitioner' does not appear in their job or role title, but the 'practitioner' will have had education or training in relation to wound care and will be delivering wound care within their scope of practice. A 'practitioner' in this context is a person actively engaged in the health or care professions or is a part of a professional group/team; they may work in any health or care setting such as a residential care home, GP practice, an NHS Trust, Primary care etc.

## **Equality and Health Inequalities Statement**

Promoting equality, equity and addressing health inequalities are at the heart of our values.

Throughout the development of the policies and processes cited in this document, we have:

Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

Given regard to the need to reduce inequalities between individuals in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.



## Introduction

This framework was commissioned by the National Wound Care Strategy Programme.

The National Wound Care Strategy Programme was established to enable care that is organised and research-informed, to achieve improved healing rates, better experience of care, greater cost-effectiveness and prevent incidence and recurrence. Education forms a major part of this national programme with one of the aims to develop core capabilities for health and care practitioners, that will both improve care and promote supported self-management.

Wound care in England is thought to cost approximately £8.3 billion per annum<sup>2</sup>. There is marked unwarranted variation in treatment of wounds, with underuse of evidence-based practice and overuse of ineffective interventions. Non-healing or delayed healing of wounds is a major factor in care costs and many of these wounds could be prevented or healed more quickly.

People with wounds are cared for across health and care settings and services. There is currently variation in wound care related knowledge and skill across the health and care workforce, with pockets of expertise found in specialist and community services. To ensure that someone with a wound receives the care they need, it is necessary for all health and care practitioners to have wound care related knowledge and skill. To enable this, it is necessary to define the knowledge and skills needed by the multi-professional workforce at all levels.

Alongside the standards set by professional bodies for those entering the registered professions, there are many useful documents which have been developed to inform wound care practice. Many of these are for single professions, for single types of wounds and/or for specific levels of practice.

This framework is designed to be a single, consistent, and comprehensive framework for use in England, developed by and for a multi-professional audience, only a few of whom usually work within a designated and defined Wound Care Service. It has been designed to complement existing documents (such as the Multi-Professional Advanced Capabilities Framework for Lower Limb Viability 2021<sup>4</sup>) rather than to replace them. Relevant wound care specific frameworks and other relevant materials have been referenced throughout this framework.

Development of the original framework was guided by an expert steering group chaired by Dame Christine Beasley. Project management and support for the development was provided by Health Education England and Skills for Health.

This update leaves the original capabilities framework unchanged but additional material has been contributed by members of the NWCSP working in partnership with NHSE Workforce Training and Education (Skills for Health) and the NWCSP Education Advisory Group.





## Structure of the Framework

The framework consists of two components:

- The Core Capabilities Framework.
- The Career Framework.

## Component 1: The Core Capabilities Framework – an overview

The Wound Care Knowledge and Skills Core Capabilities Framework for England contains the core **capabilities** (see Glossary) which identify and describe the skills, knowledge and behaviours required to deliver high quality, personalised wound care for adults, children and young people.

The core capabilities are described in three tiers and a practitioner working in a health or care setting may move between these tiers depending on their role, setting or circumstances.

Tier 1: Capabilities that require a general knowledge and understanding of wound care and the skills which support the provision of that care.

Tier 2: Capabilities that enable the provision of wound care independently and with a degree of critical analysis.

Tier 3: Capabilities that require a high degree of autonomy and complex decision making, an ability to lead wound care practice, enabling innovative solutions to enhance people’s experience and improve outcomes.

The capabilities are “cumulative”; therefore, a health or care practitioner working at Tier 3 will be able to demonstrate the capabilities at Tier 1 and Tier 2 as well as those at Tier 3. Please refer to the Glossary on page 11 of this document for a definition of “capabilities”.

### DEFINITIONS

#### TIER 3

Capabilities that require a high degree of autonomy and complex decision making, an ability to lead wound care practice, enabling innovative solutions to enhance people’s experience and improve outcomes

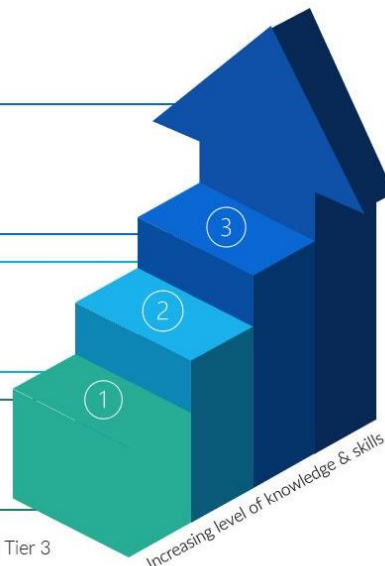
#### TIER 2

Capabilities that enable the provision of wound care independently and with a degree of critical analysis

#### TIER 1

Capabilities that require a general knowledge and understanding of wound care and the skills which support the provision of that care

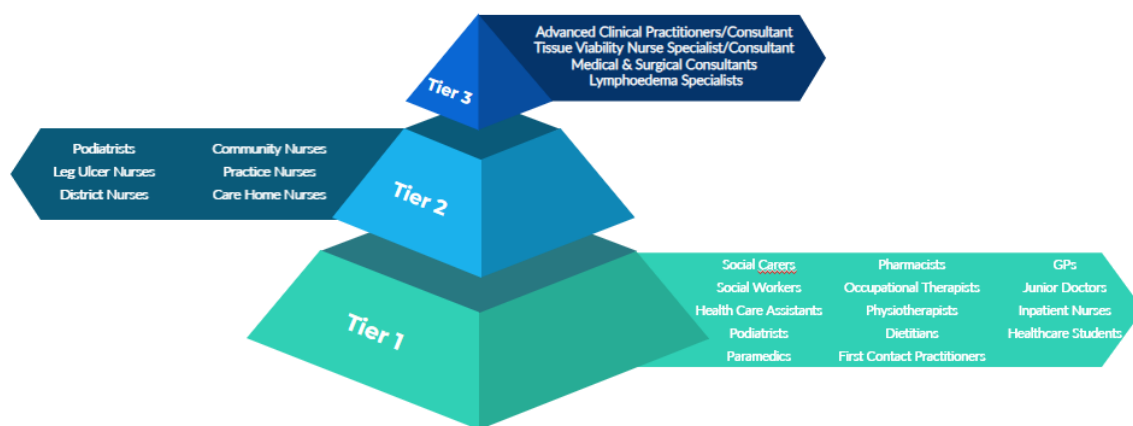
The capabilities are “cumulative” *i.e.* a health or care practitioner working at Tier 3 will also be able to demonstrate the capabilities at Tier 1 and Tier 2.



It is important to note that the Tiers do not relate to specific roles or pay grades. For example, it is possible that a consultant level doctor who has little involvement in wound care may only require knowledge and skill as defined in Tier 1. However, a healthcare support worker in a residential care



setting with people at high risk of pressure damage or co-morbidities that increase the risk of delayed healing may require some of the more in-depth knowledge and skills as defined in Tier 2.



The framework has been designed to cover all health and social care settings. **It is up to the practitioner and their employer to determine which tier of knowledge and skills is needed for a particular role. (This may need to be reflected in the job description).**

Individual practitioners may not necessarily be able to demonstrate all capabilities at any given Tier; their role and its scope may require them to develop some capabilities at Tier 1 and some at Tier 2 for example. However, services that deliver wound care within a given area/locality should be organised in such a way that the full range of capabilities at all three Tiers can be demonstrated by the workforce as a whole. This framework does not replace local arrangements for service provision, for example with respect to referral pathways and the composition of multi-disciplinary teams.

## Competence

This framework identifies the knowledge and skills needed to achieve capability and these are listed under each Domain in the **Education Recommendations** sections.

The responsibility for achieving and maintaining **competence** (see Glossary) in wound-care related skills rests with both the individual clinician and the employing organisation. Organisations should ensure that members of their workforce who provide wound care not only have the required relevant knowledge but are competent in the relevant practical skills to deliver safe and effective care.

The decision as to whether a provider organisation wishes to assess the competency of its clinical workforce should be made at local level and use local documentation to allow for local preferences. People undertaking these skills need sufficient opportunities to practice these skills to maintain competence.

**It is up to the practitioner and their employer to determine which tier of knowledge and skills is needed within a specific role and this may need to be reflected in the job description.**



## Component 2: The Career Framework – an overview

To date, there has been little guidance for those who wish to develop a clinical career that specialises in wound care. This career framework seeks to fill this gap. It is likely to be most relevant to nurses but may be useful to other health and care professionals, alongside other career pathway frameworks such as:

- The Podiatry Career Framework 2021<sup>5</sup>.  
<https://rcpod.org.uk/api/documentlibrary/download?documentId=617>
- NIHR Clinical Academic Career Framework<sup>6</sup>.  
[https://www.hee.nhs.uk/sites/default/files/documents/HEE\\_Clinical\\_Academic\\_Careers\\_Framework.pdf](https://www.hee.nhs.uk/sites/default/files/documents/HEE_Clinical_Academic_Careers_Framework.pdf)

The framework is adapted from the Primary Care and General Practice Nursing Career and Core Capabilities Framework<sup>7</sup>, which is based on the Career Framework for Health which is a mechanism for describing jobs in terms of the level at which the job is required to function.

The wound care career framework identifies six career levels for practitioners:

- Support Work Level Practice.
- Associate Level/Assistant Practitioner Level Practice.
- Foundation Level Practice.
- Enhanced Level Practice.
- Advanced Level Practice.
- Consultant Level Practice.

The wound care career framework can help support the sustainability and growth of the workforce, as well as providing a career structure for staff seeking to specialise in wound care.

The wound care career framework shows how it can be possible to progress within each level of wound care practice. However, the framework is not suggesting there are six roles/jobs within wound care practice. Individuals may have many more 'job-steps' in their overall career and employers are not limited to the number/types of roles they wish to have in their services.

The wound care career framework provides a useful insight into what characteristics are required to work at each career framework level and gives examples of the knowledge and skill required as well as 'how' an individual would need to behave and act to be working at each level.

In objectively articulating the career levels, the wound care career framework does not mandate the amount of remuneration, terms and conditions that maybe associated with roles/jobs.

**Issues such as these must be dealt with locally by employers;** however, to assist the sector the wound care career framework has made suggestions as to which types of jobs one could reasonably expect to see at each level of the wound care career framework. As the wound care career framework focuses on articulating **levels of practice** as opposed to defining roles/jobs, it is possible that certain roles/jobs **could** cut across more than one of the identified levels within the wound care career framework.



# 1.The Core Capabilities Framework

The framework is presented in five domains. Within the domains are a total of 12 capabilities. The capabilities are numbered for ease of reference - this does not indicate a prescribed pathway, process, or hierarchy. Each of the capabilities (skills, knowledge, and behaviours) within this framework are described for each of the three tiers.

| Domain | Domain Title                                   | Topic/Capabilities   |
|--------|--|--|
| A      | Underpinning Principles                        | 1. Underpinning principles.  |
| B      | Assessment, investigation, and diagnosis       | 2. Assessment and investigations.  |
| C      | Wound care                                     | 3. Diagnosis.<br>4. Care planning.<br>5. Wound care and investigations.  |
| D      | Personalised care and health promotion         | 6. Referrals ad collaborative working.<br>7. Communication.<br>8. Personalised Care.   |
| E      | Leadership & management education and research | 9. Prevention, health promotion and improvement.<br>10. Leadership & management.<br>11. Education.<br>12. Research, audit and quality improvement. |

## How to use this Framework

### Service commissioners

The framework enables commissioners of services to specify minimum standards for employment in health and care settings where wound care is provided; it sets out clear expectations about what staff need to do.

The capabilities support the development and planning of the workforce to meet local population need and support a common understanding and expectation of staff working in relevant settings.

### Employers

The framework enables employers and managers to demonstrate that staff they employ/manage meet core capabilities or have developmental plans in place along with supervision to ensure patient safety and meet the needs of individuals.

This underpins and supports the need for continuing professional development of staff to ensure their practice is safe, effective, remains up-to-date and supports the process of quality assurance to ensure the safety and effectiveness of nursing roles.

It can be used as part of appraisal processes.

It can be used to review and recognise how capabilities are shared across teams.



## **Education and training providers**

Although this framework is not a curriculum or a syllabus, education institutions can use the framework to inform the design of their curricula and the delivery of education, training, and development programmes, including identifying learning outcomes. This will ensure that their learning and development provision contributes to the full range of knowledge to support the capabilities required to make individuals safe and effective member of the workforce.

The framework will inform those who design and deliver training and development opportunities to focus on the key capabilities that learners need to achieve and maintain. This in turn will guide the content to be included and the use of appropriate learning and teaching strategies.

Use of this national framework also supports organisational and system wide effectiveness and efficiencies by encouraging the delivery of education and training that is focused on developing core capabilities and optimises opportunities for inter-professional learning; focussed on outcomes-based curricula which equips individuals with the attributes required to meet the needs of the population.

In so doing, it should help to increase consistency in knowledge and skills development, prevent unnecessary duplication in education and training delivery and strengthen skill mix and teamworking.

## **Managers and supervisors**

The framework will assist clinical supervisors and others by providing a clear structure against which to assess.



## Domain A. Underpinning principles

### Introduction

The capabilities within this Domain underpin all other capabilities within this framework. They describe the underpinning knowledge, skills and behaviours applicable to health or care practitioners at each Tier. These underpinning capabilities should be read in conjunction with and applied to all other capabilities within the framework. These capabilities are fundamental and generic; they underpin all practice relating to the care and treatment of a person with a wound. Wound care should be integrated across health and social care services as well as into an individual's overall care requirements. The use of evidence-based practice, the evaluation of new models of wound care and dissemination of learning are of fundamental importance. The increased application of new technologies within wound care practice and management means that there will be a requirement for the development of digital literacy skills across the whole workforce.



## Capability 1. Underpinning principles

| Tier 1  | Tier 2 (Tier 1 plus the following)  | Tier 3 (Tier 2 plus the following)   |
|---|---|--|
| <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Adhere to local protocols, policies, guidelines and relevant regulatory frameworks relating to wound care and treatment.</li> <li>b) Understand that one's own values, attitudes and beliefs might influence one's professional behaviour.</li> <li>c) Demonstrate the application of knowledge and skills within the scope of their practice.</li> <li>d) Know when to seek advice or support and when a matter should be escalated as appropriate (ideally to a more advanced wound care practitioner).</li> <li>e) Constructively question or challenge practice within their scope of practice and demonstrate receptiveness to challenge.</li> <li>f) Work effectively within and across teams and networks.</li> <li>g) Obtain informed consent from a person with a wound, or from their representative, prior to carrying out investigations or interventions.</li> <li>h) Make use of learning and development opportunities, including supervision/mentoring, to ensure that their skills and knowledge are up to date.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Critically reflect on how own values, attitudes and beliefs might influence one's professional behaviour.</li> <li>b) Respond promptly to requests for advice and support, take advice as appropriate and, if necessary, escalate a matter or make a referral as appropriate.</li> <li>c) Support and facilitate learning and practice development.</li> <li>d) Promote effective team working and value the importance of working collaboratively and establishing networks to deliver effective wound care and treatment.</li> <li>e) Actively seek and be positively responsive to feedback.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Actively participate in the development and implementation of local wound care and treatment protocols, policies, and guidelines.</li> <li>b) Act as a role model, inspiring and enabling others by their standards of practice and behaviours.</li> <li>c) Lead new practice and service redesign solutions with others in response to feedback, evaluation, data analysis and workforce and service need, working across boundaries and broadening sphere of influence.</li> <li>d) Make direct referrals in a timely manner as indicated by peoples' needs with regard for referral criteria.</li> <li>e) Actively seek and be open to feedback on own practice by colleagues to promote ongoing development.</li> <li>f) Reflect on and address appropriately ethical/moral dilemmas encountered during one's own work which may impact on wound care and treatment.</li> <li>g) Advocate equality, fairness and respect for people and colleagues in one's day to day practice.</li> <li>h) Promote and utilise supervision for self and others to support and facilitate learning and professional development.</li> <li>i) Initiate effective multi-disciplinary team and network activity as a lead member and understand the importance of effective team dynamics.</li> </ul> |



National Wound Care Strategy Programme – Wound Care Workforce Framework

|  |  |   |
|--|--|---|
| i) Keep up to date with statutory and mandatory training requirements. |  | j) Proactively work across organisational and professional boundaries to enhance and improve health outcomes and experiences. |
|--|--|---|





## Education Recommendations

### Tiers 1 and 2

For registered practitioners, completion of pre-registration education will provide adequate preparation to achieve Tier 1 and Tier 2 capabilities.

For example:

For a registered nurse, these are outlined in the NMC's Standards for Proficiency<sup>8</sup>  
<https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nurses/future-nurse-proficiencies.pdf>

For a midwife, these are outlined in the NMC's Standard for Proficiency<sup>9</sup>  
<https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf>

For allied health professionals, these are outlined in the HCPC Standards of Proficiency<sup>10</sup>  
<https://www.hcpc-uk.org/globalassets/standards/standards-of-proficiency/reviewing/chiropractors-podiatrists---new-standards.pdf>

Unregistered health or care professionals should undertake similar preparatory education, such as NVQ's, apprenticeships, T levels and traineeships. An example of this can be found in the Care Certificate Standards<sup>11</sup>,  
[https://www.skillsforhealth.org.uk/images/projects/care\\_certificate/Care%20Certificate%20Standards.pdf](https://www.skillsforhealth.org.uk/images/projects/care_certificate/Care%20Certificate%20Standards.pdf)

### Tier 3

Health and care professionals who require Tier 3 capabilities should acquire this knowledge through post-graduate education provided or accredited by a Higher Education Institution (e.g., a university). A list of these can be found at:

<https://www.nationalwoundcarestrategy.net/wp-content/uploads/2023/04/NWCSP-Higher-Education-Courses-for-Wound-Care-2023-V2-1.pdf>



## Domain B. Assessment, investigations and diagnosis

### Introduction

Wound care is an expensive area of treatment. The importance of understanding and being able to conduct wound assessment and investigations to inform accurate diagnosis and treatments is essential in ensuring the use of appropriate cost effective and evidence-based interventions which lead to better health outcomes.

Service redesign and the introduction of new roles mean that a joined up and multi-professional approach to wound care is required, rather than an overreliance on specialist wound care practitioners. Wound assessment, investigations, and diagnosis (and subsequent treatment) will often take place in settings where there is no easy access to a specialist wound care practitioner. Therefore, other health care practitioners need to develop accurate wound assessment skills and understand the complexities of wound assessment to be able to effectively plan, implement and evaluate care for people with wounds.

Without appropriate assessment and diagnosis, care will be sub-optimal leading to delayed healing, discomfort for the individual, increased risk of infection, inappropriate use of wound dressings and a reduction in a person's quality of life. Developing the capabilities of all members of a multi-disciplinary team in relation to assessment, investigations and diagnosis is of great importance.

The importance of holistic assessment of person with a wound and a personalised approach to wound care are recurring themes which underpin this framework.



## Capability 2. Assessment and investigations

| Tier 1   | Tier 2 (Tier 1 plus the following)  | Tier 3 (Tier 2 plus the following)  |
|--|---|---|
| <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Have an awareness of the anatomy and physiology of the skin and the importance of maintaining its integrity.</li> <li>b) Have an awareness of the types of wound a person may have (including pressure ulcers, lower limb wounds, surgical wounds and others that are relevant within their scope of practice) and the risk factors that may prevent or delay wound healing.</li> <li>c) Have an awareness of the nature and importance of holistic assessment.</li> <li>d) Accurately observe and document the colour, size, location, duration and other relevant wound parameters to ensure that the risks to a person with a wound are managed and further harm is prevented.</li> <li>e) Make an accurate record of a wound assessment they have carried out.</li> <li>f) Be able to carry out an appropriate test, such as a wound swab (under instruction if that is required).</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Understand the anatomy and physiology of the skin, the importance of maintaining its integrity and the range of wound care investigation and assessment techniques relevant to their scope of practice.</li> <li>b) Be able to carry out a holistic assessment of the person with a wound, including comorbidities, histories (medical, surgical and psychosocial) and medications.</li> <li>c) Be able to conduct appropriate clinical tests, such as ABPI and TBPI, using relevant equipment and techniques, and escalate for interpretation and/or concerns as appropriate.</li> <li>d) Be able to request and interpret a range of investigations to inform a diagnosis.</li> <li>e) Make appropriate referrals for advice and reassessment.</li> <li>f) Understand pharmacological and non-pharmacological approaches to the management of wounds.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Demonstrate a critical understanding of the anatomy and physiology of the skin, the implications of underlying conditions and the range of wound care investigation and assessment techniques relevant to their scope of practice.</li> <li>b) Undertake structured consultations so that individuals with wounds are encouraged to express their beliefs, ideas, concerns, expectations and understanding using active listening and open questioning techniques.</li> <li>c) Gather and synthesise complex and sensitive information from appropriate sources, including previous histories, medications, risk factors and assessments, in partnership with the individual and relevant others to facilitate person-centred and holistic assessment.</li> <li>d) Conduct systematic assessments of clinical status and use other relevant assessments to enable complex differential diagnosis and to explore the impact of the condition on an individual's general health, mental well-being, employment status and functional and meaningful activities including physical activity.</li> <li>e) Critically appraise information obtained, taking account of the potential associated conditions, indicative of serious pathology, compounded by</li> </ul> |



|  |   |  |
|--|---|--|
|  | <p>g) Communicate the results of assessments to appropriate members of the multi-disciplinary team.</p> | <p>psychological and mental health factors, and affected by lifestyle factors (including smoking, alcohol, and drug misuse).</p> <p>f) Apply a range of physical assessment techniques appropriately, systematically, and effectively, informed by an understanding of the respective validity, reliability, specificity and sensitivity of these assessments and techniques along with the implications of these limitations within an assessment.</p> <p>g) Develop and utilise processes for requesting and interpreting investigations and tests which support good clinical governance.</p> <p>h) Provide expert opinion on wound assessment and treatment programmes and support the development of local, evidence-based wound assessment and treatment programmes, and facilitate colleagues' learning and development.</p> <p>i) Proactively identify the need for clinical or service innovations to effectively assess and treat wounds and take a leading role designing and implementing these innovations.</p> |
|--|---|--|



### Capability 3: Diagnosis

| Tier 1   | Tier 2 (Tier 1 plus the following)   | Tier 3 (Tier 2 plus the following)   |
|--|--|--|
| <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Be aware that there are a range of investigations that may be carried out to determine the appropriate treatment and care management plan for a wound.</li> <li>b) Check that all results of tests and investigations are known prior to diagnosis.</li> <li>c) Understand the importance of an accurate diagnosis and its impact on wound healing.</li> <li>d) Know that a person with a wound may find the results of investigations and diagnosis difficult to understand or to come to terms with and ensure that appropriate support is provided for that individual.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Interpret the results of relevant diagnostic investigations, use them to formulate a diagnosis and determine the appropriate treatment and care management plan for non-complex wounds.</li> <li>b) Recognise when the results of diagnostic investigations are incomplete or do not identify the reasons for non-healing and seek advice from a senior member of the multi-disciplinary team.</li> <li>c) Communicate clearly with the individual about the results of investigations, the diagnosis, and the management plan for care of the wound, whilst recognising that a person with a wound may find the diagnosis and plan distressing or lacking in clarity; provide or arrange support for the individual as appropriate.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Understand, utilise, and interpret a variety of advanced diagnostic investigations.</li> <li>b) Critically appraise complex, incomplete, ambiguous and/or conflicting information, distilling and synthesising key factors from the appraisal and identifying those elements which need to be pursued further.</li> <li>c) Develop a working diagnosis by systematic consideration of the various possibilities (differential diagnosis) in relation to complex wounds, recognising key diagnostic biases, common errors and issues relating to the diagnosis and decision making in the face of ambiguity and incomplete data.</li> <li>d) Communicate the results of investigations and the diagnosis/care plan to the person with a wound in terms that they understand and amend the care management plan accordingly.</li> <li>e) Provide consultation, advice, and support in relation to life-threatening or deteriorating wounds or potentially serious pathology and initiate acute management where required.</li> <li>f) Take a lead role in ensuring appropriate use of evidence-based diagnostics to support complex decision making.</li> </ul> |



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|  |  | <ul style="list-style-type: none"> <li>g) Understand and identify risk factors for severity or impact and use tools where they exist to analyse and stratify risk of progression to further complications, long term pain or disability.</li> <li>h) Critically appraise and analyse current evidence, theory, principles and systems and be able to identify issues that are beyond own scope of practice and which require referral or consultation to or with another health care professional in order to optimise individuals' long-term outcomes.</li> <li>i) Recognise how deteriorating and/or complex wounds can impact on and interact with mental health and identify when this is relevant.</li> <li>j) Understand how some conditions may be a manifestation of injury not only from trauma or surgery but also because of safeguarding issues, recognising particular at-risk groups (such as older people with frailty and those with cognitive impairment) and take appropriate action when there are grounds for concern.</li> <li>k) Plan for post-diagnostic follow up, recognising the needs of families and carers providing care and support for individuals at high risk of wound deterioration, making onward referral as required.</li> </ul> |
|--|--|--|



## Education Recommendations

### Knowledge

The NWCSP in partnership with NHS England, Workforce Training and Education (formerly Health Education England) has developed a suite of online free-to-access online education resources which can be accessed at. <https://www.e-lfh.org.uk/programmes/wound-care-education-for-the-health-and-care-workforce/>

For this domain, the following are likely to be helpful:

#### Tier 1

- Essentials of Skin Care
- Essentials of Wound Assessment
- Essentials of Digital Wound Imaging
- Essentials of Nutrition and Lifestyle
- *Essentials of Wound Infection\**
- Essentials of Leg Ulceration
- Essentials of the Foot at Risk
- Diabetic Foot Screening
- Granulation Game
- Essentials of Pressure Ulcer Prevention
- *Essentials of Surgical Wounds\**

#### Tier 2

- *Diagnosing and Managing Wound Infection\**
- Adult Lymphoedema
- *Vascular Assessment\**
- Making Differential and Formal Diagnoses (Case Studies)
- Foot at Risk
- *Vascular Disease – Anatomy and Physiology\**
- *Purpose T for Pressure Ulcer Risk Assessment\**

*\*In development*

#### Tier 3

Health and care professionals who require Tier 3 knowledge should acquire this through postgraduate education provided or accredited by a Higher Education Institution (e.g., a university). A list of these can be found at:

<https://www.nationalwoundcarestrategy.net/wp-content/uploads/2023/04/NWCSP-Higher-Education-Courses-for-Wound-Care-2023-V2-1.pdf>



## Skills

These skills should be acquired through supervised practice.

The skills required will depend on the role of the practitioner and the types of wounds that typically present in their field of practice. For example, the following skills may be required:

### Tier 1

- Undertake and accurately record a wound assessment in line with current recommended good practice and take appropriate action.
- Correctly swab a wound and send sample for culture and sensitivity.
- Undertake an accurate risk assessment e.g., pressure ulcer, foot at risk.
- Capture a digital wound image and save within the patient's clinical record.

### Tier 2

- Interpret the results of wound sampling to diagnose infection and take appropriate action.
- Undertake a leg ulcer assessment (including the use of handheld Doppler to measure ankle brachial pressure index and/or toe pressure) to accurately diagnose the underlying cause of ulceration and devise an appropriate care plan.
- Undertake and accurately record a comprehensive foot assessment (including the use of handheld Doppler to measure ankle brachial pressure index and/or toe pressure) to accurately determine the underlying cause of ulceration and devise an appropriate care plan.

### Tier 3

Health and care professionals who require Tier 3 skills should acquire this through post-graduate education provided or accredited by a Higher Education Institution (e.g., a university). A list of these can be found at:

<https://www.nationalwoundcarestrategy.net/wp-content/uploads/2023/04/NWCSP-Higher-Education-Courses-for-Wound-Care-2023-V2-1.pdf>





## Domain C. Wound Care

### Introduction

This Domain focuses on the central aspects of the care of people with wounds and appropriate treatment and interventions. Developing the capabilities of all members of a multi-disciplinary team in relation to care planning, treatments and interventions is of fundamental importance. Treatments and interventions must be both cost effective and evidence-based to enable better health outcomes.

Service redesign and the introduction of new roles mean that a joined up and multi-professional approach to wound care is required, rather than an overreliance on specialist wound care practitioners. As with assessment and diagnosis, treatments and interventions will often take place in settings where there is no easy access to a specialist wound care practitioner. Therefore, other health care practitioners need to develop the relevant skills, knowledge, and behaviours to support the effective implementation of care management plans for people with wounds.

Inappropriate interventions and treatments delay wound healing, increase discomfort for the individual, increase risk of infection, inappropriate use of wound dressings, and reduce a person's quality of life.

Collaborative working across the multi-disciplinary team and the use of appropriate referrals also support delivery of optimal but cost-effective, consistent, and continuous care.

The importance of holistic assessment of person with a wound and a personalised approach to wound care are recurring themes which underpin this framework, and they are reflected within this Domain.



## Capability 4. Care planning

| Tier 1   | Tier 2 (Tier 1 plus the following)   | Tier 3 (Tier 2 plus the following)  |
|--|--|---|
| <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Contribute to the care planning process.</li> <li>b) Understand the importance of care that is relevant to the individual and their daily living.</li> <li>c) Know how to access support to plan and manage care.</li> <li>d) Know that care plans require regular review in consultation with the individual, their family and carers, and with other members of the multi-disciplinary team.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Develop wound care management plans which include specific review dates.</li> <li>b) Understand the importance of care and support planning as a holistic and person-centred process.</li> <li>c) Understand why care and support plans need to be reviewed regularly and in partnership with others, including the individual.</li> <li>d) Communicate and share information in a person's care plan to others with appropriate permission.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Construct, oversee and advise upon the development of wound care management plans in collaboration with the multi-disciplinary team, which include specific review dates.</li> <li>b) Critically analyse the efficacy of a range of wound care interventions to develop individualised, evidence-based wound care management plans.</li> <li>c) Develop care plans that take account of the individual's needs, goals and wishes, local service availability and relevant guidelines, ensuring that the management plan considers all options that are appropriate for the care pathway.</li> <li>d) Provide advice and formulate evidence based therapeutic interventions for wound care planning, with a particular focus on expected benefits and limitations.</li> </ul> |



## Capability 5. Wound care and interventions

| Tier 1  | Tier 2 (Tier 1 plus the following)  | Tier 3 (Tier 2 plus the following)   |
|---|---|--|
| <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Have an awareness of the wound healing process and other factors which can affect healing.</li> <li>b) Recognise the signs of wound deterioration and know how to report the deterioration or ask for advice.</li> <li>c) Be able to apply and change wound dressings.</li> <li>d) Be able to contribute to wound therapies as instructed.</li> <li>e) Demonstrate a general knowledge of infection prevention and control techniques and protocols.</li> <li>f) Demonstrate an awareness of systemic signs of infection.</li> <li>g) Be able to communicate effectively to the individual the importance of following their care plan and of taking responsibility for their own care.</li> <li>h) Have a working knowledge of local and, where appropriate, national wound care protocols and guidance.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Understand the wound healing process and other factors which can affect healing.</li> <li>b) Be able to recognise clinical signs and symptoms of wound deterioration and manage them effectively.</li> <li>c) Be able to recommend and carry out agreed wound management techniques and therapies within the scope of practice.</li> <li>d) Make timely and appropriate wound management referrals.</li> <li>e) Be able to carry out microbiological wound sampling and ensure that the results are interpreted by an appropriate member of the multi-disciplinary team.</li> <li>f) Work collaboratively with members of the multi-disciplinary team to maximise patient concordance.</li> <li>g) Have a broad knowledge of the properties (e.g., absorbency, adherence etc) of dressings and other products, including the difference between types, their modes of action and appropriate use.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Have a comprehensive knowledge of the wound healing process and other factors which can affect healing.</li> <li>b) Demonstrate a critical understanding of the pathophysiology of the causes of wounds and how relevant treatments and interventions work.</li> <li>c) Carry out advanced wound management and techniques and explore the use of potential additional therapies within the scope of practice.</li> <li>d) Develop pathways to support long term wound care management, symptoms and reduced mental well-being, referring individuals to sources of mental health support when that is in their best interests.</li> <li>e) Use expert clinical skills to contribute to the development of evidence-based approaches to wound care interventions.</li> <li>f) Have an in-depth knowledge of local, regional, and national wound care protocols and guidance.</li> <li>g) Provide expert opinion in the local wound management formulary group and/or related groups.</li> </ul> |



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|  | <ul style="list-style-type: none"><li>h) Demonstrate an understanding of the psychological impact of wounds.</li><li>i) Demonstrate the application of infection prevention and control techniques and protocols.</li><li>j) Assess wound care interventions to inform the development of personalised care management plans.</li><li>k) Have a comprehensive knowledge of local and regional wound care protocols and guidance.</li><li>l) Where appropriate, actively participate in the local wound management formulary group and/or related groups.</li></ul> |  |
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## Capability 6. Referrals and collaborative working

| Tier 1  | Tier 2 (Tier 1 plus the following)  | Tier 3 (Tier 2 plus the following)  |
|---|---|---|
| <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Understand the importance of priority in relation to referrals.</li> <li>b) Be aware of the range of different agencies and professionals who may be involved in the care of the person with the wound.</li> <li>c) Know who is involved in each individual's care, or how to find out, and be able to collaborate with them.</li> <li>d) Know whom to contact with any concerns, issues or questions about any aspect of a person's care, their wound and any necessary support.</li> <li>e) Be aware of the limitations of their own knowledge, understanding and skills, and when concerns about potential skin damage and wound infection should be reported and escalated as appropriate (ideally to a wound care practitioner with Tier 2 or 3 competence).</li> <li>f) Be aware that health and care professionals may ask for a person's consent to share information to enable</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Allocate referrals in accordance with their priority.</li> <li>b) Collaborate with others, exploring and integrating the views of wider multidisciplinary teams to deliver care in a co-ordinated way, showing an understanding of the role of others.</li> <li>c) Share information, including that which relates to a person's wishes, in a timely and appropriate manner with those involved in a person's care, considering issues of consent, confidentiality and ensuring that, where information is already available, the person is not asked to provide the same information repeatedly.</li> <li>d) Understand referral criteria and pathways of care to meet the needs of people with or at risk of a wound. e) Understand and work within their personal and professional scope of practice and know how and when more specialist advice or support should be sought.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Prioritise referrals appropriately.</li> <li>b) Establish effective collaborative working across networks, between different organisations and across different settings of care.</li> <li>c) Lead collaborative approaches to reduce gaps or duplication in care and to develop a more flexible workforce.</li> <li>d) Engage collaboratively in challenging conversations with other professionals, demonstrating a commitment to partnership working to facilitate care.</li> <li>e) Work effectively in collaboration with commissioners of services and education.</li> <li>f) Develop oneself and others and contribute to organisational development in relation to wound care and support for people living with complex and/or chronic wounds.</li> <li>g) Engage in the critical review of own and others' practice, learn from them and share the learning with colleagues and networks.</li> </ul> |



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| more integrated working and understand the value of giving this consent. |  |  |
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## Education Recommendations

### Knowledge

The NWCSP in partnership with HEE has developed a suite of online free to access online education resources which can be accessed at. <https://www.e-lfh.org.uk/programmes/wound-care-education-for-the-health-and-care-workforce/>

For this domain, the following are likely to be helpful:

#### Tier 1

- Essentials of Skin Care
- Essentials of Wound Assessment
- Essentials of Digital Wound Imaging
- Nutrition and Lifestyle
- *Essentials of Wound Infection\**
- Essentials of Leg Ulceration
- Essentials of the Foot at Risk
- Essentials of Pressure Ulcer Prevention
- *Essentials of Surgical Wounds\**
- Antimicrobial Resistance Toolkit
- Introduction to Essential Pain Management

#### Tier 2

- Dressing Wounds
- Wound Debridement
- *Diagnosing and Managing Wound Infection\**
- Choosing the Right Compression Therapy
- Principles of Managing Surgical Wound Complications
- Principles of managing surgical wounds
- Pain Assessment and basic principles of prescribing
- Diagnosis and evaluation of neuropathic pain
- Introduction to Antimicrobial Resistance

*\*In development*

#### Tier 3

Health and care professionals who require Tier 3 knowledge should acquire this through postgraduate education provided or accredited by a Higher Education Institution (e.g., a university). A list of these can be found at:

<https://www.nationalwoundcarestrategy.net/wp-content/uploads/2023/04/NWCSP-Higher-Education-Courses-for-Wound-Care-2023-V2-1.pdf>



## Skills

These skills should be acquired through supervised practice.

The skills required will depend on the role of the practitioner and the types of wounds that typically present in their field of practice. For example, the following skills may be required:

### Tier 1

- Undertake wound cleansing and application and removal of dressings according to current best practice guidelines.
- Review of progress against treatment plans and appropriate escalation for advice and guidance.
- Application of lower limb compression therapy systems.
- Appropriate use of pressure redistributing equipment and interventions.

### Tier 2

- Develop appropriate evidence-informed care plans that include appropriate dressing selection, methods of debridement, pressure relief and other therapeutic interventions appropriate to the needs and wishes of the person receiving care.
- Appropriate care for wound drains and wound drain sites.
- Removal of wound closure materials (e.g., sutures, clips).
- Appropriate care for advanced wound therapies (e.g., negative pressure wound therapy, larval therapy, electrical stimulation).
- Undertake sharp / surgical wound debridement as appropriate.

### Tier 3

Health and care professionals who require Tier 3 skills should acquire this through post-graduate education provided or accredited by a Higher Education Institution (e.g., a university). A list of these can be found at:

<https://www.nationalwoundcarestrategy.net/wp-content/uploads/2023/04/NWCSP-Higher-Education-Courses-for-Wound-Care-2023-V2-1.pdf>





## Domain D. Personalised care and health promotion

### Introduction

At the heart of personalised care is the relationship between people; that is built from meaningful communication, and is strongly influenced by how we say things, how we listen and our non-verbal communication. Within this Domain and throughout this framework, communication is considered to include all methods by which information is transmitted (verbal, non-verbal etc).

People with wounds should be engaged in shared decision-making about their care and supported to actively make the decision about their preferred care and treatment plan, whilst understanding their concerns and beliefs.

This Domain focuses on interpersonal and communication skills to engage in effective interactions with individuals, carers, colleagues, and other service providers in the clinical environments in which they practise.

It covers skills in listening and information-processing, alongside empathetic skills to ascertain, understand and respond to individuals' needs and concerns.

Health and care practitioners need to take account of the individual preferences, priorities and needs of people with wounds to support and guide care and treatment. They respect each individual's expertise in their own life and condition and empower and support them to retain control and to make choices that fit with their goals and promote supported self-management.



## Capability 7. Communication

| Tier 1   | Tier 2 (Tier 1 plus the following)   | Tier 3 (Tier 2 plus the following)   |
|--|--|--|
| <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Acknowledge and respond to all communication promptly.</li> <li>b) Communicate clearly and coherently taking into account the needs of individuals.</li> <li>c) Select the most appropriate method of communication for the individual/s.</li> <li>d) Ensure that the environment for communication is as conducive as possible for effective communication.</li> <li>e) Adapt communication styles to suit the situation, utilising IT systems/ methods to improve efficiency where appropriate.</li> <li>f) Identify any communication barriers with the individuals and take the appropriate action.</li> <li>g) Clarify points and check that yourself and others understand what is being communicated.</li> <li>h) Actively listen to any questions and concerns raised during communications, reflecting back and responding appropriately.</li> <li>i) Include time for dialogue, disclosure and follow up during interaction with people with wounds.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Communicate effectively with individuals who require additional assistance to ensure an effective interface with a practitioner, including the use of accessible information.</li> <li>b) Enable effective communication approaches to non-face to face situations e.g., telephone or video consultation.</li> <li>c) Reflect on communication strategies and adapt them to ensure communication strategies foster an environment of empowerment for individuals.</li> <li>d) Respond appropriately to an individual's questions and concerns to promote understanding, including use of appropriate accessible information.</li> <li>e) Communicate in ways that build and sustain relationships with people with wounds, colleagues, and other agencies as appropriate.</li> <li>f) Communicate in an organised and structured way, understanding the constraints of workload and time</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Autonomously adapt verbal and non-verbal communication styles in ways that are empathetic and responsive to an individual's communication and language needs, preferences, and abilities (including levels of spoken English and health literacy).</li> <li>b) Evaluate and remedy situations, circumstances or places which make it difficult to communicate effectively (e.g., noisy, distressing environments which may occur during home visits, care home visits or in emergency situations), and have strategies in place to overcome these barriers.</li> <li>c) Critically appraise communication strategies and be able to optimise communication approaches appropriately using skills such as active listening e.g., frequent clarifying, paraphrasing, and picking up verbal cues such as pace, pauses and voice intonation.</li> <li>d) Recognise when the person with a wound and their family/carer may have competing agendas and be able to facilitate shared agenda setting using an inclusive approach.</li> </ul> |



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| <p>j) Establish lines of communication which enable communication with individuals in other locations where necessary.</p> <p>k) Maintain confidentiality of information where appropriate.</p> | <p>pressures whilst ensuring safe and effective care.</p> | <p>e) Consult in a highly organised and structured way, with professional curiosity as required, whilst understanding the constraints of the time limited nature of consultations and ensure communication is safe and effective.</p> |
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## Capability 8. Personalised care

| Tier 1   | Tier 2 (Tier 1 plus the following)   | Tier 3 (Tier 2 plus the following)  |
|--|--|---|
| <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Respect the rights, privacy and dignity of people with wounds, promoting choice and independence.</li> <li>b) Support people with wounds to assert their views and preferences, control their own lives and make informed choices about their care and the interventions they receive.</li> <li>c) Understand the importance of the need to assess risk in the context of a self-supported management plan.</li> <li>d) Demonstrate an awareness of the need to understand the skills, knowledge, and confidence of a person with a wound to manage their own care, and the role of tools such as the Patient Activation Model<sup>12</sup> in this context.</li> <li>e) Support the self-care and self-management of people with wounds and work in a way that is non-judgmental and respects the rights, privacy, and dignity of individuals, promoting choice and independence.</li> <li>f) Support people with wounds to access appropriate information to manage their self-care needs.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Advocate for and contribute to person-centred approaches in the management and development of services.</li> <li>b) Develop and promote personalised self-management plans with people with wounds which meet their needs in partnership, where appropriate, with other agencies and with their carers/family.</li> <li>c) Utilise tools such as the Patient Activation Model to promote and support a person with a wound to develop the skills, knowledge, and confidence to manage their care.</li> <li>d) Evaluate how the preferences and experiences of a person with a wound, including their individual cultural and religious background, can offer insight into their priorities, well-being, and management of their care.</li> <li>e) Ensure that people with wounds can make informed choices to manage their self-care needs.</li> <li>f) Recognise when a person with a wound or their carer has not understood</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Engage people with wounds in shared decision making about their care, supporting them to express their own ideas, concerns and expectations and encouraging them in asking questions.</li> <li>b) Explain in non-technical language all available options (including doing nothing), exploring the risks and benefits of each and discussing the implications as it relates to the person with the wound.</li> <li>c) Utilise motivational interviewing techniques.</li> <li>d) Critically appraise the impact that a range of social, economic, and environmental factors can have on health outcomes for people with wounds and on their family and/or carers.</li> <li>e) Utilise tools such as the Patient Activation Model at scale to assess whether services, interventions and programmes are providing effective and tailored support to meet the needs of people with wounds.</li> <li>f) Elicit psychosocial history to provide some context for the challenges which some people with wounds may encounter.</li> </ul> |



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| <p>g) Recognise the importance of social networks and communities for people with wounds and, where applicable, their families and carers in managing long-term wounds and related health conditions.</p> <p>h) Understand that a wound can have an impact on a person from a cultural and social perspective.</p> | <p>information regarding the wound and the effect this has on their self-care and behaviours, and the consequences.</p> <p>g) Recognise and respond appropriately to the impact on the person with the wound of psychosocial factors such as housing issues, work issues, family/carer issues, lack of support, social isolation and loneliness and consider in the context of local social prescribing services.</p> | <p>g) Advise on and refer people appropriately to psychological therapies and counselling services, in line with their needs and wishes, taking account of local service provision.</p> <p>h) Develop evidence-based approaches to interventions and self-management which minimise health inequalities, taking into account relevant social, mental health and other factors to minimise distress and to provide motivation.</p> <p>i) Actively mitigate the impact of health inequalities on people with wounds explore strategies to deliver interventions which minimise health inequalities by enabling a person to understand and cope with their wound, its treatment and its consequences, drawing on an appropriate range of multi-agency and inter-professional resources to optimise wound care.</p> |
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## Capability 9. Prevention, health promotions and improvement

| Tier 1   | Tier 2 (Tier 1 plus the following)  | Tier 3 (Tier 2 plus the following)  |
|--|---|---|
| <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Understand the importance of reinforcing key principles in relation to the self-management by an individual of the wound and relevant underlying condition.</li> <li>b) Be able to engage with individuals using awareness, engagement, and communication skills to discuss lifestyle behaviour change and motivate those individuals to make those changes.</li> <li>c) Communicate with individuals about promoting their health and wellbeing.</li> <li>d) Know which services can assist a person to manage their wound.</li> <li>e) Signpost the person with the wound to approved, current and accessible information about their wound and self-care.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Understand the need for personal action plans to achieve and maintain health-related goals for an individual living with a wound or at risk of developing a wound.</li> <li>b) Be able to select and use appropriate techniques and approaches to provide support to individuals as they change their lifestyle behaviours and facilitate the individuals to maintain these changes over the longer term.</li> <li>c) Have a comprehensive knowledge of the wound/condition specific support groups and counselling services to which the person with a wound can be signposted so as to enhance their understanding and self-care.</li> <li>d) Understand the impact of culture and social context on how the person with a wound feels about health-related behaviours and about changing them.</li> <li>e) Refer the person with a wound to appropriate members of the multi-disciplinary team for advice and interventions.</li> <li>f) Recognise and correct misinformation a person may hold about their wound and condition and the effects of this misinformation on self-care behaviours and their consequences.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Have a thorough understanding of the tools and techniques for assessment and evaluation of a person’s health status, concerns, personal context and priorities.</li> <li>b) Actively participate in the design of relevant information for persons with wounds.</li> <li>c) Lead engagement and education strategy in local services to deliver public health initiatives in a way that is relevant to the needs of specific populations.</li> </ul> |



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|  | g) Promote wellbeing to minimise distress and suffering, to enable people to understand and cope with their wound, its treatment and its consequences. |  |
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## Education Recommendations

### Knowledge

The NWCSP in partnership with HEE has developed a suite of online free to access online education resources which can be accessed at. <https://www.e-lfh.org.uk/programmes/wound-care-education-for-the-health-and-care-workforce/>

For this domain, the following e-learning for health educational resources are likely to be helpful:

<https://portal.e-lfh.org.uk/Catalogue>

#### Tier 1

- Nutrition and Lifestyle
- Health literacy
- Motivational interviewing
- Behaviour Change Literacy - individual learners.
- What is MECC and why is it important?
- All our health: Social Prescribing
- Enhanced Health in Care Homes – Scenario 1 – Personalised Care

#### Tier 2

- Introduction to the Social Prescribing Link Worker Role
- Personalised Care
- Basic principles of health promotion

#### Tier 3

Health and care professionals who require Tier 3 knowledge should acquire this through postgraduate education provided or accredited by a Higher Education Institution (e.g., a university). A list of these can be found at:

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## Skills

These skills should be acquired through supervised practice.

The skills required will depend on the role of the practitioner and the types of wounds that typically present in their field of practice. For example, the following skills may be required:

### Tier 1

- Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing.
- Understand the importance of social networks and circles of support for individuals and their carers to lessen feelings of psychological or social isolation.
- Identify when to use behaviour change techniques.

### Tier 2

- Confidently demonstrate the core communication skills for relationship building and information gathering.
- Take an individualised approach to discussing consent, risk and shared decision making considering the person's individual views, their preferences, values, and assessment of the options together with the relevant facts, information and evidence.
- Explore, understand, and collaboratively agree the problem, identify and implement the way forward, measure and evaluate outcomes that are important to those involved.
- Recognise and work with individuals who express resistance and ambivalence.

### Tier 3

Health and care professionals who require Tier 3 skills should acquire these through post-graduate education provided or accredited by a Higher Education Institution (e.g., a university). A list of these can be found at:

<https://www.nationalwoundcarestrategy.net/wp-content/uploads/2023/04/NWCSP-Higher-Education-Courses-for-Wound-Care-2023-V2-1.pdf>



## Domain E. Leadership & Management, Education and Research

### Introduction

Domains A to D of this framework contain the core capabilities which identify and describe the clinical skills, knowledge and behaviours required to deliver high quality, personalised wound care.

This Domain, E, focuses on Leadership, Management, Education and Research skills, knowledge and behaviours which support the delivery of wound care.

The capabilities are described for all three Tiers, but it should be noted that those for Tier 3 health and care practitioners align to those contained within Pillars 2, 3 and 4 of the Health Education England Multi-Professional Framework for Advanced Clinical Practice in England<sup>3</sup>.

The four pillars that underpin Advanced Clinical Practice are:

1. Clinical Practice
2. Leadership and Management
3. Education
4. Research

Advanced Clinical Practitioners and other professionals who aspire to this level of practice are encouraged to refer to the Health Education Multi-Professional Credentials<sup>12</sup> which will enable them to expand their professional competencies and qualifications at Masters level and above.



## Capability 10. Leadership and management

| Tier 1   | Tier 2 (Tier 1 plus the following)   | Tier 3 (Tier 2 plus the following)   |
|--|--|--|
| <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Demonstrate behaviours which reflect the values of their organisation/place of work.</li> <li>b) Prioritise work in accordance with service requirements, capacity, and demand.</li> <li>c) Demonstrate effective personal time management, carrying out both clinical and non-clinical aspects of work in a timely manner.</li> <li>d) Respond positively when services are under pressure, acting in a responsible and considered way to ensure safe practice.</li> <li>e) Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect people, families, carers, communities and colleagues' safety and well-being when necessary.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Proactively initiate and develop effective relationships, fostering clarity of roles within teams, to encourage productive working.</li> <li>b) Actively seek and be positively responsive to feedback and involvement from people, families, carers, communities, and colleagues in the co-production of service improvements.</li> <li>c) Undertake appropriate management duties of a team/teams which could include first line management.</li> <li>d) Promote the importance of a person-centred approach and the values of their organisation/place of work.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Act as a role model reflecting the values of their organisation/place of work, demonstrating a person-centred approach to service delivery and development.</li> <li>b) Evaluate own practice, and participate in multi-disciplinary service and team evaluation, demonstrating the impact of advanced wound care on service function and effectiveness, and quality (i.e., outcomes of care, experience, and safety).</li> <li>c) Actively engage in peer review to inform own and other's practice, formulating and implementing strategies to act on learning and make improvements.</li> <li>d) Actively seek feedback and involvement from individuals, families, carers, communities, and colleagues in the co-production of service improvements.</li> <li>e) Critically apply advanced wound care expertise in appropriate facilitatory ways to provide consultancy across professional and service boundaries, influencing clinical practice to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice.</li> <li>f) Demonstrate team leadership, resilience, and determination, managing situations that are unfamiliar, complex, or unpredictable and seeking to build confidence in others.</li> <li>g) Continually develop practice in response to changing population health need, engaging in horizon scanning for future developments (e.g. the impacts of new technologies, new</li> </ul> |



|  |  |   |
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| <p>f) Carry out their duties in accordance with organisational values and a person-centred approach.</p> |  | <p>treatments and changing social challenges) and critically appraise the evidence base and potential health economic impact.</p> <p>h) Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect individuals', families', carers', communities' and colleagues' safety and well-being when necessary.</p> <p>i) Negotiate an individual scope of practice within legal, ethical, professional, and organisational policies, governance and procedures, with a focus on managing risk and upholding safety.</p> |
|--|--|---|



## Capability 11. Education

| Tier 1   | Tier 2 (Tier 1 plus the following)  | Tier 3 (Tier 2 plus the following)   |
|--|---|--|
| <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Remain up to date with appropriate Statutory and Mandatory training as defined in their place of work.</li> <li>b) Identify their own preferred learning methods and take these into account in identifying and undertaking development activities.</li> <li>c) Identify any gaps between the current and future requirements of their practice.</li> <li>d) Agree development plans which address any identified gaps in knowledge and skills.</li> <li>e) Review and update their own development plan in the light of their performance, any development activities undertaken and any wider changes.</li> <li>f) Recognise the importance of the development of their own knowledge and skills and demonstrate a willingness to share their knowledge and skills with others as appropriate.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Evaluate, at appropriate intervals, the current and future requirements of their practice and of others.</li> <li>b) Be able to support practice development by acting as a mentor/supervisor and/or clinical assessor as appropriate.</li> <li>c) Identify what an effective development plan, either one's own or somebody else's, should contain and the length of time that it should cover.</li> <li>d) Recognise the importance of taking account of career and personal goals when supporting professional development of self and others.</li> <li>e) Act as a role model by inspiring, empowering and enabling others as well as through their own positive behaviours demonstrate a willingness to share their knowledge and skills with others as appropriate.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced clinical practice, recognising that further qualifications may be required.</li> <li>b) Engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services.</li> <li>c) Engage with, appraise, and respond to individuals' motivation, development stage and capacity, working collaboratively to support health literacy and empower individuals to participate in decisions about their care and to maximise their health and well-being.</li> <li>d) Advocate for and contribute to a culture of organisational learning to inspire future and existing staff.</li> <li>e) Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning.</li> <li>f) Identify further developmental needs for the individual and the wider team and support them to address these.</li> <li>g) Support the wider team to build capacity and capability through work-based and interprofessional learning, and the application of learning to practice.</li> </ul> |



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|  |  | h) Act as a role model, educator, coach and mentor/supervisor, seeking to instil and develop the skills, knowledge and confidence of others, contributing to undergraduate and postgraduate programmes and/or within their work setting and service. |
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## Capability 12. Research, audit and quality improvement

| Tier 1  | Tier 2 (Tier 1 plus the following)   | Tier 3 (Tier 2 plus the following)  |
|---|--|---|
| <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Maintain awareness of and work to local policies and procedures.</li> <li>b) Utilise the findings of research to inform one’s own practice.</li> <li>c) Demonstrate an awareness of the existence and nature of locally based research programmes.</li> <li>d) Evaluate their own practice and participate in service and team evaluation, including audit, within their relevant work setting.</li> <li>e) Contribute to the collection of robust and accurate data.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Utilise an evidence-based approach to inform the practice of self and others.</li> <li>b) Disseminate local evidence-based research findings and quality improvement projects through appropriate media and fora (e.g., presentations and peer review research publications).</li> <li>c) Be able to understand the totality of evidence-based research findings and apply that knowledge to work towards improving care; utilising evidence-based practice.</li> <li>d) Participate in locally based research programmes.</li> <li>e) Evaluate and audit their own and others’ clinical practice, selecting and applying valid, reliable methods and benchmarking, then acting on the findings.</li> <li>f) Actively contribute to organisational/service improvement by monitoring progress and quality of work within their own sphere of practice/area of responsibility, collecting robust and accurate data and making suggestions which will improve the quality of care and outcomes.</li> <li>g) Comply with and facilitate evaluation and audit processes.</li> </ul> | <p>The health or care practitioner will:</p> <ul style="list-style-type: none"> <li>a) Critically engage in local and national research activity, adhering to good research practice guidance, so that evidence-based strategies are developed and applied to enhance quality, safety, productivity, and value for money.</li> <li>b) Take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way.</li> <li>c) Actively identify potential need for further research to strengthen the evidence base. This may involve acting as an educator, leader, innovator, and contributor to research and/or seeking out and applying for research funding.</li> <li>d) Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review.</li> <li>e) Disseminate local and national evidence-based findings and quality improvement projects through appropriate media and fora (e.g., presentations and peer review research publications).</li> </ul> |



|  |  |  |
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|  | <p>h) Work in accordance with audit and quality improvement systems.</p> | <p>f) Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical, and other active researchers.</p> <p>g) Critically evaluate and audit clinical practice across organisations/services, selecting and applying valid, reliable methods, then acting on the findings aligned to strategic goals.</p> <p>h) Critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice and to inform that of others.</p> <p>i) Develop quality policies and quality assurance systems for the delivery of wound care services and analyse their impact.</p> <p>j) Lead new practice and service redesign solutions in response to feedback, evaluation and need, working across boundaries and broadening their networks and sphere of influence to improve quality.</p> |
|--|--|--|





## Education Recommendations

### Knowledge

The NWCSP in partnership with HEE has developed a suite of free to access online education resources which can be accessed at: <https://www.e-lfh.org.uk/programmes/wound-care-education-for-the-health-and-care-workforce/>

For this domain, the following e-learning for healthcare educational resources are likely to be helpful: <https://portal.e-lfh.org.uk/Catalogue>

#### Tier 1

- Your personal development
- Values and Behaviours
- *Essentials of Evidence for Wound Care\**

#### Tier 2

- Leading, managing and dealing with change
- Delivering and receiving effective feedback
- Research and Audit core knowledge
- Evidence-based medicine in clinical practice
- Guidelines in Clinical Practice

#### Tier 3

Health and care professionals who require Tier 3 knowledge should acquire this through post-graduate education provided or accredited by a Higher Education Institution (e.g., a university). A list of these can be found at:

<https://www.nationalwoundcarestrategy.net/wp-content/uploads/2023/04/NWCSP-Higher-Education-Courses-for-Wound-Care-2023-V2-1.pdf>



## Skills

These skills should be acquired through supervised practice.

The skills required will depend on the role of the practitioner and the types of wounds that typically present in their field of practice. For example, the following skills may be required:

### Tier 1

- Recognise when and how their performance or that of others could put people at risk and take appropriate actions.
- Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity, and change.
- Contribute to the collection of robust and accurate data.
- Reflect upon, identify, and proactively address their learning needs.

### Tier 2

- Demonstrate effective leadership and management skills as part of the multi-disciplinary team.
- Develop, lead, and apply effective strategies to improve the quality of care and safe use of medicines.
- Support the learning and development of others, including through mentoring.
- Take part in research activities, audit, service evaluation and quality improvement, and demonstrate how these are used to improve care and services.

### Tier 3

Health and care professionals who require Tier 3 skills should acquire this through post-graduate education provided or accredited by a Higher Education Institution (e.g., a university). A list of these can be found at:

<https://www.nationalwoundcarestrategy.net/wp-content/uploads/2023/04/NWCSP-Higher-Education-Courses-for-Wound-Care-2023-V2-1.pdf>



## 2. The Career Framework

| Career Framework Level   | Level Descriptor  | Indicative Requirements to work at this level   | Indicative Roles  |
|--|---|---|---|
| <b>Support Worker Level Practice</b>                           | <p>People at this level require knowledge of facts, principles, processes, and general concepts in wound care.</p> <p>They may carry out a wider range of duties and will have some responsibility, with guidance and supervision available when needed.</p> <p>They provide high quality, compassionate healthcare, following standards, policies or protocols and always acting within the limits of their capability.</p> <p>They use knowledge and understanding to take decisions within their area(s) of responsibility.</p> <p>They are responsible for their work and for reviewing the effectiveness of actions.</p> | <p>Care Certificate<br/>Clinical Healthcare Support Qualification or appropriate equivalent</p>               | <p><b>Health Care Assistant/Health Care Support Worker/Support Worker</b></p> |
| <b>Associate Level / Assistant Practitioner Level Practice</b> | <p>People at this level require factual and theoretical knowledge in broad contexts within wound care.</p> <p>They work independently, and with others, under the leadership and</p>  | <p>Nursing and Midwifery Council (NMC) registration as a Nursing Associate.</p> <p>Appropriate Foundation</p> | <p><b>Nursing Associate/Assistant Practitioner</b></p>                        |



|                                  |  |   |   |
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|                                  | <p>direction of a Registered practitioner within defined parameters, to deliver care in line with an agreed plan/protocol.</p> <p>They will have a breadth of knowledge and a flexible, portable skill set to serve local health populations, taking account of the perspectives and pathways of individuals, their families and/or carers providing holistic and personalised care to individuals, supporting the assessment, planning, delivery and evaluation of care.</p> <p>Work is guided by standard operating procedures, protocols, or systems of work, but the worker makes judgements, plans activities, contributes to service development and demonstrates self-development.</p>  | <p>degree and requisite qualification.</p> <p>Appropriate Practice Supervisor/Assessor Status.</p>  |   |
| <b>Foundation Level Practice</b> | <p>People at this level will have a comprehensive, factual, and theoretical knowledge within wound care and an awareness of the boundaries of that knowledge.</p> <p>They use knowledge to solve problems creatively, make judgements which require analysis and interpretation, and actively contribute to service and self-development.</p> <p>They play a vital role in providing, leading, coordinating and evaluating care that is compassionate, evidence based and personalised.</p> <p>They are accountable for their own actions and those who they delegate to and must be able to work autonomously, or as an equal partner with a range of other professionals.</p> <p>They provide nursing care for people who could have complex and</p> | <p>Part 1 of the Nursing and Midwifery Council (NMC) Register</p> <p>First degree or equivalent</p> | <b>Registered Nurse/Midwife//Registered AHP</b> |



|                                       |  |  |  |
|---------------------------------------|--|--|--|
|                                       | <p>concurrent mental, physical, cognitive, and behavioural care needs and for people at the end of their life.</p> <p>They make an important contribution to the promotion of health, health protection and the prevention of ill health by empowering people to exercise choice, take control of their own health decisions and behaviours and by supporting people to manage their own care where possible.</p> <p>They may have responsibility for supervision of staff or training.</p>  |  |  |
| <p><b>Enhanced Level Practice</b></p> | <p>People at this level require a critical understanding of detailed theoretical and practical knowledge, which can be generalist with a special interest in wound care and/or have management and leadership responsibilities.</p> <p>May have specialist knowledge, skills and capabilities in wound care.</p> <p>They consult with patients, their family, and the multi-professional team to undertake assessments of patient need and devise and evaluate complex care plans.</p> <p>They evaluate and analyse clinical problems using their clinical knowledge, seeking out and applying relevant evidence, enhanced techniques, interventions, and equipment to make clinical decisions.</p> <p>They deliver enhanced clinical care in the context of continual change, challenging environments, different models of care delivery, innovation and rapidly evolving technologies using analysis and their underpinning knowledge to manage complex interventions.</p> <p>They may teach and advise patients and their families on how to manage their condition or support the multi-disciplinary team to do so.</p> | <p>Community Practitioner Nurse Prescribing (V150).</p> <p>Appropriate Modules, learning units, Continuing Professional Development (CPD) that enable the delivery of wound care at a specialist / enhanced level that are aligned to scope of practice.</p> | <p><b>For Example:</b></p> <p>Tissue Viability/Wound Care Specialist Practitioner</p> <p>Vascular Specialist Practitioner</p> <p>Lymphoedema Specialist Practitioner</p> |



|                                       |  |  |   |
|---------------------------------------|--|--|---|
|                                       | <p>They participate in clinical audits and research projects and implement changes as required, including the development, and updating of practice protocols / guidelines and procedures locally.</p> <p>They will work within national and local protocols where these exist.</p> <p>They recognise boundaries of their practice and know when and to whom patients should be referred.</p> <p>They may delegate work to other members of the multidisciplinary team and take accountability for the delegated activity.</p> <p>They demonstrate initiative and are creative in finding solutions to problems.</p> <p>They have some responsibility for team performance and service development and they consistently undertake self-development.</p> |  |   |
| <p><b>Advanced Level Practice</b></p> | <p>People working at this level combine advanced clinical skills with research, education, and clinical leadership within their scope of practice.</p> <p>They have a critical awareness of knowledge issues in wound care and at the interface between different fields.</p> <p>They are innovative and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment.</p> <p>They demonstrate expertise in their scope of practice.</p>  | <p>Independent / Supplementary Prescribing (V300)</p> <p>HEE Centre for Advancing Practice Recognition through successful completion of</p> <p><b>A HEE Centre accredited MSc programme which could include:</b></p> <ul style="list-style-type: none"> <li>• <b>MSc Advanced</b></li> </ul> | <p><b>For Example:</b></p> <p>Tissue Viability/Wound Care Advanced Practitioner</p> <p>Vascular Advanced Practitioner</p> |



|   |  |  |  |
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|   | <p>They manage clinical care at the highest level independently, from beginning to end, for example from when an individual presents through to the end of the episode, which may include admission, referral or discharge or care at home.</p> <p>They work as part of the wider health and social care team and across traditional professional boundaries.</p> <p>They work across the network and/or regionally – leading and influencing practice development and service improvements.</p> <p>They satisfy all the requirements of Health Education England’s multi-professional Framework for advanced clinical practice or equivalence e.g., RCN credentialling at advanced level.</p> | <p><b>Clinical Practice</b></p> <p>Or<br/><b>A portfolio of evidence, validated by the HEE Centre</b></p>  |  |
| <p><b>Consultant Level Practice</b></p> | <p>People at this level require highly specialised knowledge, some of which is at the forefront of knowledge in a field of work, which they use as the basis for original thinking and/or research.</p> <p>They are leaders with considerable responsibility, and the ability to research and analyse complex processes.</p> <p>They have responsibility for service improvement or development.</p> <p>They generate new knowledge about best treatment and care by actively seeking and implementing best evidence to improve health and care outcomes and experiences for patients and staff.</p> <p>Through ongoing clinical development and research, they apply expert</p>               | <p>Further appropriate and relevant qualifications which could include, but not limited to:</p> <p>Professional Doctorate</p> <p>PhD (Research)</p> <p>Educational Doctorate</p> | <p><b>For Example:</b></p> <p>Tissue Viability/Wound Care Consultant Practitioner</p> <p>Vascular Consultant Practitioner</p> <p>Consultant Podiatrist</p> <p>Consultant Podiatric Surgeon</p> |



|  |   |  |  |
|--|---|--|--|
|  | <p>knowledge and lead change strategically across whole systems in their everyday practice.</p> <p>They will operate at the ‘leading edge’ of their profession, developing and consolidating their clinical expertise and research independence through the development of novel, interdisciplinary research, and clinical leadership.</p> <p>They lead the transfer and mobilisation of new knowledge and the use of implementation science methods, ensuring that the research undertaken is addressing high-priority questions relating to service delivery, optimising patient experience and outcomes, and that the value and impact of research activity is demonstrated at a service level.</p> <p>They transform the way care is developed and delivered to patients, leading partnerships with patients and the public, clinical academic experts, and other key stakeholders to make improvements locally, nationally, and internationally.</p> <p>They may have considerable clinical and/or management responsibilities, be accountable for service delivery or have a leading education or commissioning role.</p> |  |  |
|--|---|--|--|





## Identifying Tier Levels for Practice

The advantage in articulating the core capabilities within a 3-tier approach is to give all employers/practitioners maximum flexibility in taking a job/role and working through all 12 capabilities and identifying which tier of practice is required in that context.

The capabilities framework has not been designed whereby if someone identifies they need to have/work at tier 3 for capability one (for example), then by default they must be at tier 3 for all subsequent capabilities.

The potential combinations for practice are numerous, therefore the capability framework does not prescribe which roles/job should operate at each tier. However, the following table provides an indicative guide to illustrate how the appropriate tier of each capability can relate to levels of practice.

|  | <b>Support Work Level</b> | <b>Associate/ Assistant Level</b> | <b>Foundation Level</b> | <b>Enhanced Level</b> | <b>Advanced Level</b> | <b>Consultant Level</b> |
|--|---------------------------|-----------------------------------|-------------------------|-----------------------|-----------------------|-------------------------|
| <b>Capability 1:</b><br>Underlying principles                        | Tier 1                    | Tier 1                            | Tier 2                  | Tier 2                | Tier 3                | Tier 3                  |
| <b>Capability 2:</b><br>Assessment and investigations                | Tier 1                    | Tier 1                            | Tier 2                  | Tier 2                | Tier 3                | Tier 3                  |
| <b>Capability 3:</b><br>Diagnosis                                    |                           | Tier 1                            | Tier 2                  | Tier 2                | Tier 3                | Tier 3                  |
| <b>Capability 4:</b> Care Planning                                   | Tier 1                    | Tier 1                            | Tier 2                  | Tier 2                | Tier 3                | Tier 3                  |
| <b>Capability 5:</b> Wound Care and Interventions                    | Tier 1                    | Tier 1                            | Tier 2                  | Tier 2                | Tier 3                | Tier 3                  |
| <b>Capability 6:</b> Referral and collaborative working              | Tier 1                    | Tier 1                            | Tier 2                  | Tier 2                | Tier 3                | Tier 3                  |
| <b>Capability 7:</b><br>Communication                                | Tier 1                    | Tier 1                            | Tier 2                  | Tier 2                | Tier 3                | Tier 3                  |
| <b>Capability 8:</b><br>Personalised Care                            | Tier 1                    | Tier 1                            | Tier 2                  | Tier 2                | Tier 3                | Tier 3                  |
| <b>Capability 9:</b><br>Prevention, health promotion and improvement | Tier 1                    | Tier 1                            | Tier 2                  | Tier 2                | Tier 3                | Tier 3                  |
| <b>Capability 10:</b><br>Leadership & Management                     |                           | Tier 1                            | Tier 2                  | Tier 2                | Tier 3                | Tier 3                  |
| <b>Capability 11:</b><br>Education                                   |                           | Tier 1                            | Tier 2                  | Tier 2                | Tier 3                | Tier 3                  |
| <b>Capability 12:</b><br>Research, audit and quality improvement     |                           | Tier 1                            | Tier 2                  | Tier 2                | Tier 3                | Tier 3                  |



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## How the frameworks were developed

Development of the framework was commissioned by the National Wound Care Strategy Programme. Project management was provided by Skills for Health and Health Education England.

Preliminary desk research was undertaken to identify key references, resources and significant themes or issues for consideration (see Appendix 2). An initial iteration of the framework was developed based on the findings of the desk research. Further development and iterations of the framework were guided by an Expert Group of representatives from a range of key stakeholder organisations:

| <b>Name</b>            | <b>Job Title</b>   | <b>Organisation</b>  |
|------------------------|--|--|
| Dame Christine Beasley | Independent Chair  |  |
| Colin Wright           | Frameworks Manager   | Skills for Health  |
| Danielle Fullwood      | Senior Nurse; Professional Development, National Nursing and Midwifery Team                        | Health Education England   |
| Hattie Taylor          | District Nurse Team Leader   | The Queen’s Nursing Institute                                    |
| Hilary Wyles           | Associate Consultant   | Skills for Health  |
| Joanne Kirlew          | Nursing Associate  | Hertfordshire Community NHS Trust                                |
| Joanne Thompson        | Deputy Director of Nursing   | University Hospitals Birmingham NHS Foundation Trust             |
| Professor Julie Green  | Chair of the District and Community Nurse Forum  | Royal College of Nursing   |
| Kerry Button           | Nursing Associate  | Gloucestershire Health and Care NHS Foundation Trust             |
| Dr Leanne Atkin        | Vascular Nurse Consultant  | Mid Yorkshire Hospitals NHS Trust and University of Huddersfield |
| Lisa Considine Trainee | Advanced Clinical Practitioner   | The Grove Medical Centre   |
| Nikki Stubbs           | Independent Tissue Viability Nurse Consultant  | NCS Wound Care Consulting Ltd                                    |
| Dr Paul Chadwick       | Clinical Director  | Royal College of Podiatry  |
| Professor Karen Ousey  | Professor of Skin Integrity, Director for the Institute of Skin Integrity and Infection Prevention | University of Huddersfield                                       |
| Mr Richard Bull        | Consultant Dermatologist Homerton  | University Hospital NHS Foundation Trust                         |
| Rosemary Oldale        | Senior Specialist Physiotherapist  | Mid Yorkshire Hospitals NHS Trust                                |



|                          |  |  |
|--------------------------|--|--|
| Dr Russell Thorpe        | General Practitioner                                     | The Old Links Surgery                                |
| Professor Steven Jeffrey | Burns and Plastics Consultant Surgeon                    | University Hospitals Birmingham NHS Foundation Trust |
| Tim Hickey               | Advanced Paramedic Clinical Lead - Primary & Urgent Care | East of England Ambulance Service NHS Trust          |
| Tracy Goodwin            | Expert by Experience                                     |  |
| Dr Una Adderley          | Director – National Wound Care Strategy Programme        | Academic Health Science Network                      |
| Wendy Leighton           | Project Manager for the Regulated Professional Workforce | Skills for Care                                      |

A wider reference group of stakeholders was also established to include a more diverse range of organisations and individuals who wished to be updated on the development of the framework and to provide comments or feedback as part of the consultation process.

### **Update 2023**

This Framework was developed following stakeholder feedback to draft NWCSF recommendations for education, which suggested incorporating recommendations for education and a career framework into the original Core Capabilities for Wound Care Framework.

Skills for Health and Health Education England along with the following people contributed to the development of this updated Framework.

|                       |  |                                       |
|-----------------------|--|---------------------------------------|
| Jacky Edwards (Chair) | Lead for NWCSF Education & Workforce Workstream          | NWCSF                                 |
| Dr Una Adderley       | Director   | NWCSF                                 |
| Ria Betteridge        | Nurse Consultant – Tissue Viability                      | Oxford University Hospitals NHS Trust |
| Dr Benjamin Bullen    | Head of Education and Professional Development           | Royal College of Podiatry             |
| Jacqui Fletcher       | Clinical Lead – Pressure Ulcer Workstream                | NWCSF                                 |
| Krishna Gohil         | Clinical Lead – Lower Limb Workstream                    | NWCSF                                 |
| Samantha Holloway     | Programme Director- MSc in Wound Healing & Tissue Repair | Cardiff University                    |
| Rachael Lee           | Clinical Implementation Manager                          | NWCSF                                 |

Following discussion with Skills for Health a further consultation was carried out with the following organisations who approved this final version:

|   |                                 |
|---|---------------------------------|
| Royal College of Nursing  | Queen's Nursing Institute (QNI) |
| NHSE Workforce, Education and Training (formerly Health Education England). | Skills for Health               |
|   | Royal College of Podiatry       |



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Development of the original framework was guided by an expert group chaired by Dame Christine Beasley. Project management was provided by Danielle Fullwood (Health Education England), Colin Wright (Skills for Health) and Hilary Wyles (Skills for Health).

For this update, the original capabilities framework remains unchanged but additional material has been contributed by members of the NWCSP working in partnership with NHSE Workforce, Training and Education (Skills for Health).

We are extremely grateful to members of the expert group for providing their guidance, expertise and support. The expert group included representatives of the following organisations:

Academic Health Science Network  
Birmingham City University  
Cardiff University  
East of England Ambulance Service NHS Trust  
Gloucestershire Health and Care NHS Foundation Trust  
Health Education England  
Hertfordshire Community NHS Trust  
Homerton University Hospital NHS Foundation Trust  
Lincolnshire Community Health Services NHS Trust  
Mid Yorkshire Hospitals NHS Trust  
NCS Wound Care Consulting Ltd  
Oxford University Hospitals NHS Trust  
Royal College of Nursing  
Royal College of Podiatry  
Skills for Care  
Skills for Health  
The Grove Medical Centre  
The Old Links Surgery  
The Queen's Nursing Institute  
University Hospitals Birmingham NHS Foundation Trust  
University of Huddersfield

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