

# Progress Review Meeting #1

Apprentice Physio Training Year Long

APT    Apprentice Physio Training Submitted this response on 11 Nov 2024 08:30

## Apprenticeship Progress Review Meeting 1

### Planned End Point Assessment / Completion

(Month / Year)

January 2027

### Date of this review:

11 Nov 2024

### Date of the next review:

28 Jan 2025 09:30

### Meeting Attendees

Representative from the employer and the University

Jo Etherton/Kerry Hardy  
Jack Entwistle

☐ Ahead of target (Excellent)

☒ On Target (Good)

☐ Behind Target (Unsatisfactory)

☐ Significantly Behind Target (V Unsatisfactory)

### Off the Job training since last progress review

### Has the apprentice missed any planned off the job training?

No planned ITJ has been missed since last progress review.

OR

Sid did not attend university led training on 3rd October (3 hours, due reporting process were followed and teaching resources and recording for the lecture are available to him via Moodle and Listen Again to facilitate him catching up.

### Is the apprentice anticipated to have any future periods of absence?

Nil planned absence between now and next review

### Expected hours of off the job training:

160

#### Recorded off the job training hours

154

#### Hours to backfill (training hours to be caught up)

3 from 3rd October

#### Are you getting enough time in work to complete your Apprenticeship programme?

If "no" then an action plan must be set below.

☒ Yes

☐ No

**VIEWS ON OFF THE JOB LEARNING DELIVERED SINCE LAST REVIEW** – Including challenges, issues, concerns, any off the job learning that was missed or not delivered. For example, considering any absences from university days or placement and how missed hours and learning will be addressed. Comment upon effectiveness of off the job training received, relevance to work place and any requests.

#### Academic Tutor

No concerns about Sid's engagement during classroom training sessions have been raised by his tutors/lecturers. However his time keeping when returning from a mid am/pm break could be improved for the benefit of the entire cohort.

Work based tasks and bee completed and submitted on time and the level of understanding/insight into physiotherapy practice they demonstrate has been very god.

#### Apprentice

No concerns to raise.

I've been trying to be more thoughtful of the words and phases I use during my subjective assessment with patients since the last teaching block.

#### Employer

No concerns about teaching covered since last progress review.

Will discharge planning be covered during lectures, and if so what does this consist of?

#### The Apprentice View

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**The Apprentice should complete this section in advance of the review, so it is not rushed and provides a meaningful evaluation of progress.**

**When completing each section consider what has gone well and not so well. Progress against previous progress review goals and the training plan. Include any information you wish to discuss at the review meeting, information for consideration and any updates needed to the training plan**

**Please include examples in the sections below and for additional guidance see section 7.**

**British values:**

RESPECT AND TOLERANCE: I had an incident last week where someone called me 'foreign'. I felt I conducted myself calmly. I felt the patient was wanting me to explain where I am from. I did not as felt this was not needed. Educated to the patient that language used can cause offense. I debriefed with my mentor after the incident.

RULE OF LAW: We have been learning about the role of the HCPC and CSP in professional regulation at uni.

**Safeguarding:**

I have completed relevant mandatory trainings to cover safeguarding and PREVENT.

I have no safeguarding concerns to raise.

**Developing Maths:**

I am consistently developing my maths by utilising effective outcome measures within my workplace, including: NPRS, muscle power testing, observing active and passive range of movements.

Whilst on placement had to calculate conversion of percentage of oxygen delivery into litres.

I now have an understanding of the dosages of common medication patients are prescribed on CCU. For example, sedation medication and nebs.

**Developing English:**

Whilst I am seeing more new patient assessments, I am developing my English skills through adaptive communication with patients, such as handling difficult conversations whereby addressing expectations required me to change the direction of the assessment.

On placement I have been writing concise notes using different software systems to what I used to at work.

**Meeting KSBs (expand in the sections below):**

Since the last progress RV KSB's I've particularly learned about:

S1 - Take responsibility and be accountable for your decisions and actions as an autonomous practitioner

S2 - Assess individual needs, using clinical-reasoning skills to diagnose and plan (e.g. to deliver advice or treatment, or make a referral)

K10 - How to use a range of research methods to explore and develop physiotherapy

Following a recent skills scan I have identified S16, S15 and K4 as priority areas for developing my knowledge and understanding of over the next 3 months.

## KNOWLEDGE AND SKILLS

Consider the knowledge gained and how this has been applied in practice.

Include here a link to your CSP portfolio of evidence

CSP Portfolio link: xxxx/xxxx-xxx/xxxx/xxx

**S1 - Take responsibility and be accountable for your decisions and actions as an autonomous practitioner** - This is being developed and demonstrated through increase of new patient assessments within my workplace, whereby I am completing the full assessment with minimal prompts by supervisor. See page 3 of portfolio for evidence.

**S11 - Use a range of communication approaches in line with people's needs to provide information, advice and solutions to patients, carers, healthcare professionals and those to whom you delegate activity** - I have been able to demonstrate adaptive communication with patients, and actively discuss with supervised physiotherapist a handover of my new patient assessments. See page 7 of portfolio for evidence

**S19 - Reflect on your own practice and learning, actively engage in supervisions, acting on feedback from others, be self-aware and identify areas for your own development** - Josh and I complete regular supervisions which entails progression of my new patient assessments and discussing feedback obtained by physiotherapists. See page 12 of portfolio for evidence.

Improved respiratory assessment (now taking on respiratory patients in community rehab when available) - **S2, S4, K2, K4. See page 4 of portfolio for evidence.**

Improved clinical reasoning with respiratory treatments (shown in decision making/clinical discussion with care team for respiratory patient on EoL care) - **S13, S16, S21, K5. See reflection on pg 5 of portfolio.**

Improved understanding/knowledge around FND (reflected in my assessment/treatment/intervention with very complex case of FND) - **S12, S24, K24**

Understanding of effects of changes in some blood work (can have discussion with patients when low/high calcium/potassium/vit D. - **S12, K5, K22. Pg 7 of portfolio.**

How to build a portfolio of evidence/reflections - **S19, K15 - Portfolio in general!**

## BEHAVIOURS & PERSONAL DEVELOPMENT

**Self-Development** How have you developed personally over the past quarter? For example, confidence, motivation, personal effectiveness, assertiveness, presentation, problem solving, communicating, responding to authority.

**Ownership / Responsibility** What leadership skills are you developing, are you taking the lead in activities and are you assuming and taking control of your areas of responsibility and accountability?

**Team Working** How effective are you working with your peers? What skills are you developing?

**Equality & Respect for Others** Are you acting with respect, tolerance, understanding of cultures and other differences? What have you learned about this since the start? What further information would you like?

**Safety & Wellbeing** Do you continue to feel safe in and out of work? Are you having any difficulties at work with people or your job? Do you need any further advice?

### Self-Development:

- Confidence: more confident as an autonomous practitioner; sharing relevant details of a patient so others have a sound clinical picture within MDT; addressing/working alongside family/carers, sharing appropriate details and how they can help and support; discussing cases with nursing staff and consultants; with my overall MSK and respiratory assessments and treatments; with clinically reasoning when NOT TO treat patients.
- Problem solving - clinical reasoning has improved, understanding of others roles and scopes.

### Ownership/responsibility:

- Leadership skills. Being in charge of caseload and priorities, practicing autonomously in a complex environment with handovers and MDTs with nursing staff and consultants, leading discussion in plans for rehab/physio.
- Had a new member of staff shadow a couple of times over the last few weeks (qualified physio), and I didn't feel nervous about 'teaching' that person things where there was a need. Previously I would have felt uncomfortable. I found it much easier to see where I needed to lead and where I needed to step back so both the new member of staff and patients got the best of those appointments.

### Team working:

- I am more confident with delegating tasks to others - qualified and not qualified. Able to assess what is needed, and consider others scope of practice.
- More comfortable doing so with any role or 'band' rather than feeling unsure.

**Safety & Wellbeing:** No issues, I feel safe in and out of work.

## Other comments, or information about issues which may affect your training

Please can we discuss support for use of referencing software. I am struggling with my laptop.

## The Employer view

The workplace mentor should complete this section in advance of the review so that is not rushed and provides a meaningful evaluation of progress. When completing each section consider what has gone well and not so well. Progress against previous progress review goals and the training plan. Include any information you wish to discuss at the review meeting, information for consideration and any updates needed to the training plan

Please include examples in the sections below and for additional guidance see section 7.

### British values:

Nil to add at this point.

Safeguarding:

No concerns to raise about Sid. He appears to be balancing his work and personal life successfully at present.

Developing Maths:

Sid has been looking at what data is collected in the service about appropriateness of referral urgencies, to inform his research proposal assignment. This has been interesting and led to some challenging discussions amongst the team.

Developing English:

Sid's written English has clearly improved recently. This was noted when completing an Orthotics referral and his use of professional terminology accurately and structuring it as a Physio would using positive and precise voice.

Meeting KSBs:

We have completed a skills scan since the last progress review.

It clearly highlighted skills are being met and which are not, this enables us to work more easily on those needing more input during our mentoring sessions

Of note we have focused upon:

S2 working with an MS patient and advising them and developing skills for moving and handling safely

S3 being sensitive to the needs and preferences of both patient and care givers, especially when both parties have particular care needs and opinions on how these should be best met.

K4 working with the patient and care giver to ensure they had a programme that would enable them to self manage whilst also getting them on board to trial changes that would improve their safety

Effectiveness and efficiency in the workplace:

Bea is confident in completing both Core assessments in person and on System 1 comprehensively and in a timely manner.

She is a valued member of the team and will now work to sort tasks enabling the team to respond to any matters in a timely manner

She is beginning to undertake service triage tasks for the team.

Performance View

Grade 1-10 (where 10 is the apprentice is performing at the expected standard for their stage in training and there are no concerns and 1 is apprentice is not performing to the expected standard for their stage in training and there are concerns about performance for discussion.)

	1	2	3	4	5	6	7	
Standard of Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Punctuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Working with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Attendance

Comment on attendance in the work place, any unplanned absences etc

No unplanned absences since last RV

### Skills & Knowledge

The employer / work-based mentor's view of the apprentice's development in the job since the last review meeting, and from the start of the programme, in terms of their practical and knowledge-based skills.

Strengths and Impact plus Areas for Development:

Sid's increased knowledge will help him with Triage which is something we plan to expand upon.

We now need to work with the team working in their understanding of his role and where he is in his development so he can continue to be challenged to use new skills and knowledge.

### Behaviours & Personal Development

The employer / work-based mentor's view of the apprentice's personal development since the last review meeting, and from the start of the programme

Strengths and Impact plus Areas for Development:

Recently Sid has shown resilience in the face of challenges and uncertainties. He maintains a positive attitude and perseverance, this often helps with managing stress/demands and maintaining productivity.

However, he must identify when he is experiencing caseload overload, and seek for support and adjustments - be them temporary or permanent to ensure workload is sustainable and appropriate.

### Other comments or queries, or information which may affect the apprentice's training

When will future placements be decided and notified?

## The University Representative/ Academic mentor/ Academic Assessor/ Tutor's view

**This section should be completed by the university representative in advance of the review so it is not rushed and is a meaningful evaluation of progress. When completing each section consider what has gone well and not so well. Progress against previous progress review goals and the training plan. Include any information you wish to discuss at the review meeting, information for consideration and any updates needed to the training plan.**

**Please include examples in the sections below and for additional guidance see section 7.**

### British values:

Relating to individual liberty and rule of law Sid has been learning about ethical research practices and procedures in SE234.

He has learned about data collection with human subjects and UoE and NHS research ethics procedures.

### Safeguarding:

No concerns have been raised about or by Sid since last progress RV.

### Developing Maths:

In Se234 Sid has been developing understanding of when and how to use basic descriptive and analytical statistical tests. He has been learning about how to collect and present qualitative data sets.

### Developing English:

In Se234 Sid has been developing understanding of and skills in collecting and analysing ( using a theoretical framework) qualitative data. And verbal persuasion skills in delivering presentations about complex ideas such as SE234 research proposal formative and preparation fro SE233 promoting health assignment.

### Meeting KSBs:

Sid has been completing OTJ in relation to the following KSB's:

#### Research Methods:

Use contemporary quality evidence to inform your practice.

Keep up-to-date with developments in physiotherapy practice, models of service delivery and the profession's evidence base

How to search, appraise and use literature and other resources relating to physiotherapy practice

#### Physiotherapy led Interventions:

Use contemporary quality evidence to inform your practice.

Keep up-to-date with developments in physiotherapy practice, models of service delivery and the profession's evidence base

Theories and approaches underpinning holistic assessment, rehabilitation, re-ablement, self-management and behaviour change.

Facilitate learning through designing and delivering activities for patients, students, colleagues etc.

How to design and deliver learning activities for individuals and groups, to meet intended learning outcomes.

How you can share information, findings and ideas with others in a range of formats and through a range of media

### Skills & Knowledge

This should be a general comment on progress in clinical skills and knowledge areas and during placements. It should also include wider skills, any **qualifications and development** and the apprentice's progression in work and readiness for additional responsibilities

Strengths and Impact plus Areas for Development:

Placement 1 is pending and will be the first opportunity to explore his evolving scope of practice, by applying KSB's outside of his routine work setting and context. This will be a great opportunity for gain feedback about his current KSB strengths and weakness.

As you go into placement experiences, keep an open mind to all types the learning opportunities, some of which maybe maybe personally challenging, as well as clinical knowledge and skills challenging

### Behaviours & Personal Development

This should focus on the softer skills, behaviours, and personal development. It should refer to behaviours required in the apprenticeship job role, including understanding of Prevent / Equality & Diversity, as appropriate.

Strengths and Impact plus Areas for Development:

Keep up the good work: Commitment to reading widely is paying off in your module marks!



### Academic Development and Standard of work

This should focus on the apprentice's academic progression, including in English and Maths if relevant.

Strengths and Impact plus Areas for Development:

Sid has completed all academic work and work based tasks to a very good standard since the last progress review. And has passed several summative assessments in developing Self and others and Physio led Interventions modules.

Two themes in assessment feedback as area for improvement are: use of an evidence base to explain where ideas have come from and justify statements of fact. We need much more of this! And try to summarise your sources of information, rather than repeating and quoting them directly.

### Additional Comments, or information which may affect the apprentice's training.

For discussion:

Your OTJ hours are less then I was expecting 0. has something changed for you recently?

Supervision records this year have been very clinical case load focussed, are you aware broader supervision and discussion is needed?

## Programme Satisfaction

## Apprentice

### Satisfaction grades

(1-10 with 10=extremely satisfied)

	1	2	3	4	5	6	7	
General satisfaction with training delivered since the last review meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
General satisfaction with employer's support for the Apprentice since the last review meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	

	Yes	No
If applicable, are you confident the apprentice will complete / reach End Point Assessment on schedule? If no, then a corrective action plan must be recorded in next section.	<input checked="" type="radio"/>	<input type="radio"/>

## Employer/ Work-based mentor/ Assessor

Satisfaction grades

(1-10 with 10=extremely satisfied)

	1	2	3	4	5	6	7	
General satisfaction with training delivered since the last review meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
General satisfaction with Apprentice's progress since the last review meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	

	Yes	No
If applicable, are you confident the apprentice will complete / reach End Point Assessment on schedule? If no, then a corrective action plan must be recorded in next section.	<input checked="" type="radio"/>	<input type="radio"/>

## University representative/ Academic mentor/ Academic tutor/ Reviewer

Satisfaction grades

(1-10 with 10=extremely satisfied)

	1	2	3	4	5	6	7	
General satisfaction with Apprentice's progress since the last review meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
General satisfaction with employer's support for the Apprentice since the last review meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

	Yes	No
If applicable, are you confident the apprentice will complete / reach End Point Assessment on schedule? If no, then a corrective action plan must be recorded in next section.	<input checked="" type="radio"/>	<input type="radio"/>

Actions/targets

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## Review of actions / targets agreed at the last review

### Apprentice

Continue developing S6 ( manage a clinical case load efficiently). For 2 new patients per week, aim to improve efficiency of assessment process/note writing etc so can complete initial appointments in 45 mins by end of Feb, and then 30 mins end of April. **Partially achieved - is managing with 45 mins, but not gotten down to 30 mins. This is acceptable for now and for the foreseeable, aim to increase number of new patients, rather than length of assessment would be more suitable development e.g to 4 per week**

Following a recent clinical incident, Sid would like more confidence in knowledge and understanding of red flag question answers and onward referral pathways. This relates to K2; **Achieved. Shadowed with back and neck service, and discussed red flags and referral pathways during this Caitlin is feeling more confident with it now.**

Complete Skills Scan - **achieved - see ePAD from and supervision record.**

### Employer / work-based mentor

No actions to feedback upon.

### University representative / academic mentor / academic tutor

Placement planning: **South West foundation have been invited to the planning group. Next meeting 26th January.**

**Next actions / targets** - must be Challenging and apply the principles of SMART objectives (Specific, Measurable, Achievable, Realistic & Time-bound) Also indicate 'why' these are important to undertake these actions but also how will these stretch the apprentice.

**1. Agreed actions to support the apprentice's development in the job and off the job (placements / University training). Include date of planned action and person or people responsible.**

Identification of common conditions (shoulder/back/knee and hip) onward care pathways e.g. referral on criteria v's Physio. Evidence base for management of these conditions and current local care pathways.

This is in preparation for being able to lead discussion and agree intervention goals with patients as case load becomes more varied (relating to S1, S2, S7, S11)

### The person or people responsible:

Sid

### Achieve by Date

28 Jan 2025

**2. Agreed actions to support the apprentice's development in the job and off the job (placements / University training). Include date of planned action and person or people responsible.**

Explore further effect of and managing micro aggressions in the workplace . Specifically how to address micro aggressions with patients directly ( in patient's home).Share now knowledge with the team in an appropriate medium/setting. Evidence in epad and/or portfolio as able. S21, S15, S22, K22.

### The person or people responsible:

Sid

### Achieve by Date

28 Jan 2025

**3. Agreed actions to support the apprentice's development in the job and off the job (placements / University training). Include date of planned action and person or people responsible.**

Following growing knowledge in K1-K4: expand the complexity and nature of case load over the holiday to collate evidence in practice for S6, and the growing complexity of case load. Collate evidence of this in portfolio.

This will require engagement with and communication the team to inform their triaging and booking processes.

**The person or people responsible:**

Sid and Jack

**Achieve by Date**

28 Jan 2025

**4. Agreed actions to support the apprentice's development in the job and off the job (placements / University training). Include date of planned action and person or people responsible.**

BLANK

**The person or people responsible:**

No response

**Achieve by Date**

**Review Confirmation**

The parties below agree this is a true record of the review. They have all given their comments openly and honestly regarding the Apprentice's progress toward their learning objectives and have all contributed to agreeing targets.

**Apprentice**

**Full Name:**

cc ccc

**Email:**

cccccccc@nhs.net

**Employer representative / Work-based mentor/ Assessor or Coordinating education supervisor**

**Full Name:**

cc cc

**Email:**

cccccccc@nhs.net

**University representative / Academic mentor / Academic assessor/ Tutor**

**Full Name:**

cc ccccc

**Email:**

cccc@essex.ac.uk

## Additional guidance

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### British values:

These have been written in response to issues outlined in the UK prevent strategy and are the fundamental principles that shape policy and practice. British values are designed as guiding principles of a democratic and free society, which are defined under the **Prevent duty guidance** (<https://www.gov.uk/government/publications/prevent-duty-guidance>) as:

- **Democracy:** Recognition and respect for the democratic process (for example, leadership and accountability, joint decision making, team meetings receiving, and giving feedback, the right to Petition, vote and protest)
- **Rule of Law:** Respect for the rule of law (e.g., Legislation, agreed ways of working, policies and procedures, How the law protects you and others, codes of conduct)
- **Individual Liberty** (e.g., equality and human rights, personal development/career choices, respect and dignity, rights, choices, consent, values and principles)
- **Respect and Tolerance** of others (e.g., Embracing diversity and inclusion, preferences, religion, traditions, heritage, tackling stereotyping, prejudice and discrimination)

### Safeguarding and PREVENT

This typically refers to the safeguarding of the apprentice rather than in clinical practice and support apprentice to identify risks to themselves and others, keeping themselves and others safe. This may include undertaking training, involvement in safeguarding processes, discussions related safeguarding themselves or others and signposting to relevant support and resources. Note: The university has reporting processes for safeguarding students, reporting an incident or concern and how to report a health and wellbeing concern about a student and can be used by staff, students, friends or family.

### Developing maths

Identifying and discussing opportunities where in the programme will they be developing their maths skills e.g., medication calculations, measuring equipment/for environmental adaptations, popliteal height and how/where these are included in the programme. **Note: The development of maths should be considered within the context of your role/setting.**

### Developing English

This should be considered within the context of your role/setting and could include developing skills in facilitating difficult conversations, use of professional terminology, presenting and adapting the language for different audiences, question development and structure to engage service users with initial assessments, writing concise records for interactions with others, report writing.

### Knowledge, Skills, and Behaviours (KSBs) of the apprenticeship standard

All apprenticeships have embedded the KSBs of the relevant apprenticeship standard for their course of study. Where are KSBs embedded within the programme and how do apprentices engage with them, how is progress of the KSBs measured e.g., reviewing PowerPoint presentations, and recognising where these have been taught or discussed in sessions or the workplace? Considering key areas achieved or which requires further development towards meeting these could offer further insight.

### Effectiveness and efficiency in the workplace

This could include but is not exclusive to examples of improved customer service, greater dexterity of doing a particular task or function. An example might be how a skills portfolio is embedded within a specific module to demonstrate these areas and assessed by the work-based mentor. This might also include discussions around career progression and personal development with opportunities for self-reflection and learning demonstrated.

### Readiness for the EPA

This relates to any discussions or preparations towards achieving the apprenticeship requirements for progression and achieving the gateway requirements and recognising where in the programme this will take place during the apprentices' journey. Are all parties aware of the requirements for meeting the gateway for the EPA for the apprenticeship standard related to their course of study? Have any factors which may delay or prevent the apprentice from meeting the requirement and readiness for undertaking the EPA been identified and discussed?

No response