

Degree Apprenticeships



Healthcare
Education
Consortium

A Framework for Recognising Prior Learning in the healthcare sector



A practical guide for employers and providers

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Glossary

CPD	- Continuous Professional Development
HCPC	- Health and Care Professions Council
HEP	- Higher Education Provider
KSB	- Knowledge, Skills and Behaviours
NMC	- Nursing and Midwifery Council
PSRB	- Professional, Statutory and Regulatory Bodies
QAA	- Quality Assurance Agency for Higher Education
RPL	- Overarching term for the Recognition of Prior Learning
RPCL	- Recognition of Prior Certificated Learning
RPEL	- Recognition of Prior Experiential Learning
SEEC	- South East England Credit Consortium
UALL	- Universities Association for Lifelong Learning
UVAC	- University Vocational Awards Council

The Consortium members



Recognition of Prior Learning (RPL)

The Recognition of Prior Learning (RPL) is an overarching term that will be used with this guide. RPL includes both the Recognition of Prior Certificated Learning i.e. learning from prior qualifications and the Recognition of Prior Experiential Learning, i.e. learning from work and other experiences. The Nursing and Midwifery Council (NMC) describe RPL as

‘A process that enables previous certificated or experiential learning to be recognised and accepted as meeting some programme outcomes, this means it includes both theory and practice achievement.’

 NMC, 2024, p19

The Recognition of Prior Certificated Learning makes possible flexible learning paths through degree apprenticeships via apprenticeship progression routes set out in Skills England's [Occupational Maps](#), and NHS qualifications such as the [Senior Healthcare Support Worker](#). It also supports entry into NHS career paths for professionals with relevant university awards. For example, a learner with a BSc in Nutrition is likely to have prior learning relevant to the Dietetics Degree Apprenticeship. The award of credit for certificated learning has a long history with Higher Education Providers (HEP) and is not the focus of this guide, which is concerned with the Recognition of Prior Experiential Learning.

We have been guided in the creation of this document by relevant Professional, Statutory, and Regulatory Bodies (PSRBs) and are particularly grateful to the NMC for their support in the development of the RPL practice guidance. It remains important to consult the relevant PSRB when designing RPL processes in a specific context. For example, the Health and Care Professions Council ([HCPC, p14](#)) require that there are appropriate and effective processes for assessing applicants' prior learning and experience within its Standards of Education and Training (SETs) specifically SET 2. The [NMC](#) limit the recognition of prior learning up to a maximum of 50% of a programme and specifically exclude midwifery from this process.

RPL not only enables the delivery of more efficient education programmes and apprentice training plans, it also opens access to degree apprenticeships for learners who were excluded from or did not require a degree for progress in their early career and have gone on to become experienced healthcare workers. The majority are women and find themselves up against a glass ceiling with no viable alternative for progression in their career. RPL for access to degree apprenticeships aligns perfectly with the employment needs of the healthcare sector, the drive to widen participation, support social mobility, the Skills England agenda and the NHS 10-year Health Plan's ambition to deliver 2,000 nursing apprentices in the next three years- to grow our own workforce.

RPL for healthcare degree apprenticeships

This document provides guidance regarding a range of RPL approaches supporting access to healthcare degree apprenticeships leading to professional registration. While the RPL models illustrated focus on degree apprenticeships, the guidance is also applicable to non-apprenticeship healthcare higher education programmes. Its purpose is to recognise the expertise, competence, knowledge, skills and professional behaviours that individuals have acquired through their experience of working in the healthcare sector including their continuing professional development. RPL can provide opportunities for designing alternative forms of admission to the start of degree apprenticeships and other higher education programmes, lead to the award of academic credit and exemptions from non-credit bearing practice requirements. Each of these forms of recognition – for admissions, practice and credit are included in this guidance.

In supporting HEPs in the development of RPL practices in the healthcare sector we recognise that different institutions have a variety of established practices that may in some cases present barriers to the systematic recognition of prior learning from experience. We aim to offer guidance that provides effective, efficient and quality assured practices that support the recognition of prior experiential learning for the benefit of the healthcare workforce, the healthcare sector and wider society. The guidance provided challenges some of the institutional barriers whilst providing support for colleagues by identifying enabling conditions for RPL and illustrating the ways that RPL can work in specific contexts.

This RPL guidance has three pillars which underpin its aims.

Inclusion and democracy

Challenging exclusion by recognising the knowledge, skills and professional behaviours gained from work in the healthcare sector.

1

Access and participation

Providing career development opportunities for individuals from diverse and under-represented backgrounds.

2

Identity and Empowerment

Valuing and respecting professional identities in regulated professions and building diverse communities of professional learning.

3

RPL enablers for healthcare degree apprenticeships



Policy and regulation

The QAA (2025) have noted that degree apprenticeships exemplify how the recognition of prior learning can be embedded as a system-level requirement. The funding rules for degree apprenticeships require that funding can only be drawn down from the Growth and Skills Levy for new learning. It is mandated that apprentices must each go through an RPL process as part of their Admissions Initial Assessment. HEPs need to meet the Apprenticeship Funding Rules for RPL and clearly evidence an appropriate process, the outcomes of decision making, agreement with employers and any impact on the Training Plan.

The support of the employer

Employers in the regulated healthcare sector require employees in certain roles to have a degree for professional registration. This can operate as a barrier for existing support workers and assistant healthcare practitioners seeking promotion into these roles. NHS employers recognise the value of both higher education and experience combined and operate as gatekeepers in appointing individuals to degree apprenticeship positions. The provision of degree apprenticeships requires an effective partnership between employers and HEPs. This enables HEPs to work closely with employers and design RPL processes which provide an assessment of rich contextualised capabilities as defined in the occupational standard through the required Initial Assessment and Skills Scan processes.

RPL assessment methods that value experience.

Authentic practice-based apprenticeship assessments are central to degree apprenticeships and have provided HEPs with experience in a range of work-based assessment methods that make visible the knowledge, skills and professional behaviours acquired through practice. For example, professional discussions, reflective narratives, learning logs, evidence-based portfolios, and the authentication of competence by employers are widely used on apprenticeships to explore the depth and breadth of knowledge, skills and professional behaviours acquired through work. These lend themselves to RPL assessments enabling a shared understanding of concepts and practices that straddle healthcare and higher education sectors. The valuing of prior learning through RPL assessment is also an important aspect of developing a positive identity for apprentices who have been out of formal education for some time, reinforcing the positive viewpoint that higher education is indeed for 'people like me'.

Curriculum designed to demonstrate occupational competence

Degree apprenticeship programmes are specifically designed to reflect occupational duties, knowledge, skills and behaviours (KSBs) set out in the apprenticeship standard. This provides a clear framework that can be used to benchmark the prior learning that individuals have acquired through work in the healthcare sector. This will help to design programmes where modules/levels/practice elements and KSBs could be recognised through the RPL process. Designing in RPL routes can potentially provide clear entry points for cohorts of experienced individuals from specific roles (Brown and Pokorny, 2025).

"There is a clear need for higher education providers to apply consistent approaches to the recognition of prior experiential learning to meet the needs of healthcare employers and individuals wishing to progress their careers within the sector. This practical guide provides the tools to help achieve this important goal."



Jane Hadfield - National Lead, Talent for Care Apprenticeships and Widening Access, NHS England

Roles and responsibilities

Specific roles and responsibilities are set out in [Government guidance on Apprenticeships: initial assessment to recognise prior learning](#). We have included here some additional considerations.

Higher Education Providers

The [QAA](#) require that policies and procedures for the recognition of prior learning are reliable, fair, transparent and accessible. This may require a specific institutional policy or procedures in line with the requirements for degree apprenticeships. The Initial Assessment and Skills Scan against the KSBs are key to this process. They provide a starting point for identifying potential prior learning for an individual learner.

RPL processes designed by HEPs will need to be timely and appropriate to the assessment of learning from work in practice and credit-bearing contexts. Dialogic assessments such as professional conversations, presentations and narrative portfolios can be helpful in translating and recognising the depth and breadth of learning across contexts by using mediating concepts and questions. Employer testimonials, artefacts, work-based certification, CPD and evidence-based portfolios offer ways to authenticate KSBs acquired through work. RPL assessment for credit is generally graded as pass/fail against learning outcomes/KSBs or criteria informed by level descriptors (e.g., [SEEC Credit Level Descriptors for Higher Education](#)).

Promotion and communication of RPL opportunities and messaging to learners and employers is a central consideration for HEPs. RPL can be daunting for apprentices and designing welcoming, clear and accessible processes with formative feedback opportunities is a key consideration. Support and guidance can be provided online, in person, one-to-one or to groups of learners.

Employers

Employers will need relevant details of the HEP's policy and procedures on prior learning assessment to support prospective apprentices in the evidencing of prior learning and to understand and agree its impact on the Training Plan as part of the compliance, eligibility and onboarding process. In liaising with HEPs to understand RPL opportunities and practices, employers can select from their talent pool employees with the potential for fast-tracking, module-specific credit exemptions or other forms of RPL. It may also be appropriate for employers to liaise with HEPs to design streamlined RPL processes based on established working practices and CPD undertaken at work.

Apprentice

The apprentice will need to understand the purpose of RPL and how it will impact upon their apprenticeship. Having completed Initial Assessment and a Skills Scan the apprentice will work with the HEP and employer to complete the RPL process by the deadline set, responding to any feedback provided.

Examples of RPL

Learning acquired through experience from work can potentially provide evidence that can be recognised for

A

Entry to healthcare programmes

B

Exemption from practice hours

C

Awarding credit and module exemption

The following examples provide illustrations of how RPL might be approached in each of these contexts. These are not intended as prescriptive models but to offer inspiration for developing RPL for specific purposes.

[Continues >](#)


RPL for Entry (no credit awarded)

A

Recognising and facilitating RPL at level 3 provides an alternative approach to enabling individuals who do not meet standard admission requirements, to access higher education healthcare courses, including degree apprenticeships. Institutions may have their own existing alternative admissions processes for this which may for example, involve interviews and written work. The use of an RPL portfolio provides the opportunity to support the recognition of potentially valuable prior experiential learning, through a method that is specifically designed to support the valid, reliable and transparent assessment of this prior learning.

The use of an RPL portfolio creates a framework that allows individuals who may be experienced healthcare workers without formal academic awards post level 2, or who have international awards that are not UK level 3 equivalent, to have their professional learning and experience recognised, validated and assessed against level 3 admissions criteria. By moving beyond standard entry requirements in this way, HEPs can demonstrate that they are supporting widening participation, promoting social mobility and empowering access to degree apprenticeships for individuals with valuable skills, that may have otherwise been excluded.

The following example portfolio for Nursing Apprenticeships and example assessment rubric have been created to support individual learners in demonstrating KSBs against the [SEEC Credit Level Descriptors](#) at level 3.

Example RPL Portfolio requirements to support alternative admission onto a healthcare degree apprenticeship programme

This example RPL Portfolio is intended to support an applicant in demonstrating Knowledge, Skills and Behaviours at level 3 to provide entry to healthcare degree apprenticeship programmes. This example does not include the award of credit. The level 3 Assessment Rubric provided (Appendix 2) is an example of how successful completion of the portfolio evidence requirements can be determined.

NB. Advice for HEP RPL Portfolio reviewers:

Depending on an applicant's experience and the requirement to evidence that they have the capabilities to successfully complete the programme, you may wish to reduce or add to the portfolio evidence requirements.

Level 3 RPL Portfolio of Evidence (Registered Nurse degree apprenticeship)

Task:

The applicant creates a portfolio of evidence that demonstrates level 3 knowledge, skills and behaviours that will be deemed equivalent to the standard level 3 admissions requirements to enter level 4 of the Registered Nurse degree apprenticeship programme.

Instructions to the applicant might include: In your portfolio, please include evidence of the following:

- Certificates of GCSE English Language or English Literature and GCSE Maths at grade C/4 or above, or Level 2 equivalents. Some HEPs may allow you to study and attain level 2 during the first months of attending your programme.
- Evidence of learning through work / practice that you have acquired relevant knowledge, skills and behaviours of your profession at level 3. For example, certificates of completion for in-house CPD.
- Consider your area of practice. Describe the area of practice and detail a proposed change in practice that you think would be of benefit. Drawing on relevant evidence/policy to support decisions, create a justification/rationale for this change in practice, ensuring you highlight how it will support good, safe and effective care.
- Complete a written reflective piece on an experience you have had as a healthcare worker that is about the care of a patient. Reflect on your Knowledge, Skills and Behaviours and how you have demonstrated Commitment, Communication, Courage, Compassion, Competence and Care, within your practice.
- Complete a written reflective piece on an experience you have had as a Healthcare worker where you have used your Knowledge, Skills and Behaviours to support a colleague.

NB: When requiring reflection it is helpful to provide a reflective framework or model. The framework – Experience / Exploration / Sense-making / Implementation (Clarke, 2024: 129-130) (Appendix 1), is one example of several reflective frameworks that could be used to support reflecting on experience.

RPL for Practice Hours (no credit awarded)

B

For experienced apprentices on healthcare degree apprenticeships with stipulated non-credit bearing practice hours, it is important that there is an opportunity to recognise the prior learning that has been achieved within the workplace. Much of this practice learning will be experiential and gained through on-the-job 'doing', attending study days and completing mandatory training within the health and care sector, this may include the Care Certificate. The following process will allow individuals to demonstrate the experiential practice learning that they have gained from working within the healthcare sector and how this learning will be recognised within a Registered Nurse degree apprenticeship.

Recognising prior practice learning (Registered Nurse degree apprenticeship)

A professional conversation, recognising that individuals have different practice learning experience, will allow the recognition of prior learning and development within the workplace. The NMC have agreed that a maximum of 600 practice hours can be awarded through one of three ways:

1. 300 hours could be awarded to those who have completed the Care Certificate while in employment.
2. 300 hours could be awarded to those who have completed the Care Certificate while in employment and a further 300 hours for a successful RPL assessment.
3. 600 hours may be awarded for a successful RPL assessment alone.

To support their application for prior practice learning, individuals could be asked to provide a curriculum vitae, job description and a testimonial from their employer.

Therefore, up to 600 practice hours could be recognised in this example.

Professional conversation:

The aim of the professional conversation is to enable the applicant to demonstrate:

- An awareness of the key aspects of their learning journey and how these have influenced, or may influence, their practice.
- Insight and understanding of the '6 Cs' - Commitment, Communication, Courage, Compassion, Competence and Care - and how they contribute to the delivery of safe and effective care.
- Understanding of the team's role in delivering care.
- Understanding of the professional body's Code.
- Their future and ongoing learning needs.

Assessment:

All applicants could be required to engage in a professional conversation as part of the Admissions Initial Review process to demonstrate their knowledge, skills and behaviours.

When thinking about your questions it is very helpful when assessing a professional conversation to ask focused questions, to provide the questions in advance and to ask the same questions to all applicants. For inclusion, applicants may prepare notes / summary narrative to help prompt them during the conversation. There is no need for a full presentation, but they may wish to bring artefacts such as a book or policy which has been significant in their learning journey.

A simple grid could be developed to record the conversation (see Appendix 3) and the number of practice learning hours awarded through RPL, which will not award a mark or grade, but attaining a pass will enable the student to gain up to 600 hours of practice learning time.

Applicants will need to submit their job description, curriculum vitae and employer verification to support ratification of the professional conversation.

RPL for academic credit

C

Recognition of Prior Learning with accreditation for a placement module (Dietitian degree apprenticeship)

Introduction:

Where relevant learning from work is awarded credit, evidence of prior learning may be demonstrated in relation to specific module learning outcomes, level descriptors, programme learning outcomes; relevant Knowledge, Skills and Behaviours (KSBs) and Professional Standards.

Useful assessment methods may include:

- A professional conversation
- A reflection
- Proficiency mapping
- The module assessment

Supported by an employer, this may be a letter from the employer verifying the apprentice's role and KSBs in the workplace or it may include verification of competency through artefacts/ observations of practice.

If using a professional conversation, [SEEC Credit Level Descriptors](#) can be useful when thinking about the appropriate level of questions. It is very helpful when assessing a professional conversation to ask focused questions to provide the questions in advance and to ask the same questions to all applicants. As inclusive practice you might suggest applicants prepare notes / summary narrative to help prompt them during the conversation.

RPL Assessment Example for a credit-bearing dietetics placement module:

Applicants with experience could, for example, be assessed through a professional conversation with a view to providing credit for a 15-credit level 4 placement module. This would enable applicants to provide specific examples from their practice and for this learning to be explored further in dialogue with admissions tutors. Applicants could also be required to supply additional supporting evidence in the form of artefacts and employer verification.

Illustrative questions (to be provided to learners ahead of time):

Illustrative questions would be derived from, and mapped to, the relevant module learning outcomes and KSBs. For example:

1. Can you please explain how you would gather information and assess a dietetic patient? How do you ensure you act in a non-discriminatory manner, respect and uphold the rights, dignity, values and autonomy of others.
2. How do you act sustainably at work? Why is sustainable practice important?

3. How do you apply confidentiality, information gathering and informed consent in record keeping in your practice?
4. What is the structure and function of the multidisciplinary team? What is the function and role of dietitians in this team?
5. Please explain to me the management/governance structures of your workplace and how they impact you?

Additional evidence could be required from practice artefacts and/or a structured employer testimonial linked to specific KSBs. For example:

- Apply the technique of taking a diet history and synthesise the information to identify the nutritional adequacy of the diet.
- Apply a range of anthropometric and physical assessment measurements and techniques.
- Apply confidentiality, information gathering and informed consent in record keeping in a simulated and practice environment.
- Obtain valid consent, which is voluntary and informed, has due regard to capacity, is proportionate to the circumstances and is appropriately documented.
- The need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support, such as interpreters or translators.
- When disclosure of confidential information may be required.
- Engage in occupational health, including being aware of immunisation requirements.
- Act within the remit of the HCPC Code of Conduct for Students, including applying the principles of reflection to inform dietetic practice.

A summary grid could be developed to record the outcomes of the conversation and the validity of the evidence provided which is generally assessed as pass/fail against the learning outcomes and KSBs, academic level of learning and currency.

Here is some learner feedback for this type of RPL assessment.

"I thought the assessment was good, it felt in depth enough and required a good amount of thought to create the answers. In terms of being credited for the module and impact on work, it's meant I've had the chance to observe and be involved in different clinics and group sessions that I wouldn't normally get to be a part of as they only run on Wednesdays when we'd usually be in uni... [RPL] did take some time to complete, making sure I have given all the right evidence, but it was a good reflection for me personally and my employer too."



FAQs

Question: Can all HEPs use RPL at level 3 in replacement of standard entry requirements?

Answer: Yes. All HEPs can choose to use RPL as equivalent to level 3 entry requirements in replacement of standard admissions criteria.

Question: Is this RPL for entry guidance suitable to be used to support healthcare non-apprenticeship courses?

Answer: Yes, this guidance is appropriate for those healthcare courses that are not apprenticeships, and where individual HEPs deem suitable.

Question: Will participants undertake the RPL Portfolio against Level 3 entry requirements while working in their current role?

Answer: Yes, the individual will remain in role while completing the RPL Portfolio. Employers may wish to recognise this by allocating an amount of protected learning time to enable participants to reflect on their professional practice and complete the requirements of the portfolio.

Question: Typically, how long will it take a participant to complete the RPL Portfolio?

Answer: It is recommended that the RPL Portfolio itself is recognised as work requiring protected study time to complete. The length of time required to complete is dependent upon the individual applicant's length of experience, type of experience and HEP portfolio requirements. It is advised that this will usually require a duration of least one to six months, depending on any protected learning time allocated by the employer.

Question: Will completion of a RPL Portfolio against standard entry requirements at level 3 guarantee a place on an HE healthcare apprenticeship programme?

Answer: No. Completion of these will not guarantee a place on a higher education healthcare apprenticeship programme. The portfolio will be assessed against criteria to determine if your prior learning is equivalent to entry requirements.

Question: How much will it cost to provide the RPL Portfolio against standard entry requirements at level 3?

Answer: Individual HEP's will have bespoke approaches to the costing of this admissions support.

Question: What are the potential benefits for employers that underpin a decision to invest in developing RPL routes?

Answer: The potential benefits for employers are to support the accessibility, participation and retention in the following ways:

- a positive contribution to meeting recruitment targets
- a positive contribution to meeting diversity targets
- a demonstrable investment in existing staff with resulting retention benefits
- establishing clear routes from support worker job roles to better support career progression to registered professions
- the potential for achieving cost reductions associated with recruiting and retaining staff
- the benefit of staff progressing from support worker job roles to registered professions bringing a greater understanding of local healthcare contexts

Question: If someone enters with a Nursing Associate qualification they have their 50% RPL credit for the degree. Can they also undertake RPL for practice hours?

Answer: No because Nursing Associates will bring in over 600 of practice hours within their qualification.

Question: If I am validating a HCPC healthcare regulated course, can I have prior experience recognised?

Answer: Yes, it would be something HCPC would see education providers recognising / implementing themselves. They would then review this and discuss it as part of a new programme's approval case.

Question: Does Ofsted have an interest in RPL on degree apprenticeships?

Answer: Yes, their interest would include how RPL is appropriately reflected in individualised learning plans, as well as how learning, teaching, assessment and support for the apprentice is effective in achieving successful outcomes.

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Appendix 1

Experience, Exploration, Sense-making, Implementation – A Framework to Support Reflection on Experience (EESI)

Reflection means wanting to get to know ‘you’. Being curious about ‘you’ and how you experience your *experiences*. Reflection holds no judgement and is concerned with empowering you to develop greater levels of knowledge about ‘you’ through exploring your experiences, so that you can heighten existing levels of self-awareness.

Consider an experience from your professional practice and using the template below complete a written piece of reflection on an experience you have had in your professional role that is about the care of a patient. Use the prompts on the left-hand side (**you don’t have to use them all, and you may have your own prompts**) at each phase of the EESI framework to ask questions you can explore the answers to, about your experience and practice.

Give yourself permission to move backwards and forwards through the framework this does not have to be undertaken in a linear manner.

Remember this is about you, and this is the time it is ok to refer to ‘I’ and use ‘I’ throughout.

***There will be other people reading this reflection, please take this into account when choosing your experience to reflect on**

EESI	On-experience	Reflection
Experience	<ul style="list-style-type: none"> • What do you think happened? • Who/what else was in your experience with you? • How did you feel before/during/after? • What thoughts did you have before/during/after? • Did you have to prepare or behave in a certain way prior to the experience occurring? • Can you recall the atmosphere? Describe everything about it, even down to aromas you could smell. • Did anything stand out to you? • Were there any influencing factors? • How did you behave? • What did others do? • What do you think of others’ behaviour? 	
Exploration (1 of 2)	<ul style="list-style-type: none"> • What do I now think and feel about the experience? • Why do I think and feel this way? • Was I influenced by my own value set, culture and context? Did I act in a manner consistent with my value set, culture and context? • How did my thoughts and feelings influence my behaviour? • What generated these thoughts and feelings within me? • Had I had previous experiences that influenced this particular experience? If so, in what way? 	

EESI	On-experience	Reflection
Exploration (2 of 2)	<ul style="list-style-type: none"> • How do I think I affected those others in my experience, and why do I think this? • What are my thoughts on how I responded to others? • Why do I think I responded the way I did? • How did other factors such as policy, politics, culture and context influence me in my experience? • What knowledge do I think I had about the experience? Did I utilize this knowledge appropriately? • Did I have enough knowledge? • Are there any different ways to view my experience? • What theory/literature is there that can help me to explore the experience? • How might another person in my experience describe their experience of me and my experience? 	
Sense-making	<ul style="list-style-type: none"> • What do I know about me now, my value set, my beliefs? • What conclusions can I draw about why I behaved the way I did? • What information do I have about how others received me/perceived me? • What information or themes have emerged because of this experience? • Is there anything I know now that I did not know before? • Is there anything I can do now that I could not do before? • What knowledge have I gained from reading the literature and theory? What does this tell me about the themes of my experience, and has it offered any new ways of viewing my experience? • Would I want to have experienced things differently? If so, in what way and why? • What conclusions can I draw about myself? • What conclusions can I draw from how other people would describe their experience of my experience? 	
Implementation	<ul style="list-style-type: none"> • How will what I now know inform my future experiences both professionally and personally? • Are there aspects of me that I would like to develop/embrace/change? If so, how will I do this? • Am I content with myself after this experience? If so, how can I maintain and translate this contentment to other areas of my life? • Am I content with how others view me? How will I maintain this or develop this? • What knowledge of any themes emerging would I wish to know more about? How will I gain this extra knowledge? 	

Clarke, N. M. (2024) *The Student Nurses Guide to Successful Reflection - Ten Essential Ingredients, Second Edition*. McGraw Hill Education. UK

Appendix 2

Example of an RPL Level three assessment rubric for the portfolio.

Criterion	Not Met Expectations	Met Expectations	Exceeded Expectations	Comments
Criterion 1: Structure, Organisation, and Communication of Ideas throughout the portfolio.	<p>The portfolio is poorly organised – it is not clear how the items within connect to the individual's professional area of practice</p> <p>Ideas are not communicated clearly within the independent items in the portfolio.</p> <p>Spelling, punctuation and grammar requires significant review and has affected the quality of the items within the portfolio</p>	<p>The portfolio is organised appropriately - the items within clearly connect to the individual's professional area of practice.</p> <p>Ideas are communicated clearly within the independent items in the portfolio.</p> <p>Spelling, punctuation and grammar enabled good communication of ideas and supports the quality of the items within the portfolio</p>	<p>The portfolio is organised appropriately - the items within clearly connect to the individual's professional area of practice.</p> <p>Ideas are communicated clearly within the independent items in the portfolio, with development and knowledge of practice clearly demonstrated.</p> <p>Spelling, punctuation and grammar enabled excellent communication of ideas and enhances the quality of the items within the portfolio.</p>	
Criterion 2: Knowledge Skills and Behaviours (KSBs) relating to care within the professional area of practice	<p>Has not demonstrated appropriate understanding or use of the KSBs relating to care within their area of professional practice.</p> <p>KSBs are mentioned in a superficial manner.</p> <p>Within the independent items the portfolio does not demonstrate adequate clinical application of the KSBs of the profession.</p>	<p>Has demonstrated appropriate understanding of the KSBs relating to care within their area of professional practice. These KSBs are clearly</p> <p>KSBs are discussed adequately.</p> <p>Within the independent items the portfolio demonstrates adequate clinical application of the KSBs of the profession.</p>	<p>Has demonstrated in-depth understanding of the KSBs relating to care within their area of professional practice.</p> <p>KSBs are discussed in detail.</p> <p>Within the independent items the portfolio demonstrates significant clinical application of the KSBs of the profession.</p>	
Criterion 3: Reflection	<p>Reflections on practice experiences are limited to a description of events.</p> <p>Understanding of how the individual's own morals, values and beliefs influence practice is not evident.</p>	<p>Reflections on practice experiences are at times, exploratory in nature. A clear attempt has been made to use reflective prompts to move through the reflective process.</p> <p>Understanding of how the individual's own morals, values and beliefs influence practice is evident.</p>	<p>Reflections on practice experiences are exploratory in nature. The reflective prompts have been used at all stages to move through the reflective process.</p> <p>Understanding of how the individual's own morals, values and beliefs influence practice is evident throughout.</p>	

Appendix 3

Professional conversation for practice hours

Student Name: _____

Programme and Field: _____

Date of conversation: _____

Name and signature of Conversation Lead: _____

Topic	Achieved	Not achieved	Comments
An awareness of the key aspects of their learning journey and how these have influenced, or may influence, their practice.			
Insight and understanding of the 6 C's and how they contribute to the delivery of safe and effective care.			
Understanding of the team's role in delivering care			
Their future and ongoing learning needs.			
Understanding of the professional body's Code.			
Overall comments:			

About us

We design, develop and deliver high-quality healthcare education programmes

We are a Consortium of six universities: Middlesex University, Hertfordshire University, Kingston University, Greenwich University, Oxford Brookes University and Birmingham City University, working collaboratively to deliver transformational healthcare education for public benefit. We have a track record of working with healthcare employers to design, develop and deliver high-quality healthcare education programmes that are innovative, inclusive and embed the highest professional standards. By working together, we know that we can better meet the needs of healthcare employers.

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