

Education Framework for the Infection Prevention and Control Practitioner (IPC) Workforce

The framework sets standards and identifies learning outcomes for the professional development and growth of the IPC practitioner workforce, promoting confidence and leadership skills to ensure practitioners can lead, challenge, and implement safe standards of IPC practice.



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1. Foreword

The SARS-CoV-2 pandemic highlighted the importance of Infection Prevention and Control (IPC). The contribution of our IPC practitioner workforce continues to be vital as the NHS moves forward in delivering the national commitments outlined in the [NHS Long Term Plan](#), the [UK 5-year action plan for antimicrobial resistance 2019-2024](#), [The UK's 20-year vision for antimicrobial resistance](#) and the [NHS Operating Framework](#).

We must progress the learning from the pandemic, including the recommendations in the Healthcare Safety Investigation Branch's [independent report: COVID-19 transmission in hospitals: management of the risk – a prospective safety investigation](#), to develop a national IPC strategy which includes ambitions to enhance IPC capacity and capability across England.

This Education Framework for IPC Practitioners will form part of a national IPC workforce and education plan. The framework sets out clear outcomes for the development and growth of a skilled workforce, to promote the confidence and leadership skills necessary to ensure practitioners challenge, and effectively support the reliable implementation of safe standards of care for the patients we serve.

The framework supports the [NHS Long Term Workforce Plan](#) in upholding IPC as a valued career option. This framework provides a clear direction for career progression and aims to encourage the recruitment and retention of a skilled IPC workforce. This in turn contributes to the [NHS Patient Safety Strategy](#), supporting and empowering IPC Practitioners with the ability, self-assurance and means to succeed.

I would like to thank all IPC practitioners across the NHS and social care in England for their expertise and commitment to safety. I encourage them and their organisations to use this framework to progress a capable and resilient IPC workforce.

Dame Ruth May,
Chief Nursing Officer, England.

2. Statements of Support

UKHSA are very pleased to have contributed to the Education Framework for the IPC practitioner workforce. This is a valuable resource to support the delivery of consistent IPC practice in healthcare.

Sarah Gigg, Deputy Director Nursing, Midwifery and Allied Health Professionals
UK Health Security Agency

The Infection Prevention Society (IPS) is pleased to support the Education Framework for Infection Prevention and Control (IPC) Practitioners developed by NHS England. As co-contributors to the Education Framework, we are encouraged that the importance of the contribution of the IPC workforce in the strategy to deliver of the NHS Long Term Plan and the Five-year Antimicrobial Resistance National Action Plan has been recognised.

Since its inception, one of the key activities of the IPS has been to deliver IPC-focused education and training for our health and care workforce, the Education Framework is relevant to IPC Practitioners working at all levels, and this is essential if we are to ensure the sustainability of our specialist and valued workforce.

The Education Framework for IPC Practitioners will support the professional development, improve capability and capacity of our IPC teams. In addition, we will continue to support and encourage the formation of a diverse, inclusive and resilient IPC workforce to improve the quality of IPC practice and improve health outcomes.

The Infection Prevention Society (IPS)

The Healthcare Infection Society (HIS) welcomes the production of this Education Framework for the Infection Prevention and Control Practitioner Workforce; a comprehensive plan designed to provide **ALL** healthcare workers with the knowledge and skills they need to prevent and control the spread of infections in healthcare settings.

The Framework provides clear outcomes for the development and growth of a skilled workforce as a basis for multidisciplinary IPC teams and promotes IPC as a career option for a wide range of individuals and gives a clear direction for career progression.

As a learning provider, the educational material and events produced by HIS fit well into this framework. HIS will further utilise this to inform the design and delivery of additional education and training programmes, in line with the Society's current strategic plan, aligning with the distinct levels of practice identified in the Framework.

Sarah Adibi, Chief Executive Officer, Healthcare Infection Society

I am pleased to support the development and introduction of the Education Framework for Infection Prevention and Control (IPC) Practitioners developed by NHS England.

The introduction of this Framework alongside the Infection prevention and control education framework published in March 2023, this now completes the practice and learning expectations of the entire health and care IPC workforce, it presents us with a unique opportunity to support a highly valued and respected group of individuals and teams in delivering high quality IPC practice and improving outcomes for individuals, patients and communities.

[Professor Steve Hams, Chief Nursing Officer, North Bristol NHS Trust](#)

As Chair of the Steering Group which has overseen the work to develop this framework, I am delighted to endorse this NHS England *Education Framework for IPC Practitioners*. The Steering Group have been involved in the co-design of the framework, and as a result it has received overwhelming support.

Many years spent working as a specialist IP practitioner have taught me the importance of effective education and career development for Infection Prevention and Control Practitioners, both in terms of specialist knowledge for practice, and the ability to lead and influence your team, organisations and networks.

I believe this education framework will assist Higher Education Institutions, employers, and IPC Practitioners to develop, support and utilise a range of educational opportunities which better meet the needs of our specialist workforce. The result will be an increasingly well-trained specialist workforce, who are better able to provide the expert advice and leadership needed to protect people from infections across the spectrum of health and social care. Ultimately, this will improve both patient/client safety and staff safety and support increased role satisfaction and staff retention of specialist IPC Practitioners.

[Tracey Cooper, Chair of Education, Workforce & Leadership Steering Group.
Independent Nurse Consultant Infection Prevention, Lecturer in Health Sciences \(Infection Prevention and Control\) Bangor University, Past President IPS](#)

The Independent Healthcare Providers Network (IHPN) welcomes the publication of the NHSE Education Framework for IPC Practitioners.

The framework enhances the development and growth of the Infection Prevention and Control (IPC) practitioner workforce within the NHS and the Independent Sector and will support a more resilient and skilled IPC workforce of the future.

The framework is a crucial step in the right direction in the promotion of consistency in IPC education and practice across health care systems. It will significantly strengthen IPC as a career of choice, as well as helping retain and develop those currently in an IPC role.

We will promote this important framework within our membership to improve practice, reduce infection, and maintain the safety of our patients, while attracting, retaining and developing our current and future workforce.

[Dawn Hodgkins, Director of Regulation, on behalf of Independent Healthcare Partners Network.](#)

3. Introduction and Background

NHS England have committed to deliver the actions outlined in the [NHS Long Term Plan \(2019\)](#) and the [Five-year Antimicrobial Resistance \(AMR\) National Action Plan \(2019\)](#).

NHS England commissioned Skills for Health (SfH) to review and develop an Infection Prevention & Control (IPC) Framework for those individuals who would be considered part of the **IPC Practitioner workforce**, to improve the quality of IPC practice and health outcomes, as well as promote IPC as a positive place to work and increase its reach to those who would consider a career in IPC.

The Framework provides clear outcomes for the development and growth of a skilled workforce, promoting confidence and leadership skills to ensure practitioners can lead, challenge, and implement safe standards of IPC practice for the patients we serve.

This Framework supports the [NHS Long Term Workforce Plan](#) in promoting IPC as a career option for a wide range of individuals, giving clear direction for career progression and supporting recruitment and retention of the IPC workforce. This in turn contributes to the [NHS Patient Safety Strategy](#), supporting and empowering IPC Practitioners with the skills, confidence and mechanisms to improve safety and saving lives.

4. Purpose of Framework

The framework identifies outcomes for the development and growth of the IPC practitioner workforce, to help build confidence and leadership skills to lead, challenge and implement safe standards of IPC practice.

It is important to note this framework is not intended for the wider health and care workforce, a separate framework has been produced for them and can be located here: [IPC Education Framework](#)

Roles and responsibilities for IPC is outside the scope of this document: a national strategy for IPC Workforce and Education is currently being developed and will include a “blueprint” for an IPC service along with defined roles and responsibilities for IPC within an organisation.

The framework identifies **four distinct levels of practice** which create an incremental pathway for the IPC practitioner workforce, ranging from someone starting their IPC career through to someone working at advanced level IPC practice. There is also a section outlining the role of the non-IPC trained Director of Infection Prevention and Control (DIPC).

It is important to note however, the framework **is not suggesting** there are 4 roles/jobs within IPC practice; therefore, individuals may have many more ‘job-steps’ in their overall

IPC career and employers are not limited to the number/types of roles they wish to have in their services.

The framework **aims to support** managers, in growing and developing a skilled workforce as a basis for multidisciplinary teams within health and social care organisations.

The framework will assist with curriculum design and development to support the advancement of IPC practitioner capability and capacity. In turn, this will support the development of a skilled and competent IPC workforce and supporting organisations in maintaining a resilient and sustainable IPC service.

Learning providers and professional training bodies **are encouraged to consider** this document to inform the development of curricula for the courses and training they deliver and qualifications they award.

The framework enables the development of required outcomes for practice and supports professional growth and workforce transformation.

The framework **is not** intended to replace current relevant frameworks but supplement them.

5. Who will be interested in this framework?

Service commissioners

The framework sets out clear expectations about what the IPC practitioner workforce needs to do. The outcomes identified support the development and planning of the workforce to meet need and support a common understanding and expectation of this workforce.

Employers

The framework enables employers and managers to demonstrate that IPC practitioner staff they employ/manage meet the outcomes identified or have developmental plans in place along with the necessary supervision to ensure safety and meet the needs of the service and organisation(s).

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 primary care roles. It can be used as part of appraisal processes.

Education and training providers

Educational 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 outcomes required to make individuals safe and effective members of the workforce.

The framework will inform those who design and deliver training and development opportunities to focus on the key outcomes 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 framework also supports organisational and system wide effectiveness and efficiencies by encouraging the delivery of education and training that is focused on developing identified outcomes and optimises opportunities for interprofessional learning; focused 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.

Current and future staff

The framework promotes IPC as a career option for a wide range of individuals as well as giving a clear sense of the ways in which to progress.

It provides clarity about characteristics and requirements to practice at each level and offers a structure of outcomes that enable practice at each level.

It can be used to conduct formal or informal appraisal, alongside a training needs analysis, comparing current skills and knowledge with required skills and knowledge.

This framework may assist staff in the development of a portfolio of evidence.

6. Structure of the framework

The framework is comprised of three components:

- A. Levels of practice for IPC professionals (with a detailed practice descriptor)
- B. Identified Domains
- C. Outcomes for practice (for each level of practice and identified domain).

These three components are explained in more detail on the following pages.

This framework aims to support the sustainability and growth of the IPC workforce and facilitate the professional development of staff within IPC services. It also provides insight into what characteristics are required to work at each level of practice.

This framework **does not** mandate roles/ or specific jobs; nor does it suggest the amount of remuneration or terms and conditions that maybe associated with jobs/roles which must be dealt with locally by employers.

The framework does; however, identify **potential** roles that **may be** seen at each level of practice.

7. A. Levels of Practice for IPC Professionals



Description of Levels

Each Level of Practice is further detailed by the following Practice Descriptors.

8. A. Practice Descriptors

Practice Descriptor: Introduction Level	
<p>This level describes people for whom IPC is not their main role. This role is taken on in addition to their main role. Staff may or may not be supported by a substantive IPC team or IPC practitioner.</p> <p>People at this level</p> <ul style="list-style-type: none"> • Require knowledge of facts, principles, processes, and general concepts of IPC. • Carry out a wide range of duties and will have some responsibility for the delivery of IPC care, but with further guidance, support, and supervision appropriately available when needed. 	
Indicative learning and development	Potential roles at this level
<p>Appropriate units of learning that enable the capabilities identified to be achieved, for example:</p> <ul style="list-style-type: none"> • Development of relevant IPC clinical practice outcomes; (typically delivered by senior IPC professionals). • Supporting the development and delivery of training events. • Completing audits and supporting quality improvement work. 	<ul style="list-style-type: none"> • Link practitioners. • IPC Champions. • Surveillance staff. • Care home IPC leads. • Administrative roles supporting IPC Teams.

Practice Descriptor: Foundation Level

Staff working at this level will be occupying a role where IPC practice forms the core and substantive part of their role.

All staff at this level

- Will be working towards an IPC qualification/agreed level of training to obtain a comprehensive and thorough knowledge of IPC and can use knowledge to solve problems, make judgements which require analysis and interpretation; however, they will have an awareness of the boundaries of their knowledge.
- Will have responsibility for the delivery of staff training and supporting the development needs of identified staff.
- May carry out a wide range of duties and will have some responsibility for the delivery of care, with guidance and supervision available when needed. They will contribute to service improvement and are responsible for their own self-development.
- Recognise and work within the boundaries of their practice, knowing when and to whom to refer patients/situations. They may delegate work or work with other members of the multidisciplinary team and take accountability for the delegated activity.

Indicative learning and development	Potential roles at this level
<p>Appropriate units of learning that enable the outcomes identified to be achieved, e.g.</p> <ul style="list-style-type: none"> • Further development of relevant IPC and AMS clinical practice knowledge & outcomes. • Principles of leadership and behavioural change. • Principles of data collection, audit, and research. • Facilitating learning events and principles of effective teaching 	<ul style="list-style-type: none"> • Newly appointed IPC practitioner staff. • Surveillance Staff.

Practice Descriptor: Enhanced Level

Enhanced practice registered professionals will have typically completed some form of post graduate education (level 7) (e.g., post-graduate diploma) relevant to their area of practice and role.

Enhanced practice is a level of practice used to describe the practice of highly experienced, knowledgeable IPC professionals.

Staff in this role usually work as part of a multidisciplinary team and apply their enhanced skills, knowledge, and experience to contribute to episodes of care.

Enhanced IPC Practice professionals:

- Provide a high standard of complex, enhanced care for patients, using enhanced levels of clinical judgement, skills, and knowledge.
- Critically evaluate and analyse clinical problems using their expertise and clinical knowledge, seeking out and applying relevant evidence, enhanced clinical assessments, diagnostics, interventions, and equipment to make clinical decisions.
- Deliver complex care in the context of continual change, challenging environments, different models of care delivery, innovation and rapidly evolving technologies using critical analysis and their underpinning knowledge to manage complex interventions.
- Teach and advise others and/or support the multi-disciplinary team to do so.
- Participate in clinical audits, research projects, and implement changes as required, including the development, and updating of practice protocols/guidelines and procedures. They will work within national and local protocols where these exist.
- Continuously update their knowledge, enhance their clinical practice, and provide support, mentoring and supervision of others.
- Recognise and work within the boundaries of their practice, knowing when and to whom to refer patients/situations. They may delegate work or work with other members of the multidisciplinary team and take accountability for the delegated activity.

Indicative learning and development

Potential roles at this level

Appropriate units of learning that enable the outcomes identified to be achieved, for example:

- Evidence of appropriate post-graduate learning in IPC relevant to scope of role; ensuring the outcomes for practice at this level are met.
- Continuing Professional Development (CPD) that enables the delivery of care aligned to role and level of practice.
- Practice Supervisor/Assessor status.
- Leadership, influencing, and behaviour change relevant to role.
- Quality Improvement.

- Specialist infection prevention control practitioner.
- Clinical specialist – infection prevention.
- Healthcare Scientist.

Practice Descriptor: Advanced Level

- Advanced Practice is a level of practice characterised by a high degree of autonomy and complex decision making, that encompasses the four pillars of clinical practice, leadership and management, education, and research.
- Advanced practice is a level of practice in which a practitioner has demonstrated their ability to work autonomously at a high-level (level 7/ Masters level IPC training).
- Advanced Practice embodies the ability to manage clinical IPC care in partnership with individuals, families and carers and the requirement to work in close partnership with all members of the multi-professional team.
- Advanced Practice is designed to transform and modernise pathways of care, enabling the safe and effective sharing of IPC skills across traditional professional boundaries.

Advanced Practitioners

- Demonstrate initiative and are creative in finding solutions to IPC problems.
- Have responsibility for IPC performance and service development.
- Operate in the context of continual change, challenging environments, different models of care delivery, innovation and rapidly evolving technologies using critical analysis and underpinning knowledge to manage complex interventions in relation to IPC.
- Act as a role model, educator, supervisor, coach, and mentor in relation to IPC, seeking to instil and develop the confidence of others.
- Where the IPC Practitioner has completed level 7 IPC training, they may also hold the Deputy/Associate or DIPC (for more information on the DIPC role see Appendix 1).

Indicative learning and development	Potential roles at this level
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<p>Appropriate units of learning that enable the outcomes identified to be achieved, e.g.</p> <ul style="list-style-type: none"> • Advanced-level practice is underpinned by a full post-registration MSc programme that enables the development and demonstration of the capabilities articulated in the <i>multi-professional framework in advanced clinical practice for England</i> (Health Education England, 2017) across the four pillars of practice (clinical, leadership and management, education, and research), including in ways that meet area-specific (IPC) needs. • CPD that is relevant to the scope of role and workplace setting. • Advanced learning in relation to leadership, research, influencing and behaviour change. • The potential for practitioners to demonstrate equivalence of the above through the successful completion of the Centre for Advancing Practice’s e-Portfolio (supported) route. • Potential progression to level 8 (doctoral level) learning/award as part of practitioners’ ongoing development from their advanced practice role, where this fits with workforce development/deployment and service delivery needs. 	<ul style="list-style-type: none"> • Advanced clinical practitioner (IPC). • Non-medical consultant practitioner. • Consultant in Infection specialities (Medical microbiology/ virology/ infectious diseases). • Consultant level practitioner. • Consultant clinical scientist. • Lead Nurse IPC. • Deputy / Associate DIPC (who is trained in IPC). • Infection Control Doctor • IPC trained DIPCs* <p>(Non-IPC trained DIPCs do not fall into this category)</p>
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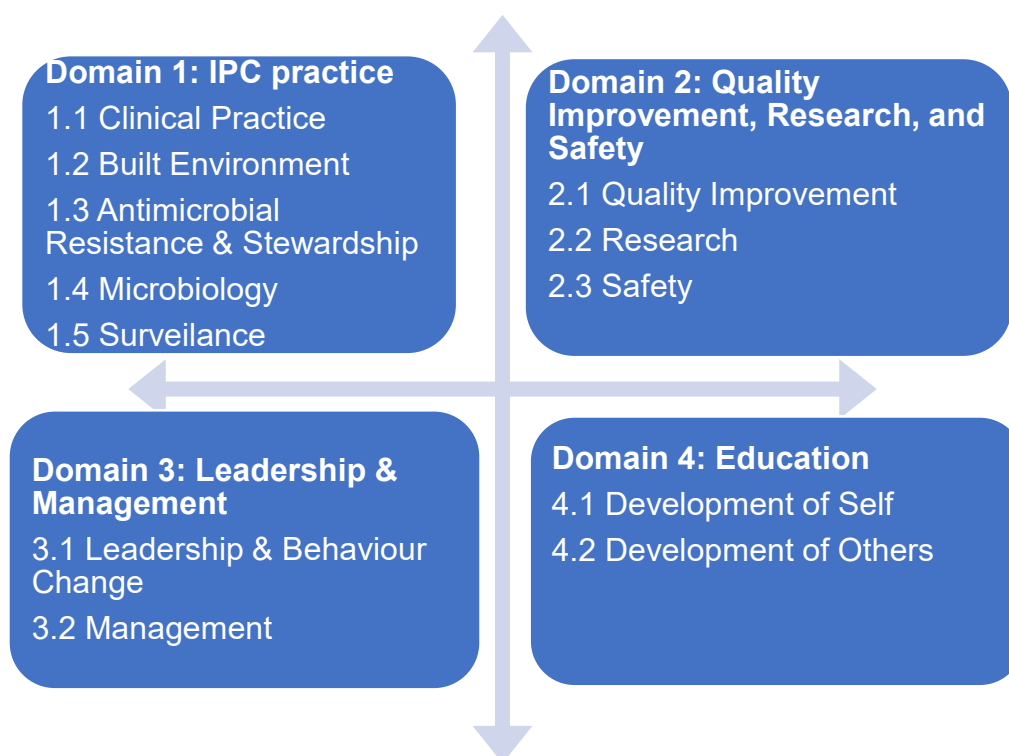
*Further information about the DIPC role can be found in Appendix 1

9. B. Framework Domains

The Framework identifies the following four domains:

- Domain 1. Clinical Practice.
- Domain 2. Quality Improvement, research, and safety.
- Domain 3. Leadership and Management.
- Domain 4. Education.

Within each Domain there are a number of sub-domains as shown below, which are numbered for ease of reference.



10. C. Outcomes for Practice

The framework articulates outcomes for practice necessary for safe and effective IPC care delivery.

They are written at a relatively 'high-level' and allow for the ability to contextualise them to suit the environment of care in which their service operates and the many roles they utilise. It is also for employers to agree a scope of practice and a job description with their employees.

The outcomes for practice **do not** indicate a prescribed pathway or process.

The outcomes for practice are incremental, building across the four practice descriptors (e.g., advanced level statements assumes that those people to whom they are applicable, possess those at preceding levels (to minimise unnecessary repetition)).

Domain 1: IPC Practice				
1.1 Clinical Practice				
The IPC Practitioner will be able to:	Introduction Level	Foundation Level	Enhanced Level	Advanced Level
1. Act as a point of contact on IPC matters.	x	x	x	x
2. Advise on IPC measures related to cleaning, disinfection, and sterilisation processes.	x	x	x	x
3. Establish and maintain good communication with patients/clients/residents and relatives regarding their IPC care.	x	x	x	x
4. Communicate IPC action plans with healthcare staff maintaining appropriate records of work per agreed protocols.	x	x	x	x
5. Always apply Standard Infection Control Precautions, for all individuals (whether infection is known to be present or not), to ensure the safety of everyone.	x	x	x	x
6. Implement on IPC measures related to invasive devices and procedures.	x	x	x	x
7. Utilise current evidence-based guidance, policies, and protocols to inform IPC practice.	x	x	x	x
8. Apply Transmission Based Precautions when indicated by using clinical judgement and making risk assessed decisions based on: <ul style="list-style-type: none"> ▪ Suspected/known infectious agents and the severity of the illness caused. ▪ Transmission route of the infectious agent. ▪ Care setting and procedures undertaken. 	x	x	x	x
9. Encourage individuals to give feedback on guidance, policies, systems, procedures, and practices and how improvements could be made.	x	x	x	x

10. Contribute to and participate in IPC monitoring, audit, and significant event reporting.	x	x	x	x
11. Form respectful relationships with individuals, teams and organisations representing diverse constituencies, seeking regular input to better understand equality, diversity & inclusion issues.	x	x	x	x
12. Plan, monitor and review guidance, policies/procedures designed to promote good IPC.			x	x
13. Recognise circumstances or settings which create barriers to effective delivery of IPC and take appropriate action to overcome these barriers.			x	x
14. Investigate outbreaks using appropriate methods and interpretation of outbreak findings, by working with others to: <ul style="list-style-type: none"> • Establish the case definition. • Identify the parameters of the investigation and the case-finding methodology. • Make hypotheses and identify the source and mode of transmission. 			x	x
15. Undertake IPC assessments of clinical areas, providing feedback, identifying areas of good practice and areas for remedial activity.			x	x
16. Evaluate clinical areas; ensuring any improvement plans are being acted upon.			x	x
17. Develop IPC policies and guidelines, which are evidence-based, clinically relevant and accessible to those who will follow them.			x	x
18. Evaluate IPC assessments, noting trends/patterns at a team/department/organisational level; working with clinical leads and others to embed required changes.				x
19. Lead how IPC risks are managed in unpredictable and complex situations, including where a precedent has not been set.				x

20. Lead the ongoing development of IPC pathways, standards, policies, guidelines, procedures, service improvement and practice accreditation.				X
21. Adapt national guidance, policies, and standard operating procedures to local needs.				X
22. Put in place a joint review of IPC services through peer reviews, audits and evaluations of safety, quality, and health outcomes.				X
23. Establish professional IPC practice across pathways, services, organisations, and systems, working with individuals, families, carers, communities and others.				X
24. Collaborate with key stakeholders to ensure that measures are in place to effectively recognise and respond to an infectious disease threat.				X
25. Ensure IPC is an integral element in formal systems for collecting and reviewing feedback from patients/service users/carers and staff across services are in place; working with service teams to identify and put in place any actions as a result of their feedback.				X
Domain 1: IPC Practice				
1.2 Built Environment				
The IPC Practitioner will be able to:	Introduction Level	Foundation Level	Enhanced Level	Advanced Level
1. Support interventions which tackle climate change and broader sustainability issues, in the context of providing high standards of IPC practice.	X	X	X	X
2. Support estates department, hygiene services and others with IPC advice on cleaning standards and cleaning specifications for the working environment.		X	X	X
3. Engage and collaborate with stakeholders to promote IPC in the built environment.			X	X

4. Complete IPC risk assessments and advise on IPC key measures for the built environment, taking into consideration current building guidance and legislation.			X	X
5. Provide IPC advice on water safety, specialist ventilation, decontamination, personal protective equipment, and investigations.			X	X
6. Assess the potential IPC risks on design, construction and renovation that may impact on patient care and provide recommendations to minimise such risks.				X
7. Audit and monitor implementation of IPC recommendations related to the built environment, reporting, and advising on corrective actions.				X
8. Ensure key services supporting IPC (e.g., cleaning and waste management) are meeting the needs and requirements of the service.				X
Domain 1: IPC Practice				
1.3 Antimicrobial Resistance (AMR) & Antimicrobial Stewardship (AMS)				
The IPC Practitioner will be able to:	Introduction Level	Foundation Level	Enhanced Level	Advanced Level
1. Deliver education in relation to AMR and AMS.	X	X	X	X
2. Apply AMS principles and good practice, using evidence-based guidance and local policies.	X	X	X	X
3. Report patient safety incidents related to antimicrobial use (e.g., hospital admissions for potentially avoidable life-threatening infections, infections with <i>C. difficile</i> or adverse drug reactions such as anaphylaxis).	X	X	X	X
4. Identify, challenge, and take action to rectify and report inappropriate antibiotic prescribing	X	X	X	X

5. Support the implementation of IPC measures and transmission-based precautions when caring for people colonised or infected with resistant microorganisms.	x	x	x	x
6. Support incident reviews and remedial actions related to AMR and AMS.		x	x	x
7. Integrate audit into existing quality improvement programmes in relation to AMR/AMS.			x	x
8. Work collaboratively with key stakeholders in implementing national IPC guidance on Healthcare Associated Infections (HCAIs), AMR and AMS.			x	x
9. Support efforts to minimise AMR, including diagnostic and AMS initiatives, reporting multidrug-resistant microorganisms, according to local and national requirements.				x
10. Use multimodal strategies to implement IPC measures to reduce AMR and HCAIs Infections.				x
11. Enable an effective system for ongoing surveillance and rapid alert/detection of AMR at organisational level.				x
12. Evaluate antimicrobial prescribing and how this relates to local resistance patterns by working with AMS teams and laboratory staff to provide regular feedback to individual prescribers in all care settings.				x
13. Work with AMS and IPC committees to develop and update plans to reduce AMR in healthcare, based on local AMR determinants and data including the consumption of antimicrobial agents.				x



Domain 1: IPC Practice				
1.4 Microbiology				
The IPC Practitioner will be able to:	Introduction Level	Foundation Level	Enhanced Level	Advanced Level
1. Apply knowledge of the microorganisms that cause infection in humans in healthcare and community settings.	X	X	X	X
2. Support with diagnostic and antimicrobial stewardship programmes when required.	X	X	X	X
3. Recognise key characteristics of pathogenicity, transmission, virulence, and other risk factors associated with chain of infection.	X	X	X	X
4. Apply knowledge about clinical manifestation and presentation of infection, diagnostic, laboratory testing and screening methods to interpret reports and advise others in line with organisational protocols and guidance.			X	X
5. Advise in discussions on the microbiological specimens to be taken in specific infection cases and/or outbreaks.			X	X
6. Provide advice and support in applying standard and transmission-based precautions depending on the modes of transmission and virulence patterns identified through microbiological tests.			X	X
7. Communicate in a timely and effective manner about modes of transmission and risks of specific pathogens and necessary microbiological investigations.			X	X



Domain 1: IPC Practice				
1.5 Surveillance				
The IPC Practitioner will be able to:	Introduction Level	Foundation Level	Enhanced Level	Advanced Level
1. Contribute and participate in IPC monitoring, audit, and significant event reporting.	X	X	X	X
2. Use surveillance data to reduce the risk of Healthcare Associated Infections among patients, staff, and others.			X	X
3. Develop protocols for a surveillance programme with clearly defined objectives and goals that are relevant for the target areas, procedure, population, or event of interest.			X	X
4. Work with wider stakeholders to determine organisational priorities for surveillance, based on available evidence and resources.				X
5. Develop plans to collect data: choose surveillance protocols, create or adapt practical data collection forms and identify data collection systems.				X
Domain 2: Quality Improvement, Research, and Safety				
2.1 Quality Improvement				
The IPC Practitioner will be able to:	Introduction Level	Foundation Level	Enhanced Level	Advanced Level
1. Identify opportunities to improve the quality and performance of IPC practice to promote efficacy, safety and improve patient care outcomes.	X	X	X	X

2. Implement a range of identified improvement activities to enhance quality IPC practice – working in partnership with key stakeholders.	x	x	x	x
3. Monitor guidance, policies, systems, procedures, and practices to identify improvements for IPC practice.		x	x	x
4. Evaluate and adapt Quality Improvement (QI) methodologies using a variety of styles to sustain or drive improvements in IPC practice.			x	x
5. Lead collaboration across a wide system of professionals and agencies, fostering collaboration and co-production to ensure IPC practice is optimal.				x
6. Critically evaluate and assimilate relevant IPC data and information from a range of sources to ensure complex decisions regarding IPC practice, reflect the analysis of several different perspectives.				x
7. Lead strategic development, improvement, inquiry and innovation across specific workstreams that informs and responds to system objectives and supports commissioners and senior leaders with their decision-making in IPC practice and service delivery.				x
Domain 2: Quality Improvement, Research, and Safety				
2.2 Research				
The IPC Practitioner will be able to:	Introduction Level	Foundation Level	Enhanced Level	Advanced Level
1. Contribute to the development of new knowledge through supporting research in IPC.		x	x	x
2. Critically evaluate published literature, research studies and application to IPC practice.			x	x

3. Develop a combined approach to practice focused research, academic inquiry and innovation across the IPC service/pathway.			X	X
4. Develop a culture of sharing knowledge that values research, evaluation and academic inquiry & its importance to contemporary IPC practice.			X	X
Domain 2: Quality Improvement, Research, and Safety				
2.3 Safety				
The IPC Practitioner will be able to:	Introduction Level	Foundation level	Enhanced Level	Advanced Level
1. Work with those affected by IPC safety incidents to understand and answer IPC related questions, signposting to additional support as required.	X	X	X	X
2. Use information to identify, monitor and report trends, informing IPC priorities and areas of concern.	X	X	X	X
3. Learn from action and analyse information from IPC reporting systems.		X	X	X
4. Enable an approach to IPC safety that prioritises compassionate engagement with those affected by IPC incidents.			X	X
5. Embed IPC incident responses within a wider system of improvement.				X
6. Initiate activities and measure impact to guide future IPC risk reduction based on experience and awareness.				X
7. Collaborate, support and provide advice to occupational health and health and safety professionals to develop and adapt evidence-based guidance/ national recommendations to undertake risk assessment, inform practice, monitor				X

performance, evaluate practice and respond to situations and adverse incident/s.				
Domain 3: Leadership & Management				
3.1 Leadership & Behaviour Change				
The IPC Practitioner will be able to:	Introduction Level	Foundation Level	Enhanced Level	Advanced Level
1. Support and encourage colleagues in implementing changes relevant to best IPC practice.	x	x	x	x
2. Encourage colleagues to ask questions, make suggestions and seek clarification in relation to the IPC work they have been allocated.	x	x	x	x
3. Provide values-based leadership across the IPC care pathway, services and systems in complex and changing situations.	x	x	x	x
4. Review changes made – identifying any ‘lessons learned’ for future IPC work activities.		x	x	x
5. Critically evaluate the culture present within IPC teams and enable an optimal working environment through positive compassionate role modelling and leadership skills.			x	x
6. Lead change processes: ensuring collaborative working to improve the quality of IPC practice.			x	x
7. Lead with emotional intelligence, in line with NHS constitution values of compassionate leadership to enable individuals/ teams to flourish, grow and deliver high standards of IPC.			x	x

8. Enable others to positively contribute to IPC service improvements and better ways of working, recognising their own role in such endeavours.			X	X
9. Ensure support is made available for staff to be able to innovate IPC practice, balancing such innovation with service requirements and overall clinical safety and effectiveness.				X
10. Lead the development of IPC strategy and ensure collaborative working with others to advocate practice development and improve the quality of care and professionalism of others, upholding the profession in the face of adversity.				X
11. Critically evaluate an outcomes-based approach to IPC practice, developing and leading on strategies for dissemination with a wider audience.				X
12. Build and maintain sustainable partnerships across organisations and systems, drawing on standards and best practice evidence to guide decision-making.				X
Domain 3: Leadership & Management				
3.2 Management				
The IPC Practitioner will be able to:	Introduction Level	Foundation Level	Enhanced Level	Advanced Level
1. Allocate work to others by taking account of their skills, knowledge, competence, backgrounds and experience.			X	X
2. Provide opportunities for colleagues and peers to get to know each other's strengths and weaknesses and build mutual respect and trust.			X	X
3. Enable the wider IPC team to positively contribute to better ways of working.			X	X

4. Implement IPC interventions working with multidisciplinary teams, using multimodal strategies, and campaigning as required.			X	X
5. Recruit, interview and appoint team members, align workloads, prioritise, and motivate members of IPC team/s to ensure delivery of high-quality care through excellent teamwork.				X
6. Work collaboratively with key stakeholders in conducting facility/organisational wide IPC risk assessments, developing plans to manage risks as a strategy for compliance with IPC elements of national quality standards.				X
7. Demonstrate an ability to examine problems/situations and find solutions through creative application of knowledge, experience, data, and evidence.				X
8. Coordinate required preparedness and response to requests for advice, education, support, and planning including emerging infectious disease, emergencies, and threats at organisational, system and national level.				X
9. Manage assurance systems and processes to develop robust outcome indicators for clinical practice and other aspects (such as clinical governance).				X
Domain 4: Education				
4.1 Development of self				
The IPC Practitioner will be able to:	Introduction Level	Foundation Level	Enhanced Level	Advanced Level
1. Remain up to date with contemporary IPC practice.	X	X	X	X
2. Engage in a range of appropriate learning and development, continually reflecting on their IPC practice to maximise their capabilities.	X	X	X	X

3. Be open to feedback on IPC practice by colleagues to promote ongoing development.	x	x	x	x
4. Evaluate at appropriate intervals, the current and future requirements of their practice.	x	x	x	x
5. Identify any capability gaps in their IPC practice, agreeing personal development plans with line manager through activities such as induction and appraisal.	x	x	x	x
6. Review and update personal development plans in the light of performance, any development activities undertaken, and any wider changes as identified.	x	x	x	x
Domain 4: Education				
4.2 Development of others				
The IPC Practitioner will be able to:	Introduction Level	Foundation Level	Enhanced Level	Advanced Level
1. Deliver an identified range of IPC education and learning programmes; targeted to meet the needs of the individual learner(s) and the care environment in which they operate.	x	x	x	x
2. Support practice development by acting as a mentor and/or clinical supervisors as appropriate.		x	x	x
3. Contribute to the planning and evaluation of IPC learning activities.		x	x	x
4. Use a range of learning methods and resources to help the learners acquire/develop their IPC practice as identified.		x	x	x
5. Use information gained from learner evaluations to inform the development of future learning activities		x	x	x

6. Deliver rapid training refresher courses in the case of change of policies and/or in special situations, such as during the response to outbreaks and emergencies.		x	x	x
7. Recognise the importance of taking account of career and personal goals when supporting professional development of others.			x	x
8. Advocate for and contribute to a culture of learning to inspire future and existing staff.			x	x
9. Undertake Appraisals with IPC team members and support their Personal Development Plans as appropriate.			x	x
10. Identify collective learning and development needs of the IPC team(s).			x	x
11. Design and develop a suitable range of IPC learning activities/education and learning programmes which equip learners with relevant IPC capabilities needed to deliver safe and effective practice.			x	x
12. Evaluate the effectiveness of learning activities/programmes using appropriate IPC data sets as well as learner feedback.			x	x
13. Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning and support them to address these.			x	x
14. Continually synthesise current practice and wider knowledge to inform IPC learning & development activities.			x	x
15. Build capacity and capability to support learning and collaborate with education service providers and education commissioners to ensure IPC workforce/learner needs are met.				x
16. Lead planning, implementation, and evaluation of educational interventions at a local, regional and national level for individuals, informed by training needs analysis and in response to IPC policy and strategy.				x



Education Framework for the Infection Prevention and Control Practitioner (IPC) Workforce

17. Enable the IPC team to build individual/team/organisational capacity and capability in IPC through work-based and interprofessional learning, and the application of learning to practice.				x
18. Build capacity and capability to support learning and collaborate with education service providers and education commissioners to ensure workforce/learner needs are met.				x

11. Appendix 1 – Directors of Infection Prevention & Control

Whilst this Education Framework focusses on defining levels of practice and not roles; there is one role where it is felt helpful to provide additional clarity – namely Directors of Infection Prevention & Control (DIPC).

DIPCs are accountable for the planning, delivery, and monitoring of IPC services within an organisation in accordance with the [Health and Social Care Act \(2008\) Code of Practice on the prevention and control of infections](#) and other relevant standards.

DIPCs are required to be in place in all registered NHS care providers under current legislation (Health and Social Care Act 2008) and compliance with these regulations is monitored by the Care Quality Commission (CQC).

The Director of Infection Prevention and Control:

- Has executive authority and responsibility for ensuring that strategies are developed and implemented to prevent avoidable healthcare associated infections (HCAIs) at all levels in the organisation and that the organisation meets its requirements; this will include leading on the development and implementation of an effective, organisational wide, IPC service.
- Has executive authority and responsibility for ensuring that strategies are developed and implemented to prevent avoidable healthcare associated infections (HCAIs) at all levels in the organisation and that the organisation meets its requirements; this will include leading on the development and implementation of an effective, organisational wide, IPC service.
- Are accountable to the Board and have a vital role in operational and board level decision making regarding IPC, for example closing/opening of facilities and/or provision of additional capacity.
- The DIPC is responsible for the development and implementation of operational and strategic plans for the IPC service, and for ensuring the development of a progressive and responsive service within a robust clinical governance framework.

It is acknowledged that the professional background of DIPCs is varied across the country and includes Medical, Nursing, Allied Health Professions and Clinical scientists and where IPC is not the principle role of the DIPC, it is really **important** that the DIPC is

supported by a blended workforce of foundation, enhanced and advanced level IPC practitioners, in order to discharge their duties under the current legislation. This will include the DIPC working collaboratively with colleagues, particularly if IPC is not their area of personal expertise, to ensure that their executive function and advocacy is fully informed by appropriate IPC expertise.

Outcomes for Practice for DIPCs
Governance, Assurance and Quality Improvement
1. Responsible for the development and implementation of operational and strategic plans for the IPC service, and for ensuring the development of a progressive and responsive service within a robust clinical governance framework.
2. Has executive authority and responsibility for ensuring that strategies are developed and implemented to prevent avoidable healthcare associated infections (HCAIs) at all levels in the organisation and that the organisation meets its requirements; this will include leading on the development and implementation of an effective, organisational wide, IPC service.
3. Has either has a board executive leadership role (most likely the Chief Nursing Officer or Chief Medical Officer), reporting to the Chief Executive Officer (CEO), or a senior clinical role with direct access to the CEO and Board. They are responsible for providing assurance to the Board that systems and processes are in place and correct policies and procedures are adhered to across the organisation, to ensure safe and effective healthcare.
4. Accountable to the Board and involved in operational and board level decision making regarding IPC e.g., closing/opening of facilities/provision of additional capacity.
5. Is a member of the Board and relevant board sub committees such as Quality Assurance Committee.
6. Ensures IPC is integral in formal systems for collecting and reviewing feedback from patients and service users, carers and staff across services, working with service teams to identify and put in place any action needed as a result of feedback.
7. Reviews changes made – identifying any ‘lessons learned’ for future IPC work activities.

8. Facilitates continuous improvement in relation to IPC which will be demonstrated, in part, by the achievement of national targets, such as MRSA and Clostridium difficile reduction targets, as well as other quality standards.
Leadership and Management
9. Highly visible, authoritative individual, responsible for providing assurance to the Board that systems are in place and correct policies and procedures adhered to across the organisation to ensure safe and effective healthcare.
10. Models a strong, visible presence, open and trusting relationships with both internal and external partners to achieve IPC service objectives, based on a foundation of self-awareness and emotional intelligence.
11. Demonstrates strong executive authority with leadership visibility and presence.
12. Critically evaluate the culture within IPC teams and enable an optimal working environment through positive compassionate role modelling and leadership skills.
13. Provide values-based leadership across the IPC care pathway, services and systems in complex and changing situations.
14. Leads with emotional intelligence, in line with the NHS constitution values of compassionate leadership to enable individuals and team/s to flourish, grow and deliver high standards of IPC practice.
15. Demonstrate understanding and flexibility to support others during uncertainty, as IPC practice continues to evolve on the health agenda and with ever changing demands.
16. Develop a culture of sharing knowledge that values research, evaluation and academic inquiry & its importance to contemporary IPC practice.
17. Provides advice and guidance at all levels of an organisation with a focus on delivery of high quality, safe, effective and person-centred care, achieving the best outcomes for patients.
18. Leads on how IPC risks are managed in unpredictable and complex situations, including where a precedent has not been set.
19. Lead collaboration across a wide system of professionals and agencies, fostering collaboration and co-production to ensure IPC practice is optimal.
20. Lead strategic development, improvement, inquiry and innovation across specific workstreams that informs and responds to system objectives and supports commissioners and senior leaders with their decision-making in IPC practice.

21. Ensure support is available for staff to innovate IPC practice, balancing innovation with service requirements, overall clinical safety and effectiveness.
22. Build and maintain sustainable partnerships across national/international systems, drawing on standards and best practice to guide decision-making.
23. Collaborate with key stakeholders to ensure that measures are in place to effectively recognise and respond to an infectious disease threat.
24. Be open to feedback on IPC practice by colleagues to promote ongoing development.
25. Engage in a range of appropriate learning and development, continually reflecting on their IPC practice to maximise their capabilities.
Strategy and Policy
26. Implements a joint review of IPC services through peer reviews, audits and evaluations of safety, quality and health outcomes.
27. Work with AMS and IPC committees to develop and update plans to reduce AMR in healthcare, based on findings related to local AMR determinants and data including the consumption of antimicrobial agents.
28. Work collaboratively with key stakeholders in implementing national IPC guidance on HCAI, AMR and AMS.
29. Establish IPC practice across pathways, services, organisations and systems, working with individuals, families, carers, communities and others.
30. Ensure key services supporting IPC (e.g., cleaning, waste management) meet the needs and requirements of the service.
31. Engage and collaborate with stakeholders to advocate for IPC in the built environment.
32. Work with wider stakeholders to determine organisational priorities for surveillance, based on available evidence and resources.
33. Develop plans to collect data: choose surveillance protocols, create or adapt practical data collection forms and identify data collection systems.
Standards and Practice

34. Adapt national guidance, policies and standard operating procedures to local organisation's needs.
35. Support and encourage colleagues in implementing changes relevant to best IPC practice.
36. Apply knowledge of the microorganisms that cause infection in humans in healthcare and community settings.
37. Contribute and participate in IPC monitoring, audit, and significant event reporting.
38. Use surveillance data to reduce the risk of Healthcare Associated Infections among patients, staff and others.
39. Be an advocate for AMS best practice and deliver education in relation to AMR/AMS.
40. Apply AMS principles and good practice, using current evidence-based guidance and local policies.
41. Engage with others in implementing change in IPC practice.
42. Support efforts to minimise AMR, including diagnostic and AMS initiatives and reporting of multidrug-resistant microorganisms, according to local and national requirements.
43. Communicate in a timely and effective manner with stakeholders about modes of transmission, risks of specific pathogens and necessary microbiological investigations.
44. Encourage colleagues to ask questions, make suggestions and seek clarification in relation to the IPC work they have been allocated.
45. Enable others to positively contribute to IPC service improvements and better ways of working, recognising their own role in such endeavours.
46. Ensure support is made available for staff to be able to innovate IPC practice, balancing such innovation with service requirements and overall clinical safety and effectiveness.
47. Leads the ongoing development of IPC pathways, standards, policies, guidelines, procedures, service improvement and practice accreditation.

Knowledge, skills, and Behaviors required by DIPCs to support workforce development activities.

Knowledge	Skills	Behaviours
<ul style="list-style-type: none"> • Evidence of continued advanced study/action learning/CPD. • Demonstrable in-depth knowledge of healthcare systems, modern methodology, service redesign and project management. • Demonstrable sound theoretical knowledge to support the clinical aspects of commissioning. • Proven clinical knowledge skills in relation to infection prevention and control including: <ul style="list-style-type: none"> ○ SICPs and TBPs ○ Regulatory requirements for IPC ○ Key national IPC policies, guidance ○ HCAI surveillance and reporting requirements 	<ul style="list-style-type: none"> • Proven advanced clinical skills in relation to infection prevention and control. • Advanced IT and analytical and interpretation skills. • Awareness of the political agenda. • Effective interpersonal and influencing skills. • Demonstrable negotiation skills. • Proven record of effective team leadership. • Able to deal with/respond appropriately to unpredictable emergency situations. • Demonstrated formal presentation skills. • Evidence of excellent relationship skills with partners resulting in demonstrable quality improvements. • Confidence and ability to communicate highly complex/ contentious information with a variety of audiences. • Ability to successfully engage with patients, public and clinicians relating to the field of Infection Prevention and Control and Antimicrobial Stewardship. • Experience of significant budgetary management. 	<ul style="list-style-type: none"> • Self-confidence and personal drive. • Ability to deal with conflicting demands and pressures. • Ability to solve complex problems. • Results focused. • Resilience. • Commitment to equalities in employment and the promotion of diversity in the workplace. • Flexible, positive, outward looking. • Approachable, compassionate • Working collaboratively with colleagues, particularly if IPC is not their area of personal expertise to ensure that their executive function and advocacy is fully informed by appropriate IPC expertise.

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13. Appendix 3. Related frameworks & standards

National Infection Prevention and Control Manual for England (NIPCM)

The NIPCM provides an evidence-based approach to IPC practice across all health and social care in England. This policy manual should be adopted as mandatory guidance in NHS settings or settings where NHS services are delivered, and the principles should be applied in all care settings.

[C1244 National-infection-prevention-and-control-manual-for-England April-2022 v1.1.pdf](#)

Infection Prevention Society Competencies Framework for IPC Practitioners

Competencies for infection prevention and control practitioners (IPCPs) were first introduced by the Infection Control Nurses Association (ICNA) in 2000 and subsequently revised by the Education and Professional Development Committee of the Infection Prevention Society (IPS). IPC competencies provide a framework to enable IPC Practitioners to develop and enhance their knowledge and skills to help increase patient safety and care quality. They can also assist in the design of education programmes; staff appraisal and personal development plans and reviewing team structures and requirements.

<https://www.ips.uk.net/resources/view/IPS-R-QMVNQ2HHNX3P9L6>

NICE Quality standard [QS61] Infection prevention and control

This quality standard covers IPC in adults, young people and children receiving healthcare in primary, community and secondary care settings. It includes preventing healthcare-associated infections that develop because of treatment or from being in a healthcare setting, describing high-quality care in priority areas for improvement: <https://www.nice.org.uk/guidance/qs61>

Multi-professional framework for advanced clinical practice in England

This multi-professional Advanced Clinical Practice (ACP) framework set out a new and bold vision in developing this critical workforce role in a consistent way to ensure safety, quality, and effectiveness. It has been developed for use across all settings including primary care, community care, acute, mental health and learning disabilities. This framework recognises that the health and care system rapidly evolve to deliver innovative models of care, health and care professionals have adapted, to meet the increasing demands of individuals, families and communities.

[multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf \(hee.nhs.uk\)](#)

Health Education England: Enhanced Practice.

Enhanced practice makes a significant and essential contribution to health and care. The Long-Term Plan (2019) signalled the need to realise the full trained potential of the workforce and the need for meaningful career pathways to retain our valued staff in clinical roles.

See here for more information: [Enhanced practice | Health Education England \(hee.nhs.uk\)](#)

Health Education England: Consultant.

Enhanced practice makes a significant and essential contribution to health and care. The Long-Term Plan (2019) signalled the need to realise the full trained potential of the workforce and the need for meaningful career pathways to retain our valued staff in clinical roles.

More information can be found here: [Consultant - Advanced Practice \(hee.nhs.uk\)](#)

Core Skills Training Framework (CSTF)

Since its launch in 2013, the CSTF has become widely regarded as the benchmark for statutory/mandatory training in the health sector. The aim is to help ensure the quality and consistency of such training and to prevent unnecessary duplication of training. The CSTF comprises 11 subjects including Infection Prevention and Control.

Skills for Health and Health Education England are currently working in collaboration to ensure the sustainability of a robust CSTF with agreed requirements for learning outcomes, training standards and frequency of refresher training for NHS Trusts in England. The aim is to ensure CSTF alignment, which is assured and related data which transfers efficiently, safely and accurately between employer organisations. For more information see here: <https://skillsforhealth.org.uk/info-hub/category/cstf-for-nhs-trusts-in-england/>

Care Certificate Standards

The Care Certificate is a set of standards that define foundation knowledge, skills and behaviours expected of roles in the health and social care sectors. Designed with the non-regulated workforce in mind, the Care Certificate was launched in 2015 and developed jointly by Skills for Health and Skills for Care and is based on 15 standards, including:

- Standard 15. Infection prevention and control.

Individuals need to complete all 15 standards before they can be awarded their certificate. Each standard is underpinned by full learning outcomes and assessment criteria.

For further information about the Care Certificate see [Skills for Health](#) and [Skills for Care](#).

National Occupational Standards (NOS)

National Occupational Standards (NOS) are statements of the standards of performance for individuals when carrying out functions in the workplace, together with specifications of the underpinning knowledge and understanding.

NOS are developed for employers by employers through the relevant Sector Skills Council or Standards Setting Organisation.

The following NOS are offered as guidance to help further underpin IPC practice.

Reference	NOS for Infection Prevention & Control
IPC1.2012	Minimise the risk of spreading infection by cleaning, disinfecting and maintaining environments
IPC2.2012	Perform hand hygiene to prevent the spread of infection
IPC3.2012	Clean, disinfect and remove spillages of blood and other body fluids to minimise the risk of infection
IPC5.2012	Minimise the risk of exposure to blood and body fluids while providing care

IPC6.2012	<u>Use personal protective equipment to prevent the spread of infection</u>
IPC7.2012	<u>Safely dispose of healthcare waste, including sharps, to prevent the spread of infection</u>
IPC8.2012	<u>Minimise the risk of spreading infection when transporting and storing health and care related waste</u>
IPC10.2012	<u>Minimise the risk of spreading infection when transporting clean and used linen</u>
IPC11.2012	<u>Minimise the risk of spreading infection when laundering used linen</u>
IPC12.2012	<u>Minimise the risk of spreading infection when storing and using clean linen</u>
IPC13.2012	<u>Provide guidance, resources and support to enable staff to minimise the risk of spreading infection</u>

Additional suites of NOS (such as Leadership & Management) are also available from the [Skills for Health Tools web site.](#)

14. Appendix 4. How the framework was developed

Development of the framework was guided by a 'short life working group' (SLWG) representing key stakeholders including clinical practitioners, professional bodies, and IPC experts.

Oversight of the SLWG was provided via the Education, Workforce and Leadership (EWL) Steering Group.

Initial desk research was undertaken to identify key references, resources and significant themes or issues for consideration – further references and resources continued to be identified during the development of the framework. (See Appendix 2. Bibliography).

Initial iterations of the framework were developed based on the findings of the desk research and consultation with the SLWG.

Subsequently, in June 2023, wide consultation of the framework was undertaken through the networks/contacts of SLWG and other identified stakeholders.

Based on analysis of comments received, further amendments and refinements were undertaken.

15. Acknowledgements

This framework was commissioned by the Infection Prevention and Control (IPC) Team at NHS England and development was guided by a Short Life Working Group (SLWG) chaired by Professor Steve Hams and project management was provided by Andrew Lovegrove, Senior Consultant at Skills for Health.

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Further detail of how the framework was developed is presented in Appendix 4.



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This publication can be made available in a number of alternative formats on request.