



FEDERATION
for INFORMATICS
PROFESSIONALS

Schedule 6

FED-IP STANDARDS

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AMMENDMENT RECORD

This page is to be used for the purposes of version control. Amendments are to be recorded within the table below and the new version identified. New version numbers are to be added to the right corner of the footer.

Amendment No.	Amendment Details	Date	New Version Number
00	New Document	Nov 17	01/00
01	Branding and copyright statement	Feb 18	01/01

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GLOSSARY

BCS	BCS, the Chartered Institute for IT
CILIP	Chartered Institute for Library and Information Professionals
CIO	Chief Information Officer
CITP	Chartered Information Technology Professional
COACH	Canada's Health Informatics Association
e-CF	European e-Competence Framework
Fed-IP	Federation of Informatics Professionals
HICF	Health Informatics Career Framework
IHRIM	Institute for Health Records and Information Management
IT	Information Technology
KS&IM	Knowledge Services & Information Management
MCLIP	Member of CILIP
NWIS	NHS Wales Informatics Service
NWISDN	North-West Informatics Skills Development Network
PKSB	Professional Skills and Knowledge Base
SFIA	Skills Framework for the Information Age
SOCITM	Society of Information Technology Managers

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EXECUTIVE SUMMARY

1. The Federation for Informatics Professionals (Fed-IP) brings together professional bodies and societies from across the informatics field.
2. Its purpose is to pull communities together, support one another, and build shared professional standards.
3. Health and Care Informatics can broadly be determined through alignment under 2 main headings:
 - a. Information Technology (IT).
 - b. Knowledge Services & Information Management (KS&IM)
4. These main headings will have a few disciplines/specialisms/functions associated with them and each organisation will have roles that broadly fall within these disciplines/specialisms/functions.
5. Surrounding this is Information Governance and Security, which plays a critical role in monitoring, protecting and assuring the application of IT and KS&IM.
6. Using SFIA and PKSB for Health as frameworks for determining transferable skills will provide clarity as to whether a post falls within the health and care informatics profession. A lack of such skills as a requirement for a post would indicate that the post does not. This could be particularly beneficial where a post may have some potentially significant engagement in health and care informatics (Project Management being an example), but where the skills/competences for the post do not reflect this. These frameworks can support the building of a career framework, which will help develop career paths and identify development needs and opportunities.
7. The 4 levels provide a means of supporting a career framework and against which career paths can be developed or managed, with the highest level being designated Digital Leader, providing an expectation that CIOs would be registered. The levels have been developed using several example level descriptors and when applying for registration the evidence against the roles associated competences would need to meet the level descriptors for the level of registration applied for.
8. Context will be assessed through the licensed institutes normal assessment process, drawing on assessors able to make contextual judgements. Details of the context requirements having been derived from the outcomes of the workshops that have been held.
9. Joining the register will require membership of one of the 4 licensed bodies at a level commensurate with the level of institute membership/registration.

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HEALTH AND CARE INFORMATICS STANDARDS REPORT

INTRODUCTION

10. The Federation for Informatics Professionals (Fed-IP) brings together professional bodies and societies from across the informatics field. Its purpose is to pull communities together, support one another, and build shared professional standards. Ultimately, its aim is to support health and care through the best use of information and technology.

11. This paper focuses on building and developing those shared standards for Health and Care Informatics Professionals under Fed-IP.

12. Initial research revolved around the existing UKCHIP standards, previous research conducted by Ian Seward, a report by Paul Lawton, information from international organisations (Australia, America and Canada), engagement with the North-West Informatics Skills Development Network (NWISDN), NHS Wales Informatics Service (NWIS) and conducting 3 workshops with representatives from the Health and Care Informatics profession.

13. This paper draws on the associated research and feedback from an initial strawman, outlining the findings and proposing the levels of registration for Fed-IP and the standards associated with each level. Additionally, it attempts to define Health and Care Informatics in simple terms to better enable determination of roles and functions that fall within the Health Informatics profession.

SCOPE

14. This paper is limited to Health and Care Informatics standards for those from a non-clinical background, although this does not preclude anyone with relevant competence and experience from applying for registration. Clinical Informatics is being addressed by the Faculty for Clinical Informatics (FCI)¹. The Fed-IP operating model is outside the scope of this paper.

RESEARCH FINDINGS

15. There are a host of descriptions of Health and Care Informatics:

‘Health Informatics is the appropriate and innovative application of the concepts and technologies of the information age to improve health care and health.’

<http://www.e-health.standards.org.au/ABOUTIT014/WhatIsHealthInformatics.aspx>

‘The knowledge, skills and tools which enable information to be collected, managed, used and shared to support the delivery of healthcare and promote health’
Department of Health, NHS Digital.

‘The effective use of data, information, knowledge and technology to support and improve health and healthcare delivery,’ *BCS, in relation to the Health Informatics Career Framework (HICF).*

¹ Fed-IP and the Faculty for Clinical Informatics are working collaboratively to ensure cohesion across the informatics field.

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'The intersection of clinical, information management/information technology and management practices to achieve better health' *Canada's Health Informatics Association (COACH)*.

The latter 3 are taken from Visual Management Ltd's (Ian Seward) report dated October 2016 (Health Informatics Professionalism Report).

16. What seems agreed within these definitions is that it is about data, information, knowledge, technology and the improvement of health care. The greater confusion seems to surround who are Health and Care Informatics professionals and this first section attempts to address this by offering a simplistic approach to determining roles that fall within this category.

FUNCTION STRUCTURE

17. In determining the roles that fall within the field of Health and Care Informatics it is important to provide a clear structure. In an early strawman paper an attempt was made to define the functions as:

- a. Enabler
- b. Manipulator
- c. User

This paper now attempts to provide clarity to that structure in terms that relate better to the roles that fall within these functions. Therefore, 4 functions are explored below:

- a. Enabler – Information Technology.
- b. Manipulator – Knowledge Services and Information Management.
- c. User – End User.
- d. Information Governance and Security.

Information Governance and Security is generally captured under Information Management, but it is believed that it is of such importance to both functions that it should be identified separately.

The following attempts to explain this structure, however it is important to note that the possible roles identified are just examples and not an exhaustive list. Also, this breakdown is an attempt to aid understanding of which roles fall within health and care informatics, rather than an attempt to split these functions. It is recognised that there may be considerable overlap in many of these areas and therefore the focus is on identifying where most of the role falls to aid identification of the appropriate Licensed Institute. Sitting across all functions is the Chief Information Officer (CIO) responsible for strategy and policy across their area of responsibility.

18. INFORMATION TECHNOLOGY: - Any role whereby the primary function is the acquisition, installation, maintenance, management or administration of systems that enable the provision and use of knowledge/information/data systems.

Possible Roles:

IT Management
Systems Development
Software Engineering

Skills may be either:

1. Technical capability in delivering and maintaining the product.
2. Decision making capability and authority, supported by associated technical and organisational knowledge.

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Network Management
Hardware Engineering
*Project Management**
*Training/Education**

**There is a question over whether these functions are part of the Health and Care Informatics workforce, which will be addressed later under allied roles*

19. Information Technologists may also manage and use data/information, however the measure would be the predominant function of the role.

20. **KNOWLEDGE SERVICES AND INFORMATION MANAGEMENT:** - Any role whereby the primary function is the provision, management, input, analysis or translation of data, knowledge or information to support an end user.

Possible Roles:

Business Analysis
Business Intelligence
Information Development
Clinical Coding
Health Records
Data/Information Analytics
Information Management
Knowledge Management
Library Services
Statistics

These roles may be covered by a range of job titles that may not clarify or express the informatics relevance of the post. An example would be Librarian, who would support knowledge management, research, education and maintaining an evidence base.

21. These roles may have an awareness of the IT systems primarily associated with those they employ. They may also have a limited degree of technical skills, associated with the specific systems and tools they are employed in using. Further, they may be engaged in acquisition projects providing Subject Matter Expertise relating to the use and purpose of associated software and systems.

22. **END USER :** - End Users are the recipients of an end-product, which might be used for the purposes of diagnosis, decision making or as straightforward information.

Possible Roles:

Medical Professionals
Clinical Professionals
Public Health Professionals
Allied Health Professionals
Patients
Public

They may be engaged in acquisition projects, providing user perspective and requirements. They may also undertake some limited manipulation of data, without necessarily needing any great knowledge of the system.

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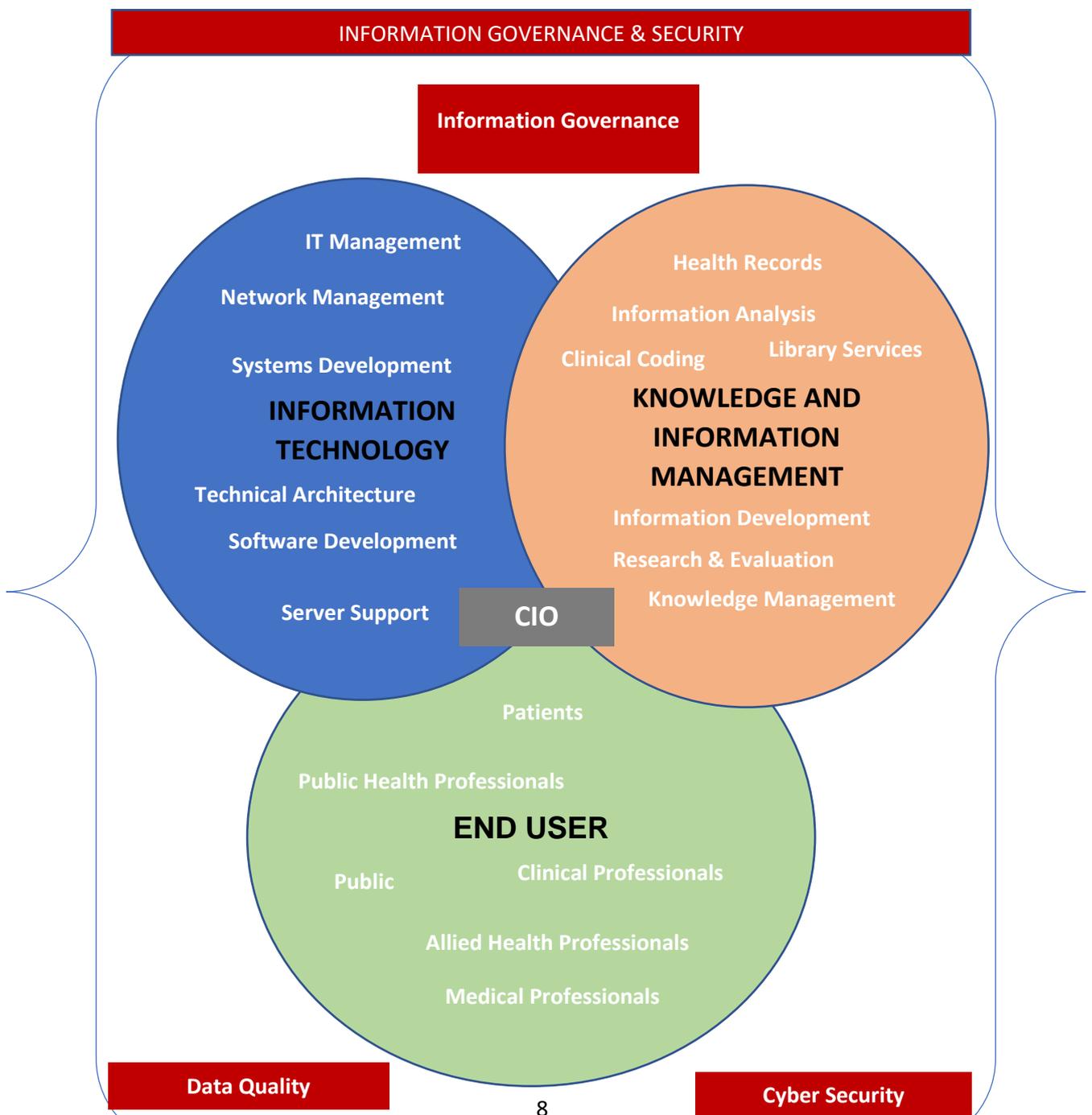
23. **INFORMATION GOVERNANCE AND SECURITY:** These roles focus on the critical aspects associated with information governance and security, such as cybersecurity, data protection and quality management and assurance.

Possible Roles:

Information Governance
Data Quality
Security

Information Governance and Security should be considered with similar importance to that of Clinical Governance.

24. Information Governance and Security surrounds the whole construct, which provides compliance and quality assurance of every aspect associated with data management. It should be considered on the same terms as Clinical Governance, due to the potential impact on patient safety and care should there be a failing within the system.



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ALLIED ROLES

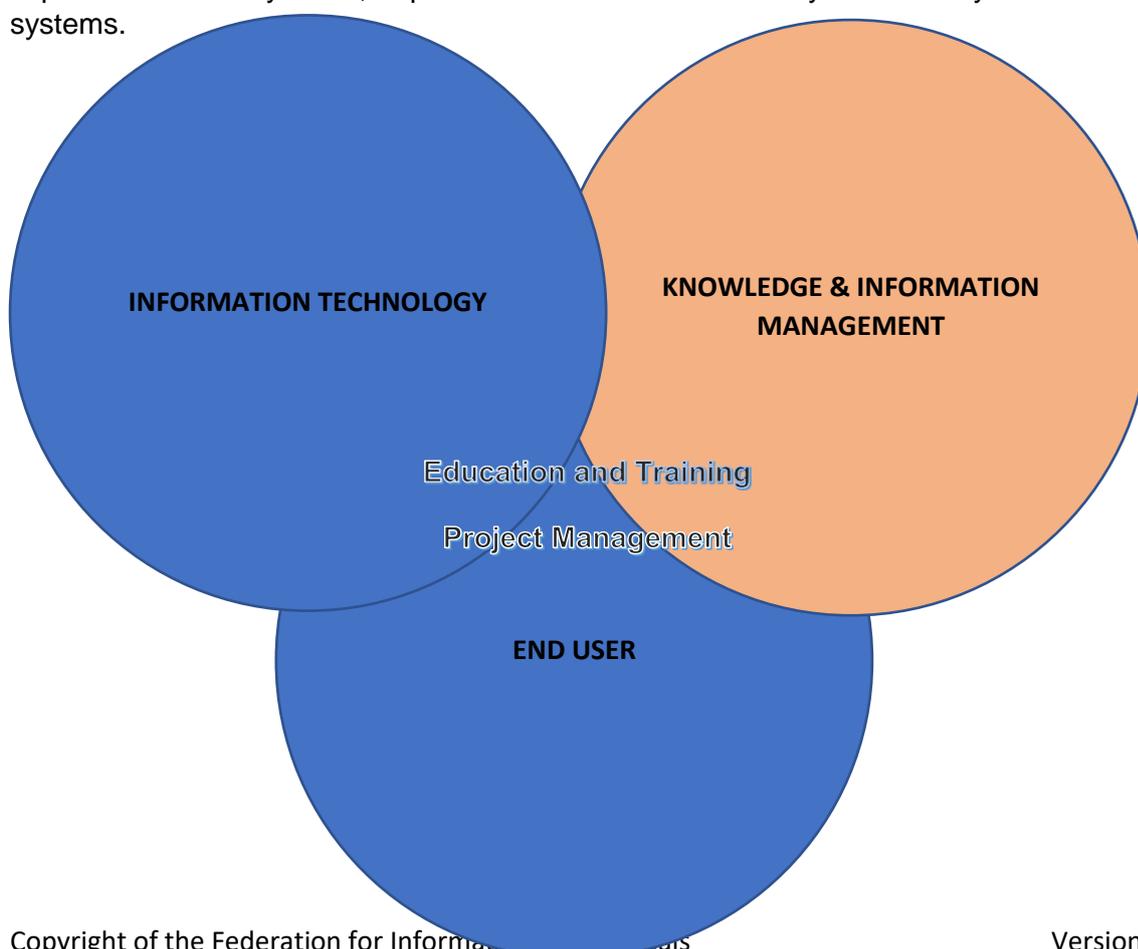
25. There are also some functions that may be wholly, or partly within the Health and Care Informatics profession. Project Management and Education and Training are 2 examples whereby the degree of delivery around Health and Care Informatics should determine the applicability of registration.

26. There are many project management roles within Health and Care, some are titled IT Project Manager and therefore it would seem logical that these roles fall within Health and Care Informatics profession. However, many project management roles deal with a range of projects, some of which may be related to Health and Care Informatics, but it is unlikely that the skills required of these posts are aimed at Health and Care Informatics, but rather at generic project management skills.

27. Similarly, education and training can cover many areas, of which Health and Care Informatics may be a part of the syllabus. Registration would be appropriate where skills required for Health and Care Informatics roles is a significant part of the syllabus, or where particular individuals have responsibility for this training. An example would be Alderhey Hospital, who have an education and training team responsible for:

- a. Providing training and support to enable all Trust staff to use the clinical systems safely and effectively.
- b. Performing testing for new software and processes.
- c. Resolving service desk incidents related to process flow.

28. Both these functions, where relevant to Health and Care Informatics, cross the boundaries of both IT and KS&IM, as they predominantly enable either the acquisition and implementation of systems, or provide staff with the necessary skills to fully utilise such systems.



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DETERMINING HEALTH INFORMATICS ROLES

29. Defining the Health and Care Informatics profession would be significantly improved by a career framework, including identifiable career paths. There currently exists the UK Health Informatics Career Framework (<https://www.hicf.org.uk/>), however this framework does not appear to be widely used and requires a review.
30. To provide clarity within the framework requires the application of skills and competences that can easily translate across roles. The existing framework does not necessarily provide this, as it predominantly draws on a mix of National Occupational Standards, whose transferability across roles is not easily recognisable.
31. There are several options, including National Occupational Standards (NOS), the European e-Competence Framework (e-CF), the Skills Framework for the Information Age (SFIA) and the Professional Knowledge and Skills Base (PKSB) for Health.
32. Although each may have their merits, two of these offer the range of skills that cross both the Information Technology (SFIA) and the Knowledge Services and Information Management (PKSB for Health) fields and therefore, offer sufficient generic transferable skills. This does not preclude the inclusion of other skills and competences to underpin job roles, but recommends that where a SFIA or PKSB for Health skill is appropriate it should be included, as a means of providing clarity relating to transferable skills.
33. This provides benefits both for the individual and the organisation, insomuch as the individual can better plan their career, target opportunities and determine their development needs. The organisation would be better able to determine the skills within the organisation against those required, for the purposes of staff development, succession planning and talent management.

LEVELS

34. Moving onto levels, it was apparent from the previous research conducted and the outcomes of the workshops that there is an expectation and requirement for registration levels. The levels determine the difference in capability and knowledge required, which should be evidenced through demonstration of competence. Further, to offer the relevant kudos and value to registration and registrants it was apparent that Chief Information Officers (CIOs) should be registered with Fed-IP. Given this view a level specifically aimed at, but not necessarily limited to, CIOs has been proposed.
35. Descriptors for the levels have been determined from researching several level descriptors, including the Qualifications and Curriculum Framework and SFIA. The descriptors refer primarily to autonomy, complexity and responsibility. As levels increase so autonomy, complexity and responsibility tend to increase. The Specification that underpins the levels is at Annex B.

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Leading Practitioner

Exercise autonomy within broad parameters. Has authority over all aspects of a significant area of work. Formulation and application of policy. Formulation and implementation of strategy. Address complex, non-routine organisational or sector problems.

Has a full range of strategic leadership and management skills. Has an in depth understanding of the industry and implications of emerging technologies on the wider business environment.

Advanced Practitioner

Exercise autonomy within broad but well defined parameters.

Builds appropriate and effective business relationships.

Performs a range of complex technical/professional work.

Applies fundamental principles in meeting work requirements.

Advises on available standards, methods, tools and applications relevant to own specialism, making appropriate choices from alternatives.

Senior Practitioner

Exercises autonomy within limited parameters.

May have responsibility for the work of others.

Performs a range of work, often complex non-routine technical/professional activities.

identifies, selects and uses appropriate standards, methods, tools and applications.

Practitioner

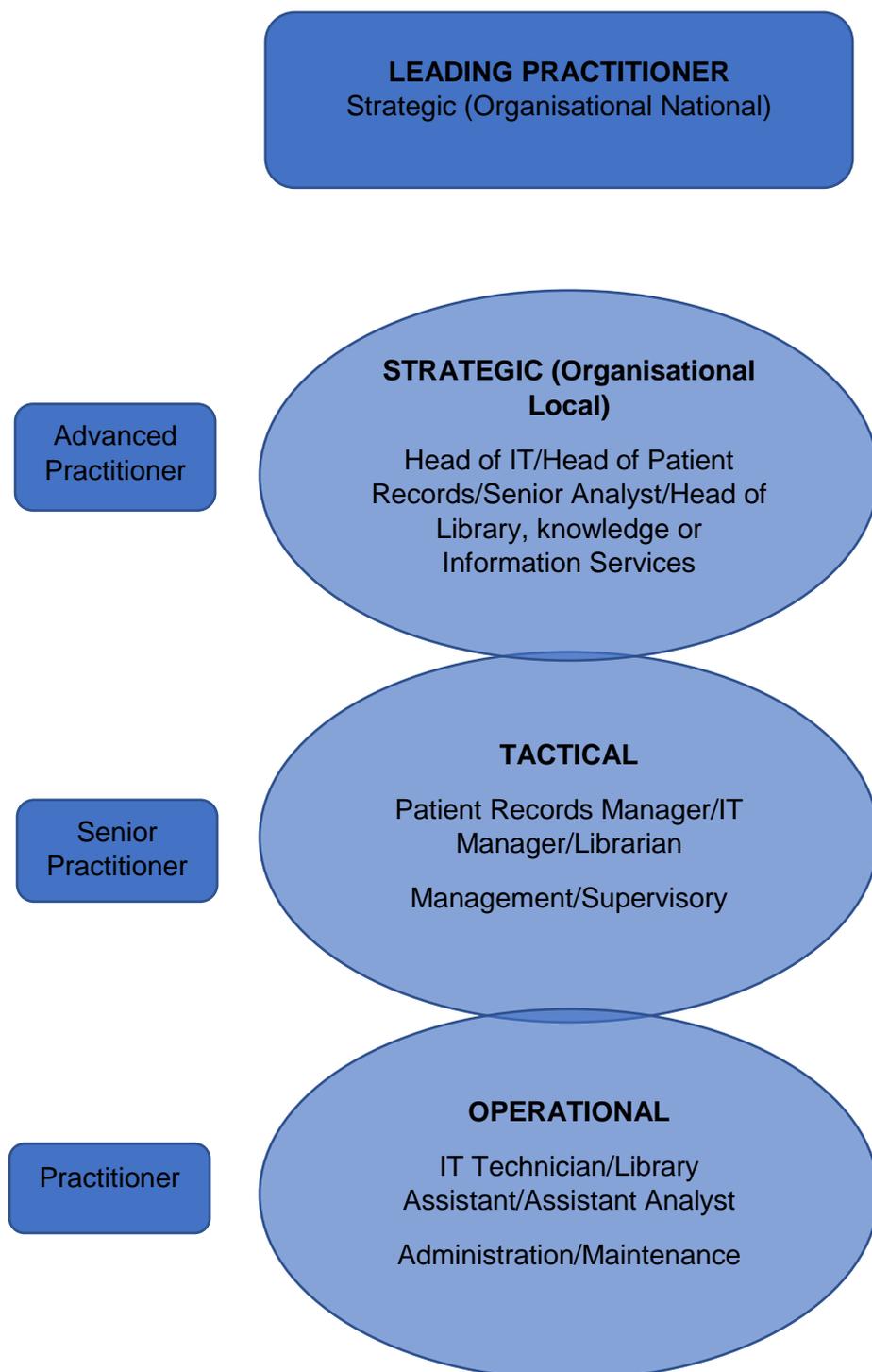
Exercises autonomy subject to overall guidance and direction.

Performs a range of work, sometimes complex and non-routine.

Selects and uses relevant methods and procedures.

Demonstrates an analytical and systematic approach to issue resolution.

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CONTEXT/DOMAIN

36. The prime distinction between a Health and Care Informatics and any other Informatics is the context/domain. Although it could be argued that the distinction in context is no different for any other sector, there appears an issue within health that makes this distinction critical. There are few fields of practice within which the slightest error, at just about any level of the organisation, has the potential to cause injury or even loss of life and for those other industries that do have such potential, the proximity of the risk is remote.

37. Health and Care relies on the confidence and intimate trust the patient/public places on the Health and Social Care professional. Patient decisions are based on information, which must be reliable and valid, consequently this trust should translate back to those that provide the services and sources of this information (Health and Social Care Informatics professionals). Implanting this as the seed of what professionalism means in this sector, taking responsibility for the trust and personal reliance the public places on this information and the impact it has on their health, care and welfare, creates a clear distinction between Health and Social Care informatics and any other field of informatics.

38. The predominant features that arose from the workshops are:

- a. Impact on patient care.
- b. Terminology.
- c. Position within Health and Care (Primary/Secondary Care).
- d. Health and Care informatics and links to other sections.
- e. Awareness of Records Management.

39. There were also other common themes, but these were not necessarily related to the domain, but more generic requirements associated with managing information and associated systems. These are:

- a. Information Governance.
- b. Data Quality.
- c. Data Protection.

40. Anybody employed within Health and Care should have an awareness of these 3 areas, however, as Health and Care Informatics deal with data, information and associated systems on a daily basis, it would be appropriate to expect (or demand) a greater depth of knowledge and evidence of application.

41. Assessment of the context/domain could be covered independently, however this would de-latch this from the assessment of technical and professional competence. To deliver true value and to enable the assessment to be relevant to the individual, assessment should be entwined within the Institute membership assessment. This would enable assessment not only to explore knowledge, but also potential application. This has been included within the specification at Annex B. The challenge with the context is defining detailed criteria, as each will have a different bearing based on the individual and their specific role and responsibilities. Taking terminology into consideration, it may seem simple to define common terminology, however each role will have its own specific terminology and although terminology was raised as an issue through the workshops, it was almost impossible to define what the specific common terminology was. Therefore, the best way to

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initially tackle this is through assessor judgements, with some guidance to aid assessors in those judgements.

42. This would also have the added advantage of limiting the assessment burden on both the organisation and individual. The possible challenge is the ability for the various institutes to identify appropriately qualified specialists to conduct assessments.

JOINING THE REGISTER

43. To join the Fed-IP register requires membership of one of the following 4 institutes:

- a. BCS, the Chartered Institute for IT
- b. CILIP
- c. IHRIM
- d. SOCITM

44. The level of institute membership will be relative to the level of registration applied for and the assessment for that membership level will need to meet the demands of the level of registration. Consequently, this paper does not define the assessment method (outside recommending that the context be included in that method) as it is assumed that the institutes' assessment will meet this requirement.

45. Possible types of evidence that may go some way to meeting requirements are:

- a. Achievement of apprenticeships.
- b. Registered professional status (MCLIP, CITP etc.)
- c. Competence based qualifications.

46. A question that this raises is why an individual cannot register directly with Fed-IP. To enable this Fed-IP would not only need to develop standards, but would also need to develop skills and competences to underpin the standards. This creates 2 significant risks:

- a. There would be significant de-latching of Health and Care Informatics from the rightful broader fields of specialism and the potential sharing of best practice within these areas would be lost.
- b. These skills and competences would need to be maintained and updated, which requires monitoring and engagement with the industry. These institutions already do this, so why create this unnecessary burden.

47. The advantage that the institute approach offers is the range of communities that can be engaged with, both through the institute, sharing best practice with other industries and through Fed-IP, sharing best practice within Health and Care.

POSSIBLE SFIA AND PKSB SKILLS

1. The tables below identify SFIA skills that might be appropriate for roles that fall under the disciplines/specialisms/functions identified in the heading. *(it is not the number of these skills that identify whether the role is a Health Informatics role, but rather the weighting of the skills in relation to the role).*

Information/Knowledge Management		
Code	Skill	Category
DBAD	Database Administration	Service Operation
SCAD	Security Administration	Service Operation
DATM	Data Management	Technical Strategy and Planning
SCTY	Information Security	Information Strategy
INAN	Analytics	Information Strategy
ICPM	Information Content Publishing	Information Strategy
RSCH	Research	Business Strategy and Planning
DTAN	Data Analysis	Systems Development
DBDS	Database Design	Systems Development
INCA	Information Content Authoring	Systems Development
USEV	User Experience Evaluation	User Experience
CSMG	Customer Service Support	Stakeholder Management
QUST	Quality Standards	Quality and Conformance

Information Technology		
Code	Skill	Category
PROG	Programming/Software Development	Systems Development
BUAN	Business Analysis	Business Change Management
TEST	Testing	Systems Development
NTAS	Network Support	Service Operation
HSIN	Systems Installation/Decommissioning	Installation and Integration
PENT	Penetration Testing	Service Operation
HWDE	Hardware Design	Installation and Integration
PORT	Porting/Software Integration	Installation and Integration
ITOP	IT Infrastructure	Service Operation
CORE	Conformance Review	Quality and Conformance
SLMO	Service Level Management	Service Design
PROF	Portfolio, Programme and Project Support	Business Change and Implementation
SCTY	Information Security	Information Strategy
CHMG	Change Management	Service Transition
RELM	Release and Deployment	Service Transition
CFMG	Configuration Management	Service Transition
BSMO	Business Modelling	Business Change Management
REQM	Requirements Definition and Management	Business Change Management
SYSP	System Software	Service Operation
CSMG	Customer Service Support	Stakeholder Management
SCAD	Security Administration	Service Operation
INAN	Analytics	Information Strategy
SINT	Systems Integration	Installation and Integration
ASUP	Application Support	Service Operation
STMG	Storage Management	Service Operation

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DBDS	Database Design	Systems Development
DBAD	Database Administration	Service Operation
UNAN	User Experience Analysis	User Experience
HCEV	User Experience Design	User Experience
USEV	User Experience Evaluation	User Experience

Information Governance		
Code	Skill	Category
QUMG	Quality Management	Quality and Conformance
QUAS	Quality Assurance	Quality and Conformance
QUST	Quality Standards	Quality and Conformance
CORE	Conformance Review	Quality and Conformance
SCTY	Information Security	Information Strategy
SCAD	Security Administration	Service Operation
GOVN	IT Governance	Information Strategy

POSSIBLE PKSB for HEALTH SKILLS

Organising Knowledge and Information	<i>Organising all types of knowledge, information and other resources including the development and use of tools, strategies and protocols.</i>
Knowledge and Information Management	<i>Collecting, organising, storing and exploiting information, data, expertise and other knowledge assets.</i>
Using and exploiting Knowledge and Information	<i>Combining information skills, information content and knowledge to meet the needs of the user community.</i>
Research Skills	<i>Using research techniques and knowledge of information resources to support organisational, client or personal research projects.</i>
Information Governance and Compliance	<i>Developing and adhering to policies and regulations regarding processes and procedures for information use.</i>
Records Management and Archiving	<i>Recording, organising and preserving information records held in a range of formats.</i>
Collection Management and Development	<i>The process of planning, delivering, maintaining and evaluating a programme of stock acquisition and management.</i>
Literacies and Learning	<i>Supporting users and teaching them how to work independently. Incorporates information literacy, reading literacy and digital literacy and learning and teaching skills.</i>

FEDERATION OF INFORMATICS PROFESSIONALS (FED-IP) SPECIFICATION

Practitioner	Senior Practitioner	Advanced Practitioner	Leading Practitioner
<p>Exercises autonomy subject to overall guidance and direction. Performs a range of work, sometimes complex and non-routine. Selects and uses relevant methods and procedures. Demonstrates an analytical and systematic approach to issue resolution.</p>	<p>Exercises autonomy within limited parameters. May have responsibility for the work of others. Performs a range of work, often complex non-routine technical/professional activities. Identifies, selects and uses appropriate standards, methods, tools and applications.</p>	<p>Exercise autonomy within broad but well defined parameters. Builds appropriate and effective business relationships. Performs a range of complex technical/professional work. Applies fundamental principles in meeting work requirements. Advises on available standards, methods, tools and applications relevant to own specialism, making appropriate choices from alternatives.</p>	<p>Exercise autonomy within broad parameters. Has authority over all aspects of a significant area of work. Formulation and application of policy. Formulation and implementation of strategy. Address complex, non-routine organisational problems. Has a full range of strategic leadership and management skills. Has an in depth understanding of the industry and implications of emerging technologies on the wider business environment.</p>

PROFESSIONAL COMPETENCES	This is the criteria that relates to performance and against which competence is to be demonstrated.
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P1.	Undertake Health and Care Informatics tasks relevant to specialism employing appropriate	<i>Potential evidence:</i> <i>Provide example of work that went well, choices made and outcome.</i>	Undertake tasks relevant to specialism identifying, selecting and employing appropriate methods, tools	<i>Potential Evidence:</i> <i>Something that did not go well, why and lessons learned. Or</i>	Contribute to research relating to development of standards and best practice. Provide advice and guidance on selection of appropriate	<i>Potential Evidence:</i> <i>Contribution to research relating to standards and best practice, including how implemented</i>	Research and develop standards and best practice, identifying emerging methods, tools and technique.	<i>Potential Evidence:</i> <i>An improvement in practices that you have instigated across the</i>

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	techniques, methods and procedures.	Or <i>Something that did not go well, why and lessons learned. Related Context:</i> C1, C2	and procedures.	An <i>improvement you made, why and outcome. Related Context:</i> C1, C2	standards, methods and tools, identifying alternatives when necessary.	<i>within your area of specialism. Or Something that went well due to the advice/guidance provided, how this impacted and why. Or Something that did not go well, why and lessons learned and how you would do things differently. Related Context:</i> C1, C2	Develop strategies for implementation.	<i>organisation, resulting from research undertaken. What went well and what did not go so well. Lessons learned and how they were shared. Related Context:</i> C1, C2
P2.	Apply appropriate methods to identify and address problems.	<i>Potential evidence:</i> <i>Demonstrate a problem that you have dealt with, the process followed in resolving and the outcome. Related Context:</i> C1, C2	Apply appropriate methods to identify and address complex problems.	<i>Potential evidence:</i> <i>Demonstrate a problem that you have dealt with, what defined it as complex, the process followed in resolving and the outcome. Related Context:</i> C1, C2	Advise, guide and support team regarding employing appropriate methods to identify and address complex, non-routine problems.	<i>Potential evidence:</i> <i>Demonstrate a complex problem that you have provided support and advice leading towards successful resolution. Related Context:</i> C1, C2	Identify, determine and implement solutions to address complex organisational problems relevant to specialism.	<i>Potential evidence:</i> <i>Demonstrate a complex organisational problem that you have addressed leading towards successful resolution. Related Context:</i> C1, C2
	Organise and use resources	<i>Potential evidence:</i>	Identify, organise and	<i>Potential evidence:</i>	Acquire, manage, organise and use	<i>Potential evidence:</i>	Determine, agree and	<i>Potential evidence:</i>

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P3.	to complete tasks or deliver services efficiently and effectively with due regard to safety, security and quality.	<i>Provide an example of how and when you have utilised resources efficiently and effectively.</i>	use resources to complete tasks or deliver services efficiently and effectively with due regard to safety, security and quality.	<i>Provide an example of how and when you have identified and utilised resources efficiently and effectively.</i>	resources to complete tasks or deliver services efficiently and effectively with due regard to safety, security and quality.	<i>Provide an example when you identified, acquired and utilised resources efficiently and effectively.</i>	authorise acquisition of resources necessary to enable effective and efficient task resolution and/or service delivery, with due regard to safety, security and quality.	<i>Provide an example when you have authorised the acquisition of a resources, demonstrating how the determination was made relating to effectiveness, efficiency and due regard for safety, security and quality.</i>
P4.	Work reliably and effectively without close supervision, to the appropriate codes of practice.	<i>Potential evidence: Can be related to evidence associated with P1 and P2.</i>	Work reliably and effectively without supervision, where appropriate supervising the work of others, to the appropriate codes of practice.	<i>Potential evidence: Can be related to evidence associated with P1 and P2.</i>	Contribute to organisational programs of work, meeting expected outcomes to targets and budget. Manage the work of others, ensuring work is reliable and effective, to the appropriate codes of practice.	<i>Potential evidence: Can be related to evidence associated with P1 and P2.</i>	Initiate and lead with organisational programs of work, assigning project management and monitoring to ensure outcomes are reliable and effective and to the appropriate codes of practice.	<i>Potential evidence: Can be related to evidence associated with P1 and P2.</i>
P5.	Accept responsibility for work of self and others.	<i>Potential evidence: Can be related to evidence associated with P1 and P2.</i>	Accept responsibility for work of self and others.	<i>Potential evidence: Can be related to evidence associated with P1 and P2.</i>	Manage tasks, people and resources to plan and budget.	<i>Potential evidence: Can be related to evidence associated with P1 and P2.</i>	Plan, budget, organise, direct and control tasks, people and resources.	<i>Potential evidence: Can be related to evidence associated with P1 and P2.</i>

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<p>P6.</p>	<p>Use oral, written and electronic methods for communication effectively. Using terminology appropriate to the Health and Care sector.</p>	<p><i>Potential Evidence:</i></p> <p><i>Provide examples of written communications employing relevant terminology. Also, evidence from P1 and P2 may meet examples of oral communication.</i></p> <p><i>Related Context:</i></p> <p><i>C2</i></p>	<p>Use oral, written and electronic methods for communication effectively. Using terminology appropriate to the Health and Care sector.</p>	<p><i>Potential Evidence:</i></p> <p><i>Provide examples of written communications employing relevant terminology. Also, evidence from P1 and P2 may meet examples of oral communication</i></p> <p><i>Related Context:</i></p> <p><i>C2</i></p>	<p>Contribute to research in support of improving Health and Care informatics using oral, written and electronic methods for communication effectively. Ensuring terminology is appropriate to the Health and Care sector.</p>	<p><i>Potential Evidence:</i></p> <p><i>Provide examples of research contributions or communications employing relevant terminology. Also, evidence from P1 and P2 may meet examples of oral communication</i></p> <p><i>Related Context:</i></p> <p><i>C2</i></p>	<p>Engage in research in support of improving Health and Care Informatics using oral, written and electronic methods for communication effectively.</p>	<p><i>Potential Evidence:</i></p> <p><i>Provide examples of research undertaken Also, evidence from P1 and P2 may meet examples of oral communication</i></p> <p><i>Related Context:</i></p> <p><i>C2</i></p>
<p>P7.</p>	<p>Work effectively with colleagues, clients, suppliers or the public, being aware of needs and concerns of others, particularly related to diversity and equality.</p>	<p><i>Potential evidence:</i></p> <p><i>Can be related to evidence associated with P1 and P2.</i></p> <p><i>Related Context:</i></p> <p><i>C2</i></p>	<p>Work effectively with colleagues, clients, suppliers or the public, being aware of needs and concerns of others, particularly related to diversity and equality.</p>	<p><i>Potential evidence:</i></p> <p><i>Can be related to evidence associated with P1 and P2.</i></p> <p><i>Related Context:</i></p> <p><i>C2</i></p>	<p>Create collaborative working relationships between your team/s other departments/sections, clients, suppliers or the public, being aware of needs and concerns of others, particularly related to diversity and equality.</p>	<p><i>Potential evidence:</i></p> <p><i>Can be related to evidence associated with P1 and P2.</i></p> <p><i>Related Context:</i></p> <p><i>C2</i></p>	<p>Act as role model in collaborating and engaging with clients, suppliers and public to deliver better services, being aware of needs and concerns of others, particularly related to diversity and equality.</p>	<p><i>Potential evidence:</i></p> <p><i>Can be related to evidence associated with P1 and P2.</i></p> <p><i>Related Context:</i></p> <p><i>C2</i></p>

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P8.	Comply with the Code of Conduct of your institution.		Comply with the Code of Conduct of your institution.		Comply with the Code of Conduct of your institution.		Comply with the Code of Conduct of your institution.	
P9.	Carry out and record CPD necessary to maintain and improve competence in own area of practice.	<i>Potential evidence:</i> <i>Records of training, seminars, workshops or coaching sessions.</i>	Carry out and record CPD necessary to maintain and improve competence in own area of practice.	<i>Potential evidence:</i> <i>Records of training, seminars, workshops or coaching sessions.</i>	Carry out and record CPD necessary to maintain and improve competence in own area of practice.	<i>Potential evidence:</i> <i>Records of training, seminars, workshops or coaching sessions.</i>	Carry out and record CPD necessary to maintain and improve competence in own area of practice.	<i>Potential evidence:</i> <i>Records of training, seminars, workshops or coaching sessions.</i>
CONTEXT or DOMAIN			This is the evidence that relates to the domain of Health and Care. The outcomes below can be applied to the evidence delivered to meet the professional outcomes above.					
C1	Identify how the role impacts, or has the potential to impact on patient care and well-being.	<p><i>This is about demonstrating an awareness and appreciation of the position of the role within the patient care pathway and recognising the impact that the role has, or can have, on patient care. Be that through provision of information to medical staff towards diagnosis and treatment, accuracy of data regarding patient records, speed of service in providing required information and interoperability of systems to enable effective collection, collation and distribution of information.</i></p> <p><i>Potential Evidence:</i> <i>Evidence of knowledge can be delivered with the evidence for P1 and P2.</i></p>						
C2	Demonstrate a knowledge and awareness of where the role sits within Health and Care. (i.e. Primary, Secondary Care etc..)	<p><i>This is about demonstrating an awareness and appreciation of the position of the role within the organisation and the field of Health and Education. Recognising the impact that the role has across the organisation, including an appreciation of clients, customers and colleagues and the impact the role has on their objectives and needs.</i></p> <p><i>Potential Evidence:</i> <i>Evidence of knowledge can be delivered with the evidence for P1, P2, P6 and P7</i></p>						

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C3	Employ terminology relevant to Health and Care appropriate to the role and environment.	<p><i>This is about using appropriate terminology within day-to-day work, communicating in terms that make sense to others employed within the sector. It is also about recognising the needs of people with whom you interact and employing appropriate terminology, or translating Health and Care terminology when required (i.e. when engaging with patients or clients)</i></p> <p><i>Potential Evidence:</i> <i>Evidence of knowledge can be delivered with the evidence for P1, P2, and P6</i></p>
C4	Identify a range of functions within health and Care informatics and describe how they interact.	<p><i>This is about demonstrate a knowledge and awareness of the community of Health Informatics and the roles and functions within that community.</i></p> <p><i>Potential Evidence:</i> <i>Evidence of knowledge might be delivered with the evidence for P7</i></p>
C5	Comply with Information Governance requirements in relation to role and responsibility.	<p><i>This is about having a knowledge and awareness of Information Governance pertinent to the role and responsibilities, including complying with process and procedure and action taken in event of an issue with processes and procedures or a breach in compliance.</i></p> <p><i>Potential Evidence:</i> <i>Evidence of knowledge can be delivered with the evidence for P1 to P8.</i></p>
C6	Comply with General Data Protection Requirements (GDPR)	<p><i>This is about having a knowledge and awareness of GDPR pertinent to the role and responsibilities, including complying with process and procedure and action taken in event of an issue with processes and procedures or a breach in compliance.</i></p> <p><i>Potential Evidence:</i> <i>Evidence of knowledge can be delivered with the evidence for P1 to P8.</i></p>