

Accreditation of Prior Experiential Learning (APEL)

This is to be completed for all staff joining **UHB** who have completed previous training enabling them to practice a specified core clinical skill. The staff member will be required to provide evidence of competence and to undertake a minimum of one supervised practice with a registered practitioner who is competent in performing the skill. The number of supervised practices will depend upon your confidence to carry out this skill in your new place of work before your assessment. **(APEL is not required for internal staff movement within UHB)**

PRACTITIONER NAME:

WARD/ DEPT/ COMMUNITY:

TEAM:

Please indicate all skills the practitioner has requested APEL for

| Core Clinical Skills | Date | Practice Assessor Signature | UHB ID No: |
|--|------|-----------------------------|----------------------------------|
| Intravenous Therapy (bolus and infusion) | | | |
| Evidence provided | | | Evidence Accepted Y/N |
| Central Venous Access Device (CVAD) Care | | | |
| Evidence provided | | | Evidence Accepted Y/N |
| Peripheral Venous Cannulation | | | |
| Evidence provided | | | Evidence Accepted Y/N |
| Phlebotomy (Venepuncture) | | | |
| Evidence provided | | | Evidence Accepted Y/N |
| 12 Lead ECG Recording (not interpretation) | | | |
| Evidence provided | | | Evidence Accepted Y/N |
| Male Catheterisation | | | |
| Evidence provided | | | Evidence Accepted Y/N |

Record of Competence

1. I have read and understood UHB's guideline for the above skill/ procedure.
2. I have completed at least one observed practice with a Practice Assessor
3. I am confident and competent to perform the above-named skill(s) procedure as per the policy and guidance
4. **I will ensure my completed APEL documentation is uploaded onto easylearning platform.**

PRACTITIONER SIGNATURE:

DATE:

PRACTICE ASSESSOR NAME:

| Core Clinical Skills for all unsuccessful assessment(s) please indicate below with reasons | Practice Assessor Signature |
|--|-----------------------------|
| Intravenous Therapy (bolus and infusion) | |
| Actions | |
| Central Venous Access Device (CVAD) Care | |
| Actions | |
| Peripheral Venous Cannulation | |
| Actions | |
| Venepuncture | |
| Actions | |
| 12 Lead ECG Recording (not interpretation) | |
| Actions | |
| Male Catheterisation | |
| Actions | |

Unsuccessful outcome must be escalated to the staff member's relevant Line Manager