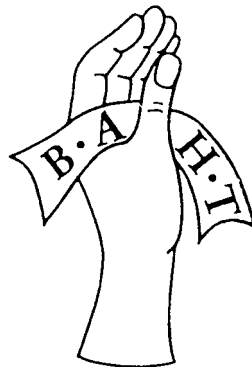


**BRITISH ASSOCIATION OF HAND THERAPISTS**

**ACCREDITATION OF PRIOR LEARNING  
LEVEL II GUIDELINES**



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This Document replaces all previous documents

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## Introduction

The abbreviation **APL** is used throughout this document to cover both the Accreditation of Prior Experiential Learning (APEL) and the Accreditation of Prior Learning (APL), on the assumption that it is the **LEARNING** that is important rather than the *experience which promoted that learning*. Accordingly, and within the context of this document, the learning identified as the outcome of experience and submitted for accreditation must be relevant to the Post-qualification Hand Therapy Education Programme of the British Association of Hand Therapists (BAHT). (Further details of the concept of APL can be found in the Policy Document which is obtainable from the Secretary of the ESC or on the BAHT website).

It is anticipated that therapists with five or more years of practice within the speciality of Hand Therapy will consider applying for APL while pursuing the goal of Accredited Hand Therapist (BAHT).

Therapists of less than five years experience in Hand Therapy are advised to pursue BAHT credit points via attendance at validated courses at Levels I and II, and to submit a paper at Level III.

### Accredited Hand Therapist BAHT

To achieve this you need to have obtained 12 BAHT points. There are three routes for attaining these 12 points:-

1. BAHT validated courses plus prospective Level III
2. APL
3. Combination of 1 and 2

## Achieving BAHT points

Experience	Level I <i>1 point</i>	Level II <i>3 X 2 points = 6</i>	Level III <i>5 points</i>
<b>Less than 2 years</b>	Course	N/A	N/A
<b>2-5 years</b>	Portfolio of evidence	3 courses @ 2 points per course OR may combine with APL route	Prospective work
<b>More than 5 years</b>	Portfolio of evidence	Combination of :- <ul style="list-style-type: none"> <li>• Courses</li> <li>• Educator points</li> <li>• APL</li> </ul>	Prospective work OR via APL route

### 1. Claim for 1 credit point at Level I

One BAHT Credit Point can be claimed by therapists with a minimum of two years experience in any aspect of Hand Therapy. To support this claim, the applicant is expected to submit a verified statement which should be included within the Portfolio of Evidence (PoE). This statement should confirm your continuous and recent experience within the area of hand therapy over a period of two years on a full time basis or its equivalent.

### 2. Claim for credit points at Level II

A maximum of SIX Credit Points can be claimed at Level II. TWO Credit Points at Level II can be claimed for each of THREE DIFFERENT specialist fields within Hand Therapy, for example:

- rheumatoid arthritis of the upper limb
- tendon conditions of the hand
- peripheral nerve conditions of the upper limb
- burns of the upper limb
- Dupuytren's contracture
- elective surgery for hand/upper limb
- (advanced) orthoses for the hand/upper limb
- (other to be identified by the applicant)

*However it is advised that you should not submit for all 6 points concurrently.*

To obtain 2 points at Level II you need to submit a Portfolio of Evidence (PoE) which includes:-

- an extended CV
- testimonies
- One long case study
- One short case study

### 3. Claim for credit points at Level III

To claim 5 points at this level you are required to produce a Portfolio of Evidence (PoE) which includes:-

- an extended CV
- testimonies
- a written paper from one of the following three categories:
  1. Review of pertinent literature
  2. Employment-based report
  3. Presentation of a research project

When you have achieved 12 points you may apply to BAHT ESC for accreditation.

### 4. Fee Structure

Registration fee (for admin costs – payable with initial application)	£ 30
For each 2 points (£80 to 2 assessors, £10 for external validator)	£170
<b>TOTAL</b>	<b>£200</b>

## The APL Process for obtaining Level II BAHT points.

The following table with check boxes should enable the candidate and other parties to follow this process.

No	Action / process	Date completed / sent	Date response received
1	Applicant enquires to ESC re: following the APL route.		
2	Applicant completes short CV and sends these to the BAHT ESC APL co-ordinator, with registration fee of £30.		
3	Application will be considered By BAHT ESC at next meeting		
4	BAHT ESC APL co-ordinator will appoint supervisor and advise due date.		
5	Applicant prepares Portfolio of Evidence (PoE).		
6	Applicant must submit within 12 months of registration unless an extension has been negotiated with the ESC.		
7	TWO copies of the PoE must be submitted.		
8	A copy is sent to each of the Assessors who will evaluate the PoE using the criteria for Level II APL.		
9	The assessors will be required to return the evaluated work within 3 weeks for each 2 points being claimed.		
10	If disparity between assessors the PoE will be submitted to an External Verifier (EV).		
11	The External Verifier submits their independent evaluation to the BAHT ESC and a decision is made as to the number of BAHT points to be awarded.		
12	Applicant is notified of the results by BAHT ESC APL co-ordinator. This will be either PASS or REFER. The candidate receives feedback (front sheet of the marking criteria).		
13	Those which are REFER may resubmit within 6 weeks.		
14	The amended PoE will be evaluated by the same assessors and awarded PASS or FAIL.		
15	An applicant whose PoE fails at this stage and wishes to continue through the APL route will have to return to the start of the process.		

Please note that not all the boxes will apply. Please follow those which are relevant.

### Responsibility of candidate within APL process

1. The candidate has the responsibility for supporting her/his claim with appropriate evidence. It is imperative that reflection on the learning experience is visible and clearly demonstrated throughout the Portfolio of Evidence as this will be an important element of the assessment.
2. The candidate is responsible for contacting the supervisor allocated to them for support.
3. Submitting the portfolio within the agreed timescale.
4. Following guidelines within this document.
5. Ensuring original signed forms are sent with the application and all testimonies.  
(Please do not send any other original documents other than those stated)
6. A copy is kept by the candidate (paperwork cannot be returned)

### Responsibility of the supervisor within the APL process

1. Answer queries on the APL process or refer back to APL co-ordinator as necessary.
2. Discuss possible information to be included in extended CV.
3. Discuss possible case studies.
4. Check draft copy of CV and case studies noting errors and omissions. The advisor is not expected to read and review further versions.
5. Note - the ultimate decision on the final text lies with the candidate; the advisor is not held responsible for the submitted Portfolio of Evidence.
6. It is advisable for the advisor to keep a copy of corrected text and to document issues discussed in case this is required by the BAHT ESC at a later date.
7. There is peer support available for advisors through the BAHT ESC APL co-ordinator if they feel it is necessary.

### Responsibility of the assessor within the APL process

1. It is expected that one assessor will be a clinician and one will be in an academic post and therefore the roles reflect the skills and knowledge of these professional experts.
2. Recognizing the two fields of expertise the assessors may communicate during the evaluation process if this is deemed useful.
3. The role of an assessor cannot be undertaken by the supervisor.
4. The role of an assessor is objectively to assess portfolio claims or other relevant evidence using the assessment criteria provided, and identity of assessor will not be provided to the applicant.
5. They are expected to evaluate the Portfolio of Evidence within the agreed timescale or to contact the BAHT ESC APL co-ordinator if this is not possible.
6. Provide written constructive feedback to the candidate on the front sheet of the marking criteria which will be passed to them from the BAHT ESC APL co-ordinator regardless of outcome.
7. Be available to reassess the Portfolio of Evidence in the event of a refer.

### Responsibility of the External Verifier (EV) within the APL process

1. In the event of disparity between assessors arising,<sup>12</sup> an External Verifier will be appointed by BAHT ESC to independently review the Portfolio of Evidence without knowledge of the assessors' comments.
2. External Verifiers provide to the BAHT ESC APL Co-ordinator a detailed written report and the External Verifier's decision is final.
3. The external verifier will not be a member of the current BAHT ESC.



## Portfolio of Evidence

The purpose of the Portfolio of Evidence is to provide evidence of the applicant's learning and reflections of this learning in relation to hand therapy.

The evidence will:-

- be in written form and apart from hand-written testimonials, some feedback forms, ALL other evidence should be word processed with a minimum of 12 point text;
- be professionally presented and include clear headings and sections;
- be submitted in suitable file to withstand postage and allow ease of evaluation by the assessors. Two copies are required.
- be organized in three sections:-
  - A. Extended Curriculum Vitae (CV)
  - B. Testimonies
  - C. Case study evidence

### A. Extended Curriculum Vitae

The normal demographic data will commence the CV and it may then be wise to use the following headings. The following are given as examples of evidence you may wish to use.

#### 1. Professional Experience

Postgraduate experience in Hand Therapy

- years of experience
- previous appointments, location of work, responsibilities and, where appropriate, reflections
- present post including clinical, educational and managerial responsibilities. This section gives the candidate the opportunity to reflect on their role/s alongside their clinical expertise including assessment and treatment skills.

#### 2. Courses/Qualifications pertinent to Hand Therapy

- qualifications and dates (university, etc.)
- short courses, with subject/field and date(s) attended within the last 10 years.
- BAHT validated courses, with level, if applicable

Wherever practicably possible evidence of the above e.g. Certificates, programmes etc. should be included in an appendix to the CV section.

The assessors are also looking for demonstration of learning from any courses attended. These can be included in the appendix alongside the relevant course.

### 3. Promotion of specialism/Sharing of expertise.

- In-service training planning and involvement
- Teaching both within the Trust and outside.
- Organisation of outside speakers
- Organisation of BAHT validated courses & teaching input
- Experience as an External Representative for BAHT

Wherever practicably possible evidence of the above e.g. programmes, feedback from attendees etc. should be included in an appendix to the CV section.

The assessors are also looking for demonstration of learning from the above.

### 4. Management Skills

- Experience in day-to-day management/organisation of case loads within the Hand Therapy services;
- Experience in supervising other staff e.g. students, support workers;
- Experience in evaluation and audit pertinent to Hand Therapy.

Wherever practicably possible evidence of the above should be included in an appendix to the CV section.

The assessors are also looking for demonstration of learning from the above.

### 5. Personal Contribution to Development of Hand Therapy

- Personal statement by applicant

Other evidence could be:-

- Statement of research studies completed
- Presentations of research findings (publications &/or presentations at conferences)

The assessors are also looking for demonstration of learning from the above.

## B. Testimonies

- For APL evaluation purposes a written testimony should take the form of a short statement provided by someone who is able to judge the worth and quality of the applicant's work, experience and expertise. This may be illustrated by reference to observation of particular incidents.
- The testimony must be on traceable notepaper and provide the name, position & title of the person who has compiled the testimony and be signed and dated by that person.
- Each testimony should reflect a different aspect of the candidate's skills and knowledge pertinent to hand therapy.

### **C. Case study evidence**

As previously stated ONE long case study and ONE short case study are required for each 2 points being claimed. Within each specialist field a different aspect should be presented e.g. if treating tendon injuries the long case study may be a flexor tendon and the short case study an extensor tendon injury.

The case study evidence required in the portfolio to support this claim is expected to demonstrate the applicant's:-

1. knowledge of the pathology and medical management of the hand and its functional application;
2. ability to describe the mechanics of deformity and their implications in the upper limb;
3. ability to discuss the common methods available to the therapist in the assessment and treatment of the hand;
4. ability to discuss the chosen intervention including evidence / rationale;
5. ability to describe relevant surgical options and their therapeutic implications if appropriate;
6. ability to discuss the complications that may result from surgery and the management of these complications if appropriate;
7. ability to use and apply critical reflection and evaluation of treatment and outcomes;
8. ability to respond to the needs of the individual patient as well as to the condition;
9. ability to utilise flexible and creative problem-solving skills;
10. ability to illustrate the financial implications of providing this service.

### **Achieving a Pass mark for the Portfolio of evidence**

See marking criteria tables at the end of this document.

In line with the Level II course marking criteria the candidate must achieve a pass mark of at least 60% in regards to the sections marked as essential (E). If the candidate has a borderline pass/refer the information provided in the desirable section will assist in the decision.

## Presentation of Case studies

One long and one short case study are required to provide evidence of meeting this criterion, related to a specialist aspect of hand therapy. Rather than being purely descriptive, these case studies **must show reflective analysis** of intervention and results, **plus** linkage with pertinent referenced literature.

They must conform to the length, general content and structure/detailed content indicated below. It is expected that the long case study will demonstrate the candidate's ability to draw on referenced evidence and critically review their practice.

**Length - long case study 2,000 to 2,500 words**

**Length - short case study 1,000 to 1,500 words**

The case studies should:-

1. be professionally presented on numbered pages preceded by a list of contents;
2. provide a cover page stating:-
  - name of the applicant
  - purpose of the case study\* e.g. "Evidence in partial support of a claim for BAHT APL credit points at Level II"
  - word count – this should not include reference list, appendices or tables.

*The word count must not exceed the prescribed length by more than 10%. If this limit is exceeded the work will only be assessed up to the 10% excess.*
3. state respective dates of compilation and submission;
4. include a reference list - references must conform to the Vancouver system;
5. include an appendix (may only be appropriate for long case study).

Notes and/or lists may be used to summarise information where appropriate but care must be taken to avoid ambiguity. All passages of continuous prose must be presented in normal sentences.

The organisation of the case studies should follow the headings given below

1. Demographic outline and Referral (route & reasons).
2. Relevant personal, family, social, medical and drug history.
3. Diagnosis of primary condition.
4. Assessment methods and results (including evaluation of tools used).
5. Priorities for considering problems identified, with justification.
6. Goals, therapeutic aims and objectives related to each problem.
7. Selection, analysis and application of activities within client's programme.
8. The interdisciplinary liaison(s) and collaboration(s) recommended.
9. Re-assessment/ progress report(s) with reflection.
10. Grading and modification of activities in response to progress and reflections / evaluations.
11. A summary, which should include evaluation of intervention and activities, reflecting the total context of the case and the future needs of the client.

The case study should cover the following, as applicable,

- deformity due to the condition and/or secondary problems,
- medical interventions/management used,
- surgical interventions/management used,
- complications and their management.

# APPENDIX

## Criteria for marking Portfolio of Evidence – Level II

Name of applicant:				
		PASS	REFER / FAIL	COMMENTS
<b>Presentation of portfolio</b>	E	A well presented piece of work which follows the required format; is carefully and logically organized into 3 sections.  Grammar and spelling are accurate.	Presentation does not follow the required format; is disorganized with inconsistent use of headings or sections. Language not always clear; grammar and spelling poor.	
<b>A. Extended CV</b>				
<b>1. Professional Experience</b>	E	Years of experience in each post stated.	Inconsistent statements regarding years in post.	
	E	Previous appointments, location of work with responsibilities identified with clear reflections.	Previous appointments, location of work listed. Limited description of work responsibilities with little evidence of reflection.	
	E	Clear description of present post including clinical, educational and managerial responsibilities and roles. Evidence of reflection on roles.	Description of present post including clinical, educational and managerial responsibilities and roles is unclear or incomplete. Little evidence of reflection on roles.	
	E	Clear evidence of reflection on personal development of clinical expertise.	Little evidence of reflection on personal development of clinical expertise.	

<b>Name of applicant:</b>				
		<b>PASS</b>	<b>REFER/FAIL</b>	<b>COMMENTS</b>
<b>2. Courses/ Qualifications pertinent to Hand Therapy</b>	E	Professional qualification/s with date/s and place/s included. Evidence included in the appendix.	Incomplete detail of Professional qualification/s with inconsistency of date/s and place/s. Inadequate evidence in the appendix.	
	E	Short courses, with subject/field and date(s) attended within the last 10 years logically listed. BAHT validated courses are listed, with level, if applicable.	Short courses, with subject/field and date(s) attended are not logically listed and/or go beyond the last 10 years.  BAHT courses are listed but where applicable the Level not identified.	
	E	Certificates, programmes etc. are included in the appendix to the CV section.	Certificates, programmes etc. are absent from the appendix to the CV section.	
	E	Clear demonstration of learning from courses attended and are included in the appendix alongside the relevant course.	Learning gained from courses attended is not identified or if included in the appendix is not alongside the relevant course.	
<b>3. Promotion of specialism/sharing of expertise.</b>	D	<p>Examples of at least 2 of the following are included:-</p> <ul style="list-style-type: none"> <li>• in-service training planning</li> <li>• involvement and/or teaching both within the Trust and outside.</li> <li>• organisation of outside speakers</li> <li>• organisation of BAHT validated courses &amp; teaching input</li> </ul> <p>Reflections on learning from above clearly stated.</p>	<p>Little evidence of involvement in planning or teaching on courses related to hand therapy.</p> <p>OR</p> <p>If involvement is included there is little or no reflection on the learning gained from the experience.</p>	



Name of applicant:				
		PASS	REFER/FAIL	COMMENTS
<b>4. Management Skills</b>	D	<p>There is clear evidence of:-</p> <ul style="list-style-type: none"> <li>• experience in day-to-day management/organisation of case loads within the Hand Therapy services;</li> <li>• experience in supervising other staff e.g. students, support workers;</li> <li>• experience in evaluation and audit pertinent to Hand Therapy.</li> </ul> <p>Wherever possible further evidence of the above is included in the appendix to the CV section. Demonstration of learning from the above.</p>	<p>Evidence of some managerial skills but these are not clearly presented.</p> <p>Little or no reflection of learning from the managerial aspects of the post/s held.</p>	
<b>B. Testimonies</b>				
	E	Each testimony is provided by someone who is deemed able to judge the worth and quality of the applicant's work, experience and expertise. Where appropriate reference is made to observation of particular incidents.	The testimonies submitted are from a limited or inappropriate range of professions and do not provide evidence of a variety of experience and expertise.	
	E	Each testimony provides the name, position & title of the person who has compiled the testimony; it is signed and dated by that person.	The provenance of one or more testimonies is in doubt.	
	E	Each testimony reflects a different aspect of the candidate's skills and knowledge pertinent to hand therapy.	The testimonies are limited and repetitive in the evidence they provide.	

Name of applicant:				
		PASS	REFER/FAIL	COMMENTS
<b>Appendices for sections A &amp; B</b>	E	Logically presented with clear enumeration and headings/title. Supporting documents are easily located in the appendix. Appendices to support the extended CV are clearly numbered and logically presented.	Disorganised presentation & items not easily found in relation to main document. Not all appendices have heading/title. Limited use of appendices to support CV. Appendices not numbered or logically presented.	

<b>Number of passes for sections A &amp; B:</b>	<b>E</b>	<b>/13</b>	<b>(8/13 = 60%)</b>
<b>Name of Assessor:</b>			

<b>Name of applicant:-</b>				
<b>Case Study – LONG</b>		<b>PASS</b>	<b>REFER/FAIL</b>	<b>COMMENTS</b>
<b>Presentation</b>	E	Carefully and logically organised with numbered pages preceded by a list of contents. All passages of continuous prose are presented in a fluent style.  Tables and/figures are clearly labeled and included in the contents page.	The case study is poorly presented with little or no attention to detail e.g. absent or inconsistent numbering. In sections of prose, at times, the meaning is unclear.  Tables and/figures are not systematically labeled and not included in the contents page.	
	E	There is a cover page stating:- name of the applicant & purpose of the case study i.e. "Evidence in partial support of a claim for BAHT APL credit points at Level II." Respective dates of compilation & submission are stated.	Cover page is absent or is incomplete in required details, and/or the purpose of the case study is not clearly written. Respective dates of compilation & submission are not stated.	
<b>Word count (2,000 – 2,500 words)</b>	E	Word count is stated and the work is within the word limit.	Word count is not stated or is deemed to be inaccurate. Exceeds the word limit by more than 10%.	
<b>Referencing</b>	E	Referencing is consistently accurate and follows the Vancouver System of referencing.	Referencing is inconsistently and/or inaccurately applied and/or does not follow the Vancouver System of referencing.	
<b>Organisation</b>	E	Clearly & logically written:  1. Demographic outline and Referral (route & reasons).  2. Relevant personal, family, social, medical and drug history.  3. Diagnosis of primary condition.	Scant information given which does not give an overview of the client.  OR  Too much detail is given which is not relevant to the main reason for referral.  Diagnosis is not clearly presented.	

Name of applicant:-				
		PASS	REFER/FAIL	COMMENTS
	E	<p>4. Assessment methods and results (including evaluation of tools used) are appropriate for the case and clearly documented.</p> <p>Clear rationale &amp; justification for methods.</p>	<p>Assessment methods and results (including evaluation of tools used) are inappropriate for the case and/or not clearly documented.</p> <p>No rationale or justification for methods used.</p>	
	E	<p>5. Priorities for considering problems identified, with justification.</p> <p>6. Goals, therapeutic aims and objectives related to each problem clearly stated and justified.</p> <p>7. Selection, analysis and application of activities within client's programme.</p> <p>8. The interdisciplinary liaison(s) and collaboration(s) recommended.</p> <p>The above are clearly written with demonstration of clinical reasoning through the possible choices.</p>	<p>Lack of critical thought/analysis in relation to the client, the diagnosis and findings from the assessment/s which leads to inappropriate priorities, goals, activities.</p> <p>No evidence of liaison with other disciplines relevant to the client or case.</p> <p>Little or no evidence of clinical reasoning in the elements in this section.</p>	
	E	<p>9. Re-assessment/ progress report(s) with reflection are documented at the appropriate stage of treatment.</p> <p>10. Grading and modification of activities in response to progress and reflections / evaluations.</p>	<p>Re-assessment/progress reports are absent or scantily presented.</p> <p>Activities are modified at different stages but the rationale is not apparent.</p> <p>There is little or no evidence of reflection in this section.</p>	
	E	<p>11. A summary, which includes evaluation of intervention and activities, reflecting the total context of the case and the future needs of the client.</p>	<p>The summary is brief and lacks evaluation of the therapeutic intervention. The future plan is absent or does not address the client's needs and roles.</p>	

<b>Name of applicant:-</b>				
		<b>PASS</b>	<b>REFER/FAIL</b>	<b>COMMENTS</b>
	E	<p>The case study covers the following, as applicable to the case:-</p> <ul style="list-style-type: none"> <li>• Deformity due to the condition and/or secondary problems.</li> <li>• Medical interventions/management used.</li> <li>• Surgical interventions/management used.</li> <li>• Complications and their management.</li> </ul>	<p>The case study fails to cover the relevant aspects for the case.</p> <p>AND/OR</p> <p>The aspects identified are inaccurate or to a superficial level.</p>	
<b>Clinical aspects assessed under the following 10 points.</b>	E	1. Knowledge of the pathology and medical management of the hand & its functional application.	Little or no evidence of knowledge re: 1.	
	E	2. Ability to describe the mechanics of deformity and their implications in the upper limb.	Little or no evidence of ability re: 2	
	E	3. Ability to discuss the common methods available to the therapist in the assessment and treatment of the hand.	Little or no evidence of ability re:3	
	E	4. Ability to discuss the chosen intervention including evidence/ rationale.	Little or no evidence of ability re:4	
	E	5. Ability to describe relevant surgical options and their therapeutic implications if appropriate.	Little or no evidence of ability re:5	

Name of applicant:				
		PASS	REFER/FAIL	COMMENTS
	E	6. Ability to discuss the complications that may result from surgery and the management of these complications if appropriate.	Little or no evidence of ability re:6	
	E	7. Ability to use and apply critical reflection and evaluation of treatment and outcomes.	Little or no evidence of ability re:7	
	E	8. Ability to respond to the needs of the individual patient as well as to the condition.	Little or no evidence of ability re:8	
	E	9. Ability to utilise flexible and creative problem-solving skills.	Little or no evidence of ability re:9	
	E	10. Ability to illustrate the financial implications of providing this service.	Little or no evidence of ability re:10	
<b>Appendix</b> <i>To be assessed only if included and appropriate.</i> <i>However, it is expected that there will be appendices for the long case study.</i>	E	Appendices are clearly numbered and logically presented to support the case study.	Limited use of appendices to support the case study. OR Over-reliance on appendices to include essential information which was integral to the main text. i.e. to fulfill the word limit. Appendices are not numbered or logically presented.	

**Name of applicant:**

**Number of passes for Long Case study: E / 21 (13/21 = 60%)**

**Name of Assessor:**

Case Study – SHORT		PASS	REFER / FAIL	COMMENTS
<b>Presentation</b>	E	Carefully and logically organised with numbered pages preceded by a list of contents. All passages of continuous prose are presented in a fluent style. Tables and/figures are clearly labeled and included in the contents page.	The case study is poorly presented with little or no attention to detail e.g. absent or inconsistent numbering. In sections of prose, at times, the meaning is unclear. Tables and/figures are not systematically labeled and not included in the contents page.	
	E	There is a cover page stating name of the applicant & purpose of the case study i.e. "Evidence in partial support of a claim for BAHT APL credit points at Level II." Respective dates of compilation & submission are stated.	Cover page is absent or incomplete in required details, and/or the purpose of the case study is not clearly written. Respective dates of compilation & submission are not stated.	
<b>Word count (1,000 – 1,500 words)</b>	E	Word count is stated and the work is within the word limit	Word count is not stated or is deemed to be inaccurate. Exceeds the word limit by more than 10%.	
<b>Referencing</b>	E	Referencing is consistently accurate and follows the Vancouver System of referencing.	Referencing is inconsistently and/or inaccurately applied and/or does not follow the Vancouver System of referencing.	

<b>Name of applicant:</b>				
		PASS	REFER/FAIL	COMMENTS
<b>Organisation</b>	E	<p>Clearly &amp; logically written:</p> <ol style="list-style-type: none"> <li>1. Demographic outline and Referral (route &amp; reasons).</li> <li>2. Relevant personal, family, social, medical and drug history.</li> <li>3. Diagnosis of primary condition.</li> </ol>	<p>Scant information given which does not give an overview of the client.</p> <p>OR</p> <p>Too much detail is given which is not relevant to the main reason for referral.</p> <p>Diagnosis is not clearly presented.</p>	
	E	<ol style="list-style-type: none"> <li>4. Assessment methods and results (including evaluation of tools used) are appropriate for the case and clearly documented. Clear rationale &amp; justification for methods used.</li> </ol>	<p>Assessment methods and results (including evaluation of tools used) are inappropriate for the case and / or not clearly documented. No rationale or justification for methods used.</p>	
	E	<ol style="list-style-type: none"> <li>5. Priorities for considering problems identified, with justification.</li> <li>6. Goals, therapeutic aims and objectives related to each problem clearly stated and justified.</li> <li>7. Selection, analysis and application of activities within client's programme.</li> <li>8. The interdisciplinary liaison(s) and collaboration(s) recommended.</li> </ol> <p>The above are clearly written with demonstration of clinical reasoning through the possible choices.</p>	<p>Lack of critical thought/analysis in relation to the client, the diagnosis and findings from the assessment/s which leads to inappropriate priorities, goals, activities.</p> <p>No evidence of liaison with other disciplines relevant to the client or case.</p> <p>Little or no evidence of clinical reasoning in the elements in this section.</p>	



<b>Name of applicant:</b>				
		PASS	REFER/FAIL	COMMENTS
	E	<p>9. Re-assessment/ progress report(s) with reflection are documented at the appropriate stage of treatment.</p> <p>10. Grading and modification of activities in response to progress and reflections /evaluations.</p>	<p>Re-assessment/progress reports are absent or scantily presented.</p> <p>Activities are modified at different stages but the rationale is not apparent.</p> <p>There is little or no evidence of reflection in this section.</p>	
	E	<p>11. A summary, which includes evaluation of intervention and activities, reflecting the total context of the case and the future needs of the client.</p>	<p>The summary is brief and lacks evaluation of the therapeutic intervention.</p> <p>The future plan is absent or does not address the client's needs and roles.</p>	
<b>Content</b>	E	<p>The case study covers the following, as applicable to the case:-</p> <ul style="list-style-type: none"> <li>• deformity due to the condition and/or secondary problems.</li> <li>• medical interventions/management used.</li> <li>• surgical interventions/management used.</li> <li>• complications and their management.</li> </ul>	<p>The case study fails to cover the relevant aspects for the case.</p> <p>AND/OR</p> <p>The aspects identified are inaccurate or to a superficial level.</p>	
<b>Clinical aspects assessed under the following 10 points.</b>	E	<p>1. Knowledge of the pathology and medical management of the hand &amp; its functional application.</p>	<p>Little or no evidence of knowledge re: 1</p>	
	E	<p>2. Ability to describe the mechanics of deformity and their implications in the upper limb.</p>	<p>Little or no evidence of ability re: 2</p>	

Name of applicant:				
		PASS	REFER/FAIL	COMMENTS
	E	3. Ability to discuss the common methods available to the therapist in the assessment and treatment of the hand.	Little or no evidence of ability re: 3	
	E	4. Ability to discuss the chosen intervention including evidence / rationale.	Little or no evidence of ability re: 4	
	E	5. Ability to describe relevant surgical options and their therapeutic implications if appropriate.	Little or no evidence of ability re: 5	
	E	6. Ability to discuss the complications that may result from surgery and the management of these complications if appropriate.	Little or no evidence of ability re: 6	
	E	7. Ability to use and apply critical reflection and evaluation of treatment and outcomes.	Little or no evidence of ability re: 7	
	E	8. Ability to respond to the needs of the individual patient as well as to the condition.	Little or no evidence of ability re:8	
	E	9. Ability to utilise flexible and creative problem-solving skills.	Little or no evidence of ability re:9	
	E	10. Ability to illustrate the financial implications of providing this service.	Little or no evidence of ability re:10	

Name of applicant:				
		PASS	REFER/FAIL	COMMENTS
<b>Appendix</b> <i>To be assessed only if appropriate and included.</i>		Appendices are clearly numbered and logically presented to support the case study.	Appendices are not numbered or logically presented. Limited use of appendices to support the case study.  OR Over-reliance on appendices to include essential information which was integral to the main text. i.e. to fulfill the word limit.	
<b>General appraisal of Portfolio of Evidence</b>		The portfolio demonstrates the applicant's commitment to hand therapy through personal professional development and facilitating good practice in others. Clear evidence of reflective practice.	The portfolio is more descriptive than reflective and professional development is limited in relation to the time in the specialty.	

<b>Number of passes for sections A &amp; B:-</b>	<b>E</b>	<b>/ 13</b>		
<b>Number of passes for Long Case Study:</b>	<b>E</b>	<b>/ 21</b>		
<b>Number of passes for Short Case Study:</b>	<b>E</b>	<b>/ 20</b>	<b>TOTAL:</b>	<b>PASS / REFER</b>
<b>Name of Assessor:</b>				

### APL Application Form

Please complete this form and tick checklist to ensure you have included all the information required. Return this both electronically & by post to the BAHT Secretary. Payment must be included before the ESC can consider your application

Name of Candidate:
BAHT Membership number:
Contact email:
Contact address:

I wish to apply for the APL process to complete (please tick)		
Level 2 (2 points)	Level 2 (4 points)	Level 2 (6 points)
Level 3 (5 points)		

Title of project to be used for Level 3 points:
-------------------------------------------------

£30 application fee (cheque made payable to BAHT) postal only to:  
BAHT, P.O. Box 304, Woodbridge, IP12 9EX

Signature of candidate: \_\_\_\_\_

Date: \_\_\_\_\_

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