



NATIONAL BACK EXCHANGE

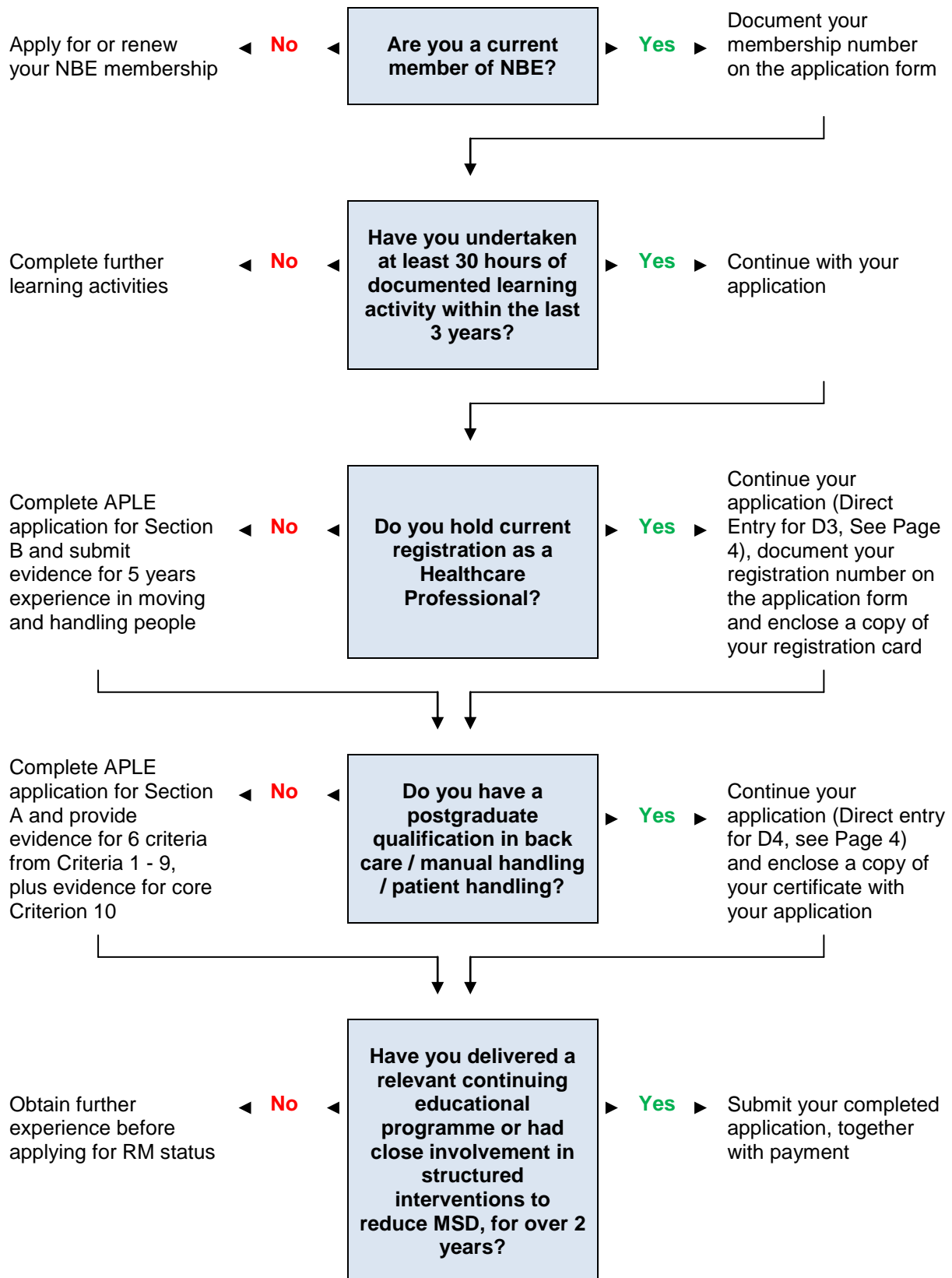
**Procedure for Becoming a
Registered Member
through Direct Entry or the
Accreditation of Prior Learning and
Experience Route of Entry (APLE)**

**Guidance for Applicants and Registered Members
Serving on Panels**

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1. Summary of the Application Procedure for Registered Membership (RM)



2. Introduction

2.1 Direct Entry to Registered Membership

National Back Exchange (NBE) established a membership category of Registered Member in 2005. Members applying through the **direct route of entry** need to meet the following criteria:-

D1.	Current membership of NBE		
D2.	Undertaken at least 5 days (30 hours) of learning activity relevant to professional practice within the last three years		
D3.	Have a recognised, relevant healthcare professional qualification and registration to practice e.g. RGN, MCSP, SROT and current registration with either the Nursing and Midwifery Council (NMC) or the Health Professions Council (HPC)		
D4.	Have successfully completed a postgraduate course, based on the Inter-Professional Curriculum (NBE 1997), leading to an accredited award from an academic institution <i>(See Appendix A for a list of postgraduate courses which meet the necessary requirements for Direct Entry)</i>		
D5.	5a. Have delivered a continuing educational programme for over two years in a healthcare / social care setting that encourages client independence, reduction of risk of injury to staff and clients and problem-solving skills	or	5b. Have evidence of close involvement in structured interventions for over two years, designed to reduce work-related musculoskeletal injury

2.2 Accreditation of Prior Learning and Experience (APLE) Route of Entry to Registered Membership

The APLE route of entry was specifically designed for members who do not have a postgraduate qualification, based on the Inter-professional Curriculum, or who are not registered healthcare professionals. These members are not eligible for direct entry to Registered Membership, as they are unable to meet Criteria D3 and / or D4, as listed in 2.1. above.

The APLE route was established in order to formally recognise the experience and skills of Manual Handling Practitioners (MHP) who had been providing specialist advice, before the creation of postgraduate qualifications in back care management / manual handling. It also aimed to recognise the knowledge of experienced practitioners whose career had progressed into the field of manual handling, from professional backgrounds other than health and social care.

It is expected that those members who are relatively new to the field will actively seek funding and support to complete a relevant postgraduate programme, in order to obtain the

requisite skills and knowledge and to facilitate their career progression towards a 'proficient' Manual Handling Practitioner (Ruszala et al 2010).

3. Definition of Accreditation of Prior Learning and Experience (APLE)

Accreditation of Prior Learning and Experience is a means where credit can be awarded for non-certified learning which has been acquired through work experience and which has not been assessed through academic or professional certification (Myles 1995). However, simply undergoing an experience is not synonymous with learning, as little or no learning may occur as a result (Quinn 2000).

In order for members to be successful through the APLE route of entry, credit will only be given to applicants who can demonstrate learning through documented evidence **i.e. submission of a certificate of attendance at a study day, course or conference will not be accepted as evidence of learning, without additional documented evidence of reflective practice on the learning outcomes achieved and their subsequent implementation into professional practice.**

4. Evidence Required for Section A - Evidence to Equate to a Relevant Postgraduate Qualification

The Inter-professional Curriculum for Back Care Advisors (NBE 1997) outlines ten components that academic institutions should incorporate in any postgraduate qualification in back care / manual handling. These are listed in Appendix B, together with an explanation of each criterion.

In order to equate to a postgraduate qualification, APLE applicants are required to submit documentary evidence for **six** of the nine criteria, listed as Criterion 1 – Criterion 9, **plus evidence for Criterion 10**, which is a core criteria required for all applications. **Each criterion must equate to a minimum of 5 days / 30 hours of learning activity.** Each criterion may require more than one item of evidence. However, an item of evidence may be used for more than one criterion, if appropriate.

The evidence for Criterion 10 only must be within the three years prior to the date of application, in order to demonstrate current knowledge of evidence-based practical skills and a commitment to continuing professional development.

5. Evidence Required for Section B – Evidence to Equate to a Relevant Healthcare Professional Qualification

Members who do not have a relevant healthcare professional qualification are required to APLE on Section B. Applicants must provide evidence of moving and handling people for five years or more, for example by working in a health or social care setting. This evidence could be provided through submission of Curriculum Vitae; a contract of employment or a testimonial /reference. In addition, a signed supporting letter, on headed paper, from an independent party is required to verify the length of service. This could be from an officer of an affiliated local group; a manager of a chain of Nursing Homes or a Headmaster of a School, who has known the applicant for over five years and who can vouch for their direct involvement in the moving and handling of children or adults.

6. Examples of Acceptable Evidence

- ✓ Certificates of attendance on courses and study days **detailing the exact date(s) and duration of the course**, accompanied by documented reflective practice on the learning outcomes achieved and the subsequent implementation into professional practice
- ✓ Programme and session plan / scheme of work for relevant taught courses, detailing the content, duration, learning outcomes and assessment of learning. These should be signed by the applicant, as these should be their own work
- ✓ An abstract and tutor comments for relevant assignments and dissertations
- ✓ A copy of a published research article
- ✓ Anonymised legal reports, risk assessments, return to work assessments or workplace interventions, documenting the time spent undertaking the activity, including preparatory research and any subsequent learning
- ✓ Self-directed study, including details of the research undertaken and subsequent evidence of implementation into professional practice

All items of evidence must be numbered, both on the item of evidence and on the application form, to facilitate cross-referencing by the panel. **The duration of the learning activity should also be documented on each piece of evidence.**

***N.B.** Certificates for attendance at conferences will not be accepted as evidence in their entirety e.g. 2-day Disabled Living Foundation Conference on the 'Moving and Handling of People' / 3-day NBE Annual Conference, as presentations throughout a conference relate to different criteria. However, individual presentations or workshops can be used as evidence to relevant criteria.*

7. Timescales for Applications

Applicants who have a relevant postgraduate qualification but who are not registered as a healthcare professional may apply for Registered Membership, under APLE Section B **only**, at any time throughout the membership year. The NBE membership year runs from 1 April to 31 March on any given year.

From 1 January 2012, there will be three deadlines for applications for members who do not have a relevant postgraduate qualification and are therefore applying for Registered Membership under APLE Section A. This is to enable tripartite panels of existing Registered Members to be established in advance to examine the portfolios of evidence. The deadlines for submission are:

31 January	For RM status for the following membership year i.e. a member submitting a portfolio of evidence by 31 January 2012, will receive Registered Members status, if successful, for the 2012 / 13 membership year
31 May	For RM status, if successful, for the current membership year i.e. a member submitting a portfolio of evidence by 31 May 2012, will receive Registered Members status, if successful, for the 2012 / 13 membership year
31 September	For RM status, if successful, for the current membership year

8. Processing of Applications

An application form, together with **hard** copies of all the accompanying evidence and a payment for £50, payable to National Back Exchange, should be sent to the NBE Administration Office, Linden Barns, Greens Norton Road, Towcester, Northamptonshire NN12 8AW. The £50 payment is an administration fee and is non-returnable, even if the application is unsuccessful. The fee relates to all timescales for applications.

An acknowledgement of receipt will be sent by the Administration Office within 7 working days.

9. Structure of Evaluation Panels

A panel of three Registered Members will evaluate each portfolio of evidence and applicants will be informed of the panel's decision within six working weeks. Panel members will be from the same geographical areas as each other, in order to reduce delays in processing the application(s) and the associated costs. Wherever possible, panel members will not be from the same locality as the applicant(s).

The Administration Office / Professional Development Officer (APLE) are responsible for identifying the members of each panel and for nominating a Panel Chairman. The identity of the panel members will not be disclosed to the applicant.

Panel members are able to seek advice from the NBE Executive Committee, if clarification on any aspect of the process is required. The first point of contact will be the Membership Secretary.

10. Successful Applicants

Successful applicants will be informed in writing and provided with the following:-

- ✓ A certificate, conferring Registered Member status, signed by the NBE Chairman
- ✓ A Registered Member lapel badge, following the initial successful application only
- ✓ The NBE Registered Member logo for that membership year, for use on promotional materials (Please refer to The Guidance on the Use of the Registered Member Logo)
- ✓ The inclusion of their name on the list of RM on the NBE website (subject to the applicant's permission)

11. Unsuccessful Applicants

Unsuccessful applicants will be informed in writing by the Administration Office and of their right to appeal.

A panel may request additional evidence or clarification of information from an applicant for specific criteria, if it is felt that this may facilitate a successful application. Applicants, who are required to submit further information, will be given an additional six working weeks, in order to complete the process.

In this situation, the original evidence supplied and the additional information provided will be forwarded to a second tripartite panel of Registered Members. The second panel will be instructed by the NBE Administration Office to only evaluate the specific criteria where further clarification or information was requested by the original panel. In the event, that the

further evidence supplied, results in an unsuccessful outcome, the applicant will be required to restart the application process.

12. Appeals Procedure

Members may appeal against unsuccessful applications within 90 days of the date of notification. Appeals will be addressed to the NBE Chairman, in writing, and sent to the NBE Administration Office. The Executive Committee will be notified and appoint an Appeals Panel for each case. The Appeals Panel shall consist of the Chairman, Professional Development Officer (APLE) and a Registered Member. The Chairman and Professional Development Officer (APLE) are therefore not permitted to act as a mentor to APLE applicants nor permitted to serve on any APLE panel.

The appeals panel shall consult with the original panel(s) involved in the disputed application and shall make its deliberations known to the panel(s). The Chairman will inform the appellant of the outcome of the appeals procedure, in writing. This decision is final.

Recommendations will be made to the Executive Committee, if any change in procedure is thought to be required. Any subsequent discussions by the Executive Committee will be formally documented in the minutes of the relevant meeting.

13. Re-Registration

Registered Members will be required to maintain their registration on an annual basis, by completing the renewal form and submitting payment for the £50 administration fee. A certificate will be issued on the receipt of payment each year, until the registration requires re-application. A Registered Member lapel badge will be issued following the original successful application only.

If there is a lapse of Registered Membership for one year or more, applicants will be required to start the process from the beginning.

Registered Members will be required to re-apply for registration every three years.

14. Audit of Applications

In order to ensure quality assurance and maintenance of professional standards, applications are subject to audit. This is currently set at 10% of all Registered Member applications. Applicants, who are selected for audit, will usually be required to submit evidence of:-

- Continuing professional development of a minimum of 30 hours of learning activity, directly related to the role of the Manual Handling Practitioner, over the preceding 3 years (D2 – See Page 4)
- Delivering a continuing educational programme for over two years in a healthcare / social care setting that encourages client independence, reduction of risk of injury to staff and clients and problem-solving skills **OR** close involvement in structured interventions for over two years, designed to reduce work-related musculoskeletal injury (D5a or D5b – See Page 4)

15. Return of Portfolios of Evidence

If APLE applicants require their portfolio of evidence to be returned, a fee of £10 is payable on application to cover the costs of postage and packaging. Any portfolios not required to be returned will be destroyed at the end of the relevant membership year.

16. Acknowledgements

Ann Drinkwater, AD Consulting

Bill Varnam, Back Care Manager, Nottinghamshire Healthcare NHS Trust

Sarah Meade, Office Administrator, National Back Exchange

Members of the NBE National Executive Committee

References

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Appendix A – Approved Courses for Direct Entry Applications

The following postgraduate programmes currently fulfil the requirements of the Inter-Professional Curriculum Framework for Back Care Advisers (NBE 1997). Previous courses have been included, as graduates remain eligible for direct entry to Registered Member status.

Programme Title	Awarding Institution	Comments
Post-Registration Course for Back Care Advisers	University of Southampton	Programme no longer available
Certificate in Patient Handling and Movement	University of Northumbria	
Postgraduate Certificate, Postgraduate Diploma and MSc in Healthcare Manual Handling Management (formerly known as Back Care Management)	Loughborough University	MSc Ergonomics (Health and Social Care) currently under development

Appendix B:

Explanation of the Criteria Required as Section A Evidence for APLE Submissions
(Evidence to Equate to a Relevant Postgraduate Qualification – *Please note that these are examples, in order to assist applicants, and are therefore not exhaustive*)

		Definition <i>(As outlined in The Inter-Professional Curriculum Framework for Back Care Advisers 1997)</i>	Examples of Suitable Evidence for APLE Applications
Criterion 1	Behavioural Sciences	‘Study of this area should provide the important perspective of the psychosocial influences which impact on people at work, both as individuals and as part of an organisational work culture. A focus on organisational psychology and a perspective of human behaviour under varying work conditions is required. BCAs need to incorporate this knowledge into their approach and attitude to management of people at work and to understand the differing ability of people to manage their own health and illness at work’	<ul style="list-style-type: none"> • RMN • SROT (N.B. This qualification fully meets the criteria as a previous applicant gained evidence from the COT of the duration of pre-registration study for this criterion. Other healthcare professionals may be fully eligible but no applicant from another profession has to date submitted evidence of this)
Criterion 2	Biological Sciences	‘It is expected that entrants to programmes through their qualification as a health professional will have a basic knowledge of the normal anatomy and physiology of the living human body. Further study of this area in back care advisor programmes should ensure a sufficient depth of understanding of the structure and function of the human musculoskeletal system to enable BCAs to recognise potential hazards to musculoskeletal health through risk assessment procedures which take into account physical stressors or force and vibration, as well as stressors of work schedule and workload. This will enable them to plan and execute management of risk to optimise high levels of functional capacity for work activities’	<ul style="list-style-type: none"> • Registered Healthcare Professional e.g. RGN, MCSP, SROT, • ‘A’ Level in Human Biology • Detailed anonymised Return to Work Assessment of an employee, following sickness absence due to a musculoskeletal injury • Affiliated Local Group Study Day on Postural Analysis

		Definition <i>(As outlined in The Inter-Professional Curriculum Framework for Back Care Advisers 1997)</i>	Examples of Suitable Evidence for APLE Applications
Criterion 3	Biomechanics and Ergonomics	<p>‘Study of the concepts of biomechanics and ergonomics is central to an understanding of human movement at work and the potential for people to build up musculoskeletal stress from their work activities. The effect of postural instability and the enormous forces that can act on the spine during manual handling is fundamental to risk assessment, workplace design, design and use of manual handling equipment and of training and education programmes. Cognitive load and organisational factors which impact on work activities must be taken into account. Analysis of the task with regard to people as central to socio-technical work system is fundamental to the design and successful implementation of safe systems of work. Ergonomic intervention is the first consideration in solving manual handling problems. Application of this knowledge should ensure competence, safe and effective practice for the BCA and for those they instruct’</p>	<ul style="list-style-type: none"> • BSc / MSc in Biomechanics e.g. University of Manchester • Facilitation or attendance at a course on biomechanics or ergonomics • Anonymised report on biomechanical analysis of a manual handling task • Ergonomic assessment of a department / task specific to manual handling activities • Documented analysis using REBA/RULA/OWAS • Published research article on a relevant topic
Criterion 4	Health Policy and Practice Issues	<p>‘Knowledge is required of the factors both within and beyond the organisation that influence provision and delivery of health and social care. An understanding should be gained of how political and social policies impinge on practice and necessitate change; models of health; epidemiology; health economics and resource allocation in relation to the role of the BCA in providing an efficient and effective delivery of services’</p>	<ul style="list-style-type: none"> • Self-directed study on the prevalence of obesity; government targets for reducing this epidemic; analysis of research papers, with subsequent evidence of utilising this knowledge to provide workshops on the moving and handling of bariatric patients and / or a policy / patient pathway for this client group

		Definition <i>(As outlined in The Inter-Professional Curriculum Framework for Back Care Advisers 1997)</i>	Examples of Suitable Evidence for APLE Applications
Criterion 5	Legal and Professional Responsibilities	<p>‘The work of BCAs is essentially focused on the protection of people at work from injury, through manual handling which may be acute or cumulative. BCAs are predominately employed to help employers comply with the Health and Safety at Work Act through interpretation of the Manual Handling Operations Regulations and Guidance and other associated regulations and guidance, which are already in place and those that may be introduced in the future. Study of this area should develop knowledge and confidence to facilitate working practice and systems of work which comply with the provisions of the law. An understanding of UK law, the principles of negligence, breach of statutory duty and duty of care, vicarious liability and the framework for claims for compensation is required. Issues of professional accountability and confidentiality in practice and skills of report writing, documentation and record keeping should also be studied in this context’</p>	<ul style="list-style-type: none"> • Successful completion of an Expert Witness Course • Anonymised accident investigation • Evidence of self directed study on recent case law / legislation / guidance from professional bodies, in order to update the organisation’s Manual Handling Policy • Preparation and subsequent delivery of a conference presentation on ‘Policies, Procedures and Guidelines –What documentation should you have? (DLF 2008)
Criterion 6	Management of Change	<p>‘This area of study is central to the work of BCAs. A concept of the components of management of change should be crystallised through associated study areas which look at people at work and design of working systems. Assessment, planning and implementation of change in a variety of circumstances of healthcare, which take into account organisational theories and models of organisational change, should be appraised and analysed in classroom and practice settings and the implications of their use in programmes of risk management explored’</p>	<ul style="list-style-type: none"> • Signed session plan and course programme for delivering a 2-day course on Behavioural Change • Certificate of attendance at a Change Management module and subsequent assignment on implementing changes to manual handling practice in an Operating Theatre

		Definition <i>(As outlined in The Inter-Professional Curriculum Framework for Back Care Advisers 1997)</i>	Examples of Suitable Evidence for APLE Applications
Criterion 7	Principles of Health Promotion and Education	<p>‘Many entrants to BCA programmes will hold a certificate (or equivalent) in education and / or health promotion. This area of study should ensure the distinction between health promotion and health education. It should develop an understanding of the basic principles of education applied to creating a culture of health promotion and to health education and training to prevent ill health. It should look at theories and models of health promotion and health beliefs; ethical issues; developing effective communication in small groups; supporting individuals and facilitating changing lifestyles. It should also cover prioritising, planning and evaluating health promotion programmes from an organisational and environmental perspective’</p>	<ul style="list-style-type: none"> • NBE Conference 2010 presentation ‘Black, Boorman and me – developing a health and wellbeing strategy within your organisation’ • Documentary evidence of the development, delivery and evaluation of a workplace health promotion programme for musculoskeletal health
Criterion 8	Principles of Research and Evaluation	<p>‘The study of the theoretical aspects of scientific enquiry and the philosophical and sociological perspectives of quantitative and qualitative research methodology should underpin a working knowledge of a range of methods for carrying out surveys and measurements of people at work which are reliable and valid. Study in this area should promote the knowledge, skills and capability for undertaking and interpreting appropriate research studies and should foster a spirit of critical enquiry into practice which incorporates evaluation and audit of work.’</p>	<ul style="list-style-type: none"> • Published research article • Completion of a module on Research Methodology for MA/MSc Course • Evidence of participation in a research study

		Definition <i>(As outlined in The Inter-Professional Curriculum Framework for Back Care Advisers 1997)</i>	Examples of Suitable Evidence for APLE Applications
Criterion 9	Risk Management	<p>‘The risks and hazards presented in health care settings are contextual. They are the consequence of the interaction of specific tools, technology, work practice, worker characteristics and management strategies of work design and task allocation in an organisation. Critical study of direct and indirect methods of assessment used to build a picture of the musculoskeletal demands on individual from an ergonomic, physiological and behavioural perspective should be complemented with study of different concepts and approaches to the analysis and interpretation of the outcomes of the assessment. The design of risk assessments, their translation into training and education programmes and evaluation of management implementation and workplace compliance are fundamental to the work of BCAs and should be grounded in the study of organisational structures, cultures and systems of work in relation to human capacity and function and management of change.’</p>	<ul style="list-style-type: none"> • Documented risk assessment of a department / task specific to manual handling activities • Anonymised accident investigation e.g. hoist or sling failure • Project for MSc Health Management ‘The risks associated with the moving and handling of bariatric patients’ • Attendance at NBE 2007 Conference presentation on ‘Using and Evaluating Assessment Tools’
Criterion 10	Practical Manual Handling <i>N.B. Evidence for Criteria 10 only must be within the three years prior to the APLE application</i>	<p>‘The practice of BCAs results from integration of theory into practice. Skill development should recognise the modification and adaptation in application that is required to match tasks safely to people at work. Skill development should include the study of the criteria for selection, the parameters of use with regard to safe handling in specific contexts and the merits, disadvantages and justification for use. Selection and use should be examined in relation to available evidence.’</p> <p>Applicants should be able to demonstrate advanced human movement skills, which maximise the capabilities of the client / patient, whilst also significantly reducing the risk of injury to all involved.</p>	<ul style="list-style-type: none"> • The practical component of a:- • Moving and handling Trainers’ Course of Preparation • Haptonomics Study Day • Neuromuscular Approach • NBE Local Group Study Day on Paediatric or Bariatric Manual Handling