NHS
Blood and Transplant

Professional Development Framework

For Transfusion Practitioners and the Supportive and Assistive Workforce

Part of the Transfusion Practice workforce development programme

First edition September 2026

National Blood Transfusion Committee

NTPN
The National Transfusion Practitioner Network

Transfusion Transformation Programme

Photographs kindly provided by Ben Fitzpatrick Photography at the NTPN annual conference TP2026

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Professional Development Framework for Transfusion Practitioners and the Supportive and Assistive Workforce Foreword 2026

It is our pleasure to introduce the Professional Development Framework for Transfusion Practitioners and the Supportive and Assistive Workforce, developed through the Transfusion 2024 programme and endorsed by the National Blood Transfusion Committee (NBTC). This framework represents an important milestone in strengthening transfusion services across England and recognising the vital contribution that Transfusion Practitioners make to patient safety, clinical decision-making and the delivery of high-quality care.

Transfusion Practitioners are an essential part of the multidisciplinary transfusion team. Working at the interface between patients, clinicians, laboratories, and hospital governance structures, they provide expert support that helps ensure blood and blood components are used safely, appropriately, and effectively. Their role extends far beyond education and audit; they are trusted clinical partners to haematologists, anaesthetists, surgeons, nurses, midwives, operating department practitioners and laboratory teams, helping to navigate complex transfusion decisions and supporting hospitals to deliver the highest standards of care.

The importance of this role has never been greater. The Infected Blood Inquiry has reinforced the need for transparency, robust governance, continuous learning and a culture in which patient safety is placed at the centre of transfusion practice. Transfusion Practitioners play a crucial role in translating these principles into everyday clinical care. Through education, assurance, quality improvement, patient engagement and multidisciplinary collaboration, they support organisations to learn from incidents, implement best practice, and reduce unwarranted variation in care. They are uniquely positioned to bridge the gap between policy and practice, ensuring that improvements reach the bedside and benefit patients directly.

Recent pressures on blood supplies have further demonstrated the value of the profession. During the prolonged period of Amber Alert blood shortages, Transfusion Practitioners worked alongside clinical and laboratory colleagues to support difficult decision-making, promote patient blood management strategies, identify opportunities to reduce unnecessary transfusion and help preserve blood stocks for patients with the greatest clinical need. Their ability to engage clinicians, influence practice and drive evidence-based use of blood was critical in maintaining safe and resilient services during a period of sustained operational pressures.

As healthcare becomes increasingly complex, the need for skilled professionals who can support the appropriate use of blood continues to grow. Every unnecessary transfusion avoided reduces risk to patients and helps conserve a precious and finite resource. Every improvement in transfusion practice contributes to better outcomes and more sustainable care. Transfusion Practitioners are central to achieving these goals.

Despite their significant impact, many Transfusion Practitioners continue to work in professionally isolated roles, often as the sole specialist within their organisation. Historically, there has been no nationally consistent career structure to support their development, progression, or recognition. This has created variation in how roles are defined and valued, presenting challenges for recruitment, retention and workforce sustainability.

The Professional Development Framework for Transfusion Practitioners and the Supportive and Assistive Workforce addresses this need by providing a clear and nationally recognised pathway from entry-level to advanced and consultant practice. It supports professional development, promotes consistency across organisations, and provides employers with a framework for embedding these critical roles within clinical governance,

quality improvement, patient safety and workforce strategies. Importantly, it recognises the breadth of expertise required to be an effective Transfusion Practitioner and creates opportunities for individuals from a range of professional backgrounds to develop rewarding and impactful careers within transfusion medicine.

We encourage healthcare organisations, clinical leaders and workforce planners to embrace this framework and invest in the continued development of their Transfusion Practitioner workforce. In doing so, they will be investing not only in an individual profession but in safer patient care, stronger clinical support for frontline teams and a more resilient healthcare system.

This framework reflects the collective commitment of the transfusion community to ensuring that Transfusion Practitioners are recognised and supported to fulfil their full potential. Their contribution is fundamental to the safe and effective delivery of transfusion medicine and to meeting the challenges and opportunities that lie ahead for the NHS.

Dr Suzy Morton
Clinical Lead for Education, Transfusion 2024 Programme

Professor Renata Gomes
Chief Scientific Officer, NHS Blood and Transplant

National Blood Transfusion Committee (NBTC) – Endorsement and Foreword

Every year, over two million blood components are issued across the UK to support patient care. Yet national haemovigilance reports continue to highlight preventable harm. This is not acceptable.

Transfusion Practitioners (TPs) are essential to delivering safe, appropriate transfusion care, fully aligned with the principles of Patient Blood Management (PBM). By working across boundaries, between clinical teams and laboratories, TPs drive evidence-based practice, quality improvement, and innovation. They are the connective tissue of a safe transfusion system.

The Infected Blood Inquiry has made clear the need for stronger governance, transparency, and system-wide learning. TPs have a pivotal role in delivering these improvements: through incident investigation, audit, and education. A robust, skilled TP workforce is not a luxury, it is central to patient safety, regulatory compliance, and system resilience.

However, for too long, TP roles have evolved inconsistently across the NHS. Unstructured development has led to unwarranted variation in TP staffing, gaps in capability, and a lack of succession planning. This workforce fragility undermines service resilience and, ultimately, creates patient risk.

The Professional Development Framework for Transfusion Practitioners and the Supportive and Assistive Workforce 2026 changes this. For the first time, it provides a national standard for capability, development, and safe practice for this critical workforce.

The system-wide benefits for patients are significant:

- Stronger TP support for PBM delivery
- Enhanced patient experience and clinical outcomes, with reduced inappropriate transfusion
- Reduced blood wastage
- Enhanced support for digital optimisation, quality improvement, and regulatory assurance

On behalf of the NBTC, we strongly endorse this Framework. It provides the foundation for a competent, resilient TP workforce with clear career pathways that support retention, succession planning and, most importantly, safer care for every patient who needs a transfusion. We urge all system leaders, employers, and transfusion teams to adopt, embed, and invest in this Framework without delay.

Prof Cheng-Hock Toh, Chair, NBTC

Elisabeth Buggins, Patient Co-Chair, NBTC

Dr Shubha Allard, Clinical Adviser, NBTC

Statements of Support

Anna Mamwell
Patient and Public Involvement and Engagement Officer
Transfusion Transformation Programme

As a patient representative with lived experience of transfusion, and someone who has worked across both NHS and research settings, I am pleased to offer my full support for the Professional Development Framework for Transfusion Practitioners and the Supportive and Assistive Workforce. In my role, I regularly hear from patients and families about what truly matters to them, and I believe this Framework reflects exactly what people expect from modern, person centred care.

What stands out to me is the commitment to ensuring that patients' needs sit firmly at the heart of the Transfusion Practitioner role. I am confident that the Framework will strengthen the quality of care and support patients in ways that truly make a difference. This framework will help build trust and leads to better experiences and outcomes.

Prof Alison Leary PhD FRCN FQICN MBE
Chair of Healthcare & Workforce Modelling
LSBU Senior Consultant WHO Europe
Deputy President, Royal College of Nursing

This framework brings together the four pillars of practice at all levels of practice, offering practitioners, employers, and policy makers a robust structure to enable their workforce to achieve the best care for patients and families. Transfusion practice is safety critical and the consistency offered through this framework will be a significant contribution to patient safety.

Sarah Ingleby
Director of Nursing and Healthcare Professionals
Clinical and Scientific Services
Manchester University NHS Foundation Trust

In a large and complex organisation, the role of the Transfusion Practitioner is essential in providing visible clinical leadership, consistency of practice, and oversight of transfusion safety across multiple services and sites. The Framework ensures that national standards, staff education, patient safety priorities and service improvements are coordinated through a dedicated role with organisational reach and influence.

Dr Ric Procter,
Consultant in Emergency Medicine
North East and Yorkshire Regional Transfusion Committee Chair
HEMS Doctor, Great North Air Ambulance.

The role of the transfusion practitioner is key in delivering safe, reliable, and sustainable transfusions. The role is varied in both the clinical and logistical support needed to be given to staff. To date there has been widespread variation in the time, support and training given to those in post. There has been a need to formalise the role, evidence how wide the reach is and highlight how important transfusion practitioners are in delivering the outcomes we desire. Regional Transfusion Committee work is fundamentally dependant on the engagement and development of the transfusion practitioner community. This Framework in part helps progress towards this. The hope would be for Trusts to use this to support transfusion practitioners and help show where deficits exist. There is a risk that a lack of mandate may undermine the impact, but we can hope that leadership teams will listen and act.

SHOT Statement of Support – Professional Development Framework for Transfusion Practitioners and the Supportive and Assistive Workforce

Serious Hazards of Transfusion (SHOT) welcomes the development of the Professional Development Framework for Transfusion Practitioners and the Supportive and Assistive Workforce. This important resource reflects a strong, collaborative effort across the transfusion community and represents a significant step forward in supporting a consistent, skilled, and sustainable workforce dedicated to patient safety.

SHOT has long recognised the vital role of Transfusion Practitioners (TPs) within hospitals in delivering safe and effective transfusion practice. TPs play a central role in haemovigilance systems, contributing to the identification, investigation and reporting of adverse transfusion events and reactions, and ensuring that learning is embedded into clinical practice. Their work is fundamental to strengthening local and national safety systems and improving outcomes for patients. This aligns closely with the framework's emphasis on quality management systems, audit, and continuous improvement across the transfusion pathway.

The contribution of TPs extends beyond haemovigilance to education, leadership, research, and service improvement. As first articulated in earlier SHOT reporting, the specialist transfusion role encompasses expert practice, education, audit and research, and acting as a catalyst for change within healthcare systems. The dedication and innovation demonstrated by TPs in implementing best practice guidance, responding to SHOT recommendations, and more recently embedding the SHOT Transfusion Safety Standards, continues to drive improvements in transfusion-related patient care.

SHOT acknowledges and appreciates the extensive national, multidisciplinary collaboration that has informed the development of this Framework. While SHOT has not been directly involved in its development, we have had the opportunity to review an earlier version and provide feedback, and we recognise the rigour, inclusivity and alignment with haemovigilance principles reflected in the final document.

This Framework articulates the scope, values and capabilities required across the transfusion practice workforce and highlights the diverse opportunities for professional development and career progression. It will be a valuable resource not only for those already working as Transfusion Practitioners, but also for individuals aspiring to enter the role and for the broader workforce involved in transfusion practice. In particular, its emphasis on structured development pathways and support for staff at different stages of their careers, including those at earlier stages, is welcomed and important for future workforce sustainability.

SHOT supports the principle that strengthening workforce capability, role clarity and system awareness is essential to embedding haemovigilance learning into practice. It will be important to evaluate how this Framework is applied in practice and how effectively it supports workforce development, service improvement, and patient safety over time.

SHOT remains committed to supporting the pivotal role of Transfusion Practitioners in improving transfusion safety and outcomes for patients, and we look forward to seeing the continued impact of this Framework in advancing safe, effective and evidence-based transfusion practice.

Endorsement

British Blood Transfusion Society

IBMS Institute of Biomedical Science Approved

CODP College of Operating Department Practitioners

British Society for Haematology Listening • Learning • Leading

ISBT International Society of Blood Transfusion

Royal College of Midwives

SHOT Serious Hazards of Transfusion

Section one: Introduction and background

Introduction

by Wendy McSporran

(RN) Advanced Transfusion Practitioner, The Royal Marsden NHS Trust London

"Over two million units of donated blood are transfused across the UK every year[1] given to people across the lifespan including premature babies, cancer patients, trauma and surgical patients and those with chronic conditions that require transfusion support to be able to live life well. The transfusion practice workforce play a pivotal role in the delivery of safe and effective transfusions.

The vision of a healthcare professional dedicated to facilitating safe and effective clinical transfusions was first conceived over 25 years ago. The vision arose from the identification of a significant gap in service provision, highlighted by a survey that demonstrated underestimated and unreported patient harm associated with transfusion. As one of the first published haemovigilance surveys, it marked the beginning of the development that has led to the document that you now read. The Serious Hazards of Transfusion (SHOT) Committee was subsequently established and through its annual reports it continues to emphasise the need for safer transfusion.

The SHOT Report 2000/2001[2] clearly articulated the Transfusion Practitioner role to support the best transfusion practice for patients. The recommended remit of the role included expert clinical practice, education, research, and acting as a consultant and agent of change, key elements that have been incorporated into this Framework as strands of practice. The SHOT chapter also recommended further development of the role through the establishment of a generic job description, professional core competencies and validation of specialist training courses, aligned with other specialist practitioners' roles across the NHS.

The TP role was conceived and mandated through Better Blood Transfusion Papers 2[3] and 3[4] and implemented across the UK; however different models of governance evolved for each country and England has adopted local governance within individual trusts rather than a coordinated nationwide approach. To date no single body has accountability for overseeing or leading the development of the national transfusion practice workforce, resulting in the role stalling at a strategic level. This does not reflect the lack of impact or effectiveness of the TPs themselves. Rather, continued improvements in practice are driven by local governance and the efficacy and ingenuity, commitment and resilience of individual practitioners in post.

Over time, professional competencies and frameworks have been developed, and there are many individuals to acknowledge for their contribution towards the establishment of a national professional development framework. Despite this, the knowledge and skills required for the TP role have not been formally defined or nationally recognised. Until now.

The transfusion practice workforce is central to the delivery of many key clinical and system-wide recommendations

1 Narayan, S. et al., 2025. The 2024 Annual SHOT Report, Manchester: Serious Hazards of Transfusion (SHOT) Steering Group.

2 Love EM, Jones H, Williamson LM et al, Serious Hazards of Transfusion (SHOT) Steering Group. The 2000/2001 Annual SHOT Report (2002).

3 Department of Health. (2002). Better Blood Transfusion: Safe and Appropriate Use of Blood. Health Service Circular HSC 2002/009 (Paper 2). London: Department of Health.

4 Better Blood Transfusion – Appropriate Use of Blood (HSC 2007/001 / Paper 3)

arising from the Infected Blood Inquiry[5], alongside the ambitions set out in Transfusion Transformation strategy. It is a credit to every regulated professional who has undertaken, and continues to undertake, the TP role that significant improvements in transfusion pathways for patients have already been achieved, often unseen and at times undervalued. The Framework responds to this legacy by setting out a clear, consistent national approach that supports both patient safety and workforce sustainability.

Going forward I hope that this Professional Development Framework provides a foundation for the future of transfusion practice across England. By defining scope of practice, professional contribution, and progression pathways, it will be able to support retention, attract new practitioners to the role, and enable TPs and the broader workforce to continue to lead improvement in transfusion practice. By defining the contribution of the role and the extended workforce to patient and organisational outcomes, the Framework strengthens recognition, supports role identity, and creates the conditions necessary for high-quality, safe and compassionate transfusion practice now and into the future."

Background

Transfusion Practitioners (TPs) are registered regulated healthcare professionals who have chosen to specialise in the field of transfusion. Their regulator is aligned to their origin profession including but not limited to the Nursing and Midwifery Council, the Health and Care Professions Council and the General Medical Council.

TPs work directly with frontline clinical staff, laboratory teams, governance and patient safety colleagues, and a wider rage of external partners, including universities, pathology networks and professional organisations. Through collaboration and connecting with others, TPs are able to actively support safe decision making, promote best practice, and strengthen systems designed to protect patients.TPs do not need to be physically at the patient's side; however, the work that they undertake does have a direct and significant impact on patient safety and care. The role, like any, does have an element of administration but the role itself is far from being a desk-based one.

Since the introduction of the TP role in England in 2001, TPs have been instrumental in developing and embedding a transfusion safety culture across hospitals, for patients and staff. By actively supporting haemovigilance through incident investigation and reporting, delivering targeted education and training, and leading and promoting patient blood management (PBM) inititatives, TPs have been instrumental in creating a culture in which safe, evidence-based transfusion practice is embedded across the NHS. TPs are responsible for bridging the gap between the clinical and laboratory areas, strengthening incident reporting systems, and contributing to the investigation of transfusion related events, significantly enhancing hospital haemovigilance.

5 https://www.infectedbloodinquiry.org.uk/reports

Why is this Framework needed?

"The Framework helps by giving a structure through which the development of the TP workforce can be discussed more explicitly."
Pascal Winter, RN. Lead Transfusion Practitoner

This Framework is needed to provide a structure to demonstrate the importance of the role to patients, as well as guiding the on-going development of the wider transfusion practice workforce. The Framework provides the foundation for workforce planning across departments, organisations and at a system level to promote safe and effective service delivery.

The wider transfusion practice workforce includes registered professionals working as TPs, alongside a broader supportive and assistive workforce who also require investment. National audits[6] and surveys undertaken during the development of the Framework[7] highlight that 32% of responding Transfusion teams include administrative and supportive staff. These roles are vital and contribute significantly to the safe and efficient delivery of the transfusion service. They ensure that essential documentation, coordination, and operational tasks are completed, tasks that may not require a regulated health professional but are nevertheless crucial to supporting the team and, ultimately, the patient. They also enable registered TPs to focus on the aspects of their role that align with their scope and level of practice. This team approach strengthens overall service delivery.

The TP role, like many NHS roles, needs to be able to adapt and respond to the complex needs of patients, local service demands and the increasing pressures on the NHS. Recent Serious Hazards of Transfusion (SHOT) reports[8] have indicated that staffing shortages, time constraints and escalating organisational demands across both the laboratory and clinical areas have contributed to an increase in transfusion related incidents. These findings highlight the need for resilient systems, high-quality education and training, and a culture of shared learning to maintain safe transfusion practice. TPs provide the continuity, insight and vision required to react proactively to the current challenges. The transfusion practice workforce is vital in ensuring that these aims are met.

The transfusion practice workforce is also an integral part of the Transfusion Quality Management System (QMS) and have defined responsibilities within the system. This includes contributing to, and in some cases leading, activities such as traceability assurance, incident identification and investigation, haemovigilance reporting, audit, compliance with Good Manufacturing Practice (GMP) requirements, education and training, and continuous quality improvement across transfusion practice.

The contribution of the transfusion practice workforce to the QMS extends beyond laboratory activities and plays a critical role in ensuring end-to-end assurance, patient safety and regulatory compliance.

This resource was commissioned and written for and with the transfusion practice workforce in England. It is part of a programme which started in late 2023 (previously known as T2024, now Transfusion Transformation). The programme aims to develop an integrated and strategically focussed organisational and systemwide approach to enable better transfusion practice for patients[9]. The

6 NHS Blood and Transplant (2021) Survey of patient blood management. Available at: https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/27950/2021-survey-of-patient-blood-management.pdf

7 2024 survey - https://nationalbloodtransfusion.co.uk/sites/default/files/documents/2024-12/Transfusion-Practitioner-Survey-1-Results.pdf

8 Narayan, S. et al., 2025. The 2024 Annual SHOT Report, Manchester: Serious Hazards of Transfusion (SHOT) Steering Group. https://doi.org/10.57911/gwcz-4q04

9 Allard S, Cort J, Howell C, Sherliker L, Miflin G, Toh CH. Transfusion 2024: A 5-year plan for clinical and laboratory transfusion in England. Transfusion Medicine. 2021;31(6):400-408. doi:10.1111/tme.12827

Transfusion Transformation strategy was developed to align with the NHS 10 Year Plan, Patient Blood Management principles, SaBTO guidance, and the recommendations from the Infected Blood Inquiry. By developing this framework as part of the Transfusion Transformation strategy, it supports the transfusion practice workforce to work consistently with national standards, priorities and recommendations, and to contribute to a more integrated, strategically focused organisational and system-wide approach to delivering safer and more effective transfusion practice for patients.

Appendix one outlines the past and current workstreams for the programme. Appendix two outlines the collaborative approach taken to develop the Framework and appendix three outlines the existing workforce and regulatory frameworks that have informed the development of this resource. This first edition is an open access resource which means that patients, carers, families and donors can also use it to gain a broader understanding of the transfusion practice workforce.

Transfusion practice colleagues across the UK and internationally are invited to consider the Framework's applicability and use, appreciating that some of the content may need to be contextualised and adapted to ensure alignment with their own governance structures, regulatory frameworks, and clinical practices.

Section two: Purpose statement for Transfusion Practitioners

Aims for this section:

- Outline the purpose statement which was co-created by and with Transfusion Practitioners
- Clarify the nature and practice of the transfusion workforce
- Provide a unified purpose statement for TPs in England

Purpose statement

The role of the Transfusion Practitioner is to improve patient safety by leading safe, effective and compliant blood transfusion across NHS Trusts. Transfusion Practitioners (TPs) are experienced, autonomous, regulated, healthcare professionals who specialise in the complex field of transfusion. They develop expertise as they advance through the levels of practice. TPs are from diverse professional backgrounds and are responsible for ensuring the delivery of safe, effective and evidence-based transfusion practice and training across a range healthcare settings to promote patient safety.

The TP role spans four strands of practice: Professional and Clinical Practice, Facilitation of Learning, Leadership and Management, and Research and Innovation, all of which put patients at the heart of the work. Acting as link throughout the transfusion process, TPs apply specialist knowledge and critical thinking, across the laboratories, clinical areas and other departments within a Trust and across system boundaries, to manage complex situations, mitigate risk, promote best practice, support patient choice and ensure compliance with organisational governance, national standards and legislation.

The TP role may vary depending on the needs of the local service and the TP's level of practice. Within their individual scope and level of practice, and as a key part of the multidisciplinary team, TPs safeguard patients by leading and overseeing: the investigation of transfusion-related incidents and reactions, driving continuous improvement, and implementing evidence-based Patient Blood Management (PBM). In doing so, TPs apply their specialist knowledge every day to ensure that transfusion guidance remains current, that staff are trained and competent at every stage of the transfusion process, that digital systems have robust contingencies, and that audit and trend analysis inform proactive measures to prevent harm.

Through education, training, audit, research, service innovation, and patient advocacy, TPs often undertake this work alongside dedicated supportive and assistive colleagues, to empower and support healthcare teams to deliver safe, effective transfusion practice and strive for excellence in patient outcomes.

Section three: Our core values

Aims for this section:

- Outline the inter-related values that underpin the nature and practice of the transfusion practice workforce which have been co-created by and with the transfusion practice workforce
- Introduce the values which structure the Framework capabilities

The five inter-related core values are:

- **Protecting**
- **Leading**
- **Developing**
- **Innovating**
- **Connecting (see Figure 1)**

The values underpin the way that we work to benefit patients, families, carers, donors and staff. While listed separately, the values are linked with each other for example, innovating requires connecting through collaboration. The values have been defined by TP's themselves, to be applied by individuals, within processes and within employing organisations. Table 1 outlines the detailed ways in which the values are demonstrated in practice.

Figure 1: Transfusion practice values

The Transfusion practice values also align closely with the NHS Values that are at the core of many regulatory, quality and professional development frameworks. The transfusion practice values emphasise protecting patients from harm, striving for continuous improvement, developing people and systems, innovating to achieve better outcomes, and connecting across organisations and professional boundaries. These five values reflect the NHS commitment to working together for every patient, improving lives, ensuring high-quality care, and recognising that everyone counts. This comparability reinforces the personal identity of the transfusion practice workforce, placing patient safety at its core and firmly positioning transfusion practice within the shared values, responsibilities and expectations of the wider NHS.

Table 1: Ways in which we demonstrate our core values in practice.

Core values:	The values are actioned by:
 **Protecting** patients, families, carers, donors and staff through:	• Shared decision-making and consent • Patient Blood Management (PBM) principles • Governance and professional regulation • Standards of transfusion practice • Scope of transfusion practice • Evidence-based and informed practice
 **Leading** for and with patients, families, carers, donors and staff through:	• Patient-centred care • Inclusive practice • Excellence in best practice • Supervision and delegation practices • Fostering a just and compassionate culture • Working across teams, the wider workforce, departments and organisations
 **Developing** for and with patients, families, carers, donors and staff through:	• Transfusion practice roles and expertise • Thriving and supportive teams and work environments • Safe transfusion practice • Tailored education and training for self and others • Responsibility and accountability relevant to individual scope of practice and job description
 **Innovating** for and with patients, families, carers, donors and staff through:	• Quality improvement and audit • Research • Digital transformation • Data-driven practice • Planning for the future of healthcare practice
 **Connecting** for and with patients, families, carers, donors and staff through:	• Collaborating with other professions across departments • Collaborating with external partners and organisations • Effective communication • Sharing learning • Local / regional systems and networks • National / international systems and networks

Section four: Introducing the Professional Development Framework for Transfusion Practitioners and the Supportive and Assistive Workforce

Who is the Framework for and how can it be used?

Aims for this section:

- Outline the different groups of people who can use this Framework
- Share some examples of the ways in which different groups of people may wish to use the Framework

The Professional Development Framework for Transfusion Practitioners and the Supportive and Assistive Workforce is an open access resource, primarily for use by **individual transfusion practitioners (TPs) and the supportive and assistive workforce, operational managers and strategic leaders**, appreciating the roles and job titles may differ across organisations. Figure 2 summarises the text below to support Framework users to understand the different applications of the Framework in practice.

Primary user groups

The existing transfusion practice workforce may wish to use the Framework to support them to articulate what they already know, at what level and identify areas for continuing development of their knowledge and skills, within the varying contexts of their work. This includes considering their role within the broader team which may or may not include other members of the transfusion practice workforce, porters, laboratory managers, biomedical and laboratory scientists, operational and strategic managers, medical staff, consultant clinical leads for transfusion services and many more.

Operational managers and strategic leaders may wish to use the Framework to invest in individual TPs and teams to support retention, career growth, to aid workforce planning and to promote and enhance service delivery. Examples of such leaders include pathology managers, haematologist team lead, consultant clinical lead for transfusion services and strategic leads in organisations.

System level organisations including but not limited to ICBs (Integrated Care Boards), NHSBT (NHS Blood and Transplant), NBTC (National Blood Transfusion Committee), NTPN (National Transfusion Practitioner Network) and regional transfusion networks may draw on the Framework to support benchmarking, service planning, workforce modelling and to reduce unwanted variation in transfusion practice across organisations.

Workforce planners including human resources, organisational development leads and quality/governance colleagues may use the Framework to align training plans including job design, recruitment, career and succession planning and the development of consistent role expectations nationally.

Education providers may use the Framework to develop and align teaching, curricula and practice-based learning with the capabilities required of Transfusion Practitioners at different levels of practice, to support consistent preparation and development across the multiprofessional workforce.

Additional user groups

Patients, families, carers and donors can access the Framework for information and to provide reassurance of the regulatory requirements of the TP role. The Framework also provides an overview of the nature of the TP role and the Supportive and Assistive workforce. The Framework emphasises the importance of ongoing learning for safe and effective practice across the transfusion practice workforce, including as part of a regulatory requirement to engage in continuing professional development for regulated professionals working as TPs.

Registered professionals who are considering a career move to work in the specialty role may find the Framework useful to understand more about it, appreciating there is variability across Trusts, based on patient needs and the evolution of the role in practice.

The value of the Framework is that it can be used **by everyone** in different ways. The primary user groups can use the Framework to contribute to professional development, workforce planning, recruitment and retention and to support service improvement. The additional user groups can use the Framework to better understand the roles within the transfusion practice workforce, and the developmental nature of them, as part of delivering safe and effective practice.

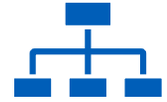
Figure 2: How to use the Professional Development Framework for Transfusion Practitioners and the Supportive and Assistive Workforce

Transfusion Practice Workforce

- To promote roles in the transfusion practice workforce, including the impact of the role for patient safety and service delivery
- To help structure personal statements for job applications
- To articulate the transferable knowledge and skills from your origin profession and/or previous roles
- To identify learning and development needs across the four strands of practice
- To showcase your level of TP practice, knowledge and skills
- To structure career conversations, including in supervision and appraisals

Operational Managers

- To benchmark the knowledge and skills and levels of practice within your team to support patient-care
- Support effective workforce planning including to develop the service
- To support a culture of continuing learning and development to benefit patients' outcomes
- To invest in the learning and development of your team to support retention, career growth and to promote the TP role
- To aid the job design process for new and existing transfusion practice roles



Strategic Leaders

- To structure a gap analysis process to support patient-care, role development and enhance service delivery
- To provide clarity and structure to develop the transfusion practice workforce
- To commit to a shared, standardised language to amplify the impact of the TP role
- To aid the job design process for new and existing transfusion practice roles

What the Framework is not

Aims for this section:

- To provide clarity about what the Framework is not designed to do
- To clarify the differences between Agenda for Change, the NHS Terms and Conditions of Service and the Professional Development Framework for Transfusion Practitioners and the Supportive and Assistive Workforce

The Professional Development Framework for Transfusion Practitioners and the Supportive and Assistive Workforce is a professional development resource rather than an employment or regulatory tool.

"Used well, the Framework can help me remain intentional about development, and ensure that my growth is not only personally meaningful, but also of practical value to my organisation, the wider workforce, and the patients we serve."
Pascal Winter. RN. Transfusion Practitoner

The Framework: .....

- Is not mandatory
- Is not a formal sign-off process
- Is not explicitly linked to pay bands
- Is not directly about pay, terms or conditions of employment
- Is not explicitly intended to guide national job profiles in the NHS
- Is not a performance management or fitness to practise tool

Many of the points in the list are the remit and the responsibility of the employing organisation e.g. private clinics, NHS Employers. Fitness to Practise processes are the primary responsibility of the Regulators.

While recognising appropriate variation in the role to meet local service needs, the strength and main aim of the Framework is to support practitioners and managers to clarify the purpose of the role, the values that shape it and to identify the existing knowledge, skills and areas for future service development (see Figure 2).

Agenda for Change, the NHS Terms and Conditions of Service and the Professional Development Framework for Transfusion Practitioners and the Supportive and Assistive Workforce

Agenda for Change (AfC) was the process implemented between 2004-2006 to standardise the pay, terms and conditions of most staff in the NHS, excluding doctors, dentists and very senior managers[10]. There have been revisions to the process in the intervening years including in response to changes in policy e.g., the Equality Act (2010)[11].

10 NHS Employers (2024) Agenda for Change https://www.nhsemployers.org/articles/agenda-change

11 https://www.legislation.gov.uk/ukpga/2010/15/contents

The term ‘AfC’ is often used as a shorthand phrase to describe the NHS Terms and Conditions of Service as set out in the Handbook[12]. AfC and the NHS Terms and Conditions of Service Handbook refer to conditions of employment and legal agreements. They do not function as a professional development framework.

In contrast, a Professional Development Framework provides a blueprint for continuous learning, role development and self-assessment[13]. It can be used by individuals to reflect on strengths, identify learning needs and structure a professional portfolio for appraisal. Managers and organisations can use it to plan role requirements and for workforce development.

“Revisiting it periodically would help me ask not only whether I have completed certain tasks, but whether my sphere of influence is growing, whether my practice is becoming more strategic, and whether my work is increasingly contributing to sustainable service improvement and patient safety.”
Pascal Winter. RN. Transfusion Practitioner

12 NHS Employers (2025) NHS Terms and Conditions of Service Handbook (2025) https://www.nhsemployers.org/publications/tchandbook

13 College of Paramedics (2025) Interactive Career Framework https://collegeofparamedics.co.uk/COP/ProfessionalDevelopment/Interactive_Career_Framework

Section five: Professional regulation, learning and development and scope of practice

Aims for this section:

- Revisit the relationship between the Framework, regulation, continuing professional development and scope of practice
- Reinforce the importance of ongoing learning and development for safe and effective practice

This Framework has been developed through a collaborative national process keeping requirements for continuing professional development (CPD), regulatory codes and standards (including scope of practice) and workforce requirements at the forefront of the process. It included a review of existing frameworks, regulatory and workforce requirements and has involved working with the transfusion practice workforce, other transfusion specialists and experts, NHSBT, SHOT, professional bodies, NHS England (Workforce, Training and Education) and NHS Employers.

A large national consultation ensures the final product addresses variations in practice, supports career development, and reflects the evolving responsibilities of the transfusion practice workforce. The terminology adopted in the Framework reflects the diverse professional backgrounds within the workforce, aligns with recognised national professional standards and guidance, captures the full breadth of transfusion practice, and supports the development of an inclusive, future proof, and standardised approach across the NHS.

Professional Regulation

TPs are regulated professionals who must be registered by law with their respective healthcare regulator. TPs are required to demonstrate to their regulators that they remain up to date. The renewal / reaccreditation processes and timeframes vary depending upon the TPs origin profession and regulator e.g., Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC), or General Medical Council (GMC).

The role of the healthcare regulators, first and foremost, is to protect the public. In recent work focusing on the advanced levels of practice, HCPC highlighted that the myriad of job titles can cause confusion to the public especially when the protected title does not form part of the job title.[14] Greater clarity can be provided to patients when TPs introduce themselves in a manner that includes the protected title from their register alongside the specialism of transfusion practice, to help provide assurance for patients.

Ongoing learning and Continuing Professional Development (CPD)

All members of the transfusion practice workforce actively engage in ongoing learning to benefit patients, services and themselves, known as Continuing Professional Development (CPD). CPD is an on-going process to support health and care practitioners to practice safely and effectively, now and in the future, by keeping their knowledge and skills up to date.[15] [16] The Framework has been designed to support the transfusion practice workforce to identify areas for on-going learning and to support the development of structured and safe role development. It does not replace regulatory and employer responsibilities.

14 https://www.hcpc-uk.org/standards/meeting-our-standards/advanced-levels-of-practice/regulating-advanced-levels-of-practice/

15 https://collegeofparamedics.co.uk/COP/COP/ProfessionalDevelopment/Principles_for_CPD.aspx

16 https://www.hcpc-uk.org/cpd/

CPD and regulation

CPD is a regulatory requirement for registered professionals, including those working as Transfusion Practitioners at all levels of practice. Each TP has chosen to work in the specialty within the context of being a regulated and registered professional e.g. a nurse, midwife, allied health professional or biomedical scientist and must continue to work within their relevant codes and standards.

Regulators do not prescribe particular types of CPD, recognising that regulated professionals need to decide what is most useful for their development[17]. Therefore, there are a wide range of examples for CPD activities including reflective practice, supervision, mentorship, formal education, quality improvement work, research skills development, leadership development and more – activities that span all four strands of practice.

Scope of practice

Scope of practice is the limit of a person's knowledge, skills and experience and is made up of the activities that they carry out within their professional role.[18] It is not static and CPD supports the development of an individual's scope of practice which enables TPs to collaborate with patients and multidisciplinary teams in order to develop services that meet evolving local needs, align with the NHS 10-year plan[19] and with transfusion specific strategies and guidance.

Safe and effective practice is a shared responsibility between regulated professionals, employing organisations, regulators and professional organisations.[20] Regulated professionals must work within their individual scope of practice, appreciating that scope can evolve with time, experience and additional learning to appropriately meet local service needs.[21] Employing organisations must ensure they have in place clear leadership oversight and accountability alongside workforce policies and processes for scope of practice, supervision, delegation etc.[22] Professional organisations provide guidelines and frameworks to support scope of practice, alongside networking, CPD opportunities and advocacy. Regulators set and uphold standards, ensure fitness to practice and provide data-informed guidance and support to meet standards in practice.[23]

"I believe the Professional Development Framework has significant potential to support structured and more strategic conversations with senior teams about the purpose, value, scope and future development of the Transfusion Practitioner role."
Pascal Winter. RN. Transfusion Practitioner

17 https://www.nmc.org.uk/revalidation/requirements/cpd/

18 https://www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice/

19 https://www.england.nhs.uk/long-term-plan/

20 https://www.hcpc-uk.org/standards/meeting-our-standards/advanced-levels-of-practice/practising-safely-at-advanced-levels-of-practice/

21 https://www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice/

22 https://www.hcpc-uk.org/resources/guidance/shared-update-on-the-regulation-of-advanced-levels-of-practice/

23 https://www.hcpc-uk.org/standards/meeting-our-standards/advanced-levels-of-practice/practising-safely-at-advanced-levels-of-practice/

Section six: The four strands of practice

Aims for this section:

- To introduce the four strands of practice that are central to workforce learning and development, which have been designed with and for the transfusion practice workforce
- To define the strands of practice and link to the existing Pillars of Practice used within professions including nursing, midwifery and allied health professions

The four strands of practice provide an inter-woven structure to consider areas for professional and service development. The four strands of practice are:

- Facilitation of Learning
- Leadership and Management
- Professional and Clinical Practice
- Research and Innovation

"We should use the Strands of Practice to identify team priorities such as reviewing of clinical education." – Sarah Clarke. RN. Transfusion Practitioner

Figure 3 shows how the strands of practice are woven together to form the basis of professional and service development. By adopting this approach, the transfusion practice workforce is able to work to its full capability and identify development needs across the strands.

The four strands of practice represent the core components of the work of the transfusion practice workforce and are intended to be used flexibly across the diverse responsibilities associated with the transfusion practice roles. Depending on capability, context or level of responsibility, individuals may draw primarily on one strand, while in other situations two or more strands will be interwoven and applied together. This reflects the complex and adaptive nature of the transfusion practice workforce, where activities across all four strands activities are often delivered concurrently to support safe, effective and patient-centred care.

Figure 3: The four strands of practice. Courtesy of Stuart Lord for the diagram.

Table two defines each strand of practice and offers practical, illustrative examples to show how the strands support the development of transfusion practice. Not all examples will be relevant to each level of practice, the detail of which is outlined in Section Eight where the strands feature throughout the Transfusion practice workforce capabilities which also shows the overlap between them.

The strands are an evolution of the Four Pillars of Practice already explicitly used within professions such as Nursing, Midwifery and Allied Health Professions. The pillars of practice are also reflected in the standards of proficiency for a range of regulated professionals including biomedical scientists. However, the concept of Pillars already exists within Transfusion Practice i.e. the Pillars of Patient Blood Management (PBM), therefore the term strands of practice has been adopted to avoid confusion. Furthermore the use of strands can be seen as an evolution and a contextualise version of the pillars of practice for the speciality of transfusion practice.

Table two: definitions of the four strands of practice (adapted from work by Stuart Lord)

Strand of practice	Definition	Examples of what this may look like in practice (NB. Not all of these examples are applicable to every level of practice)
Professional and Clinical Practice	Delivery of high-quality, safe, effective and person-centred care to manage the diverse needs of patients, carers, families and donors.	• Acting as a trusted specialist advisor within scope of practice and expertise, to medical, nursing and laboratory teams, providing timely transfusion advice and supporting shared decision-making throughout the transfusion pathway • Helping to build psychological safety with staff to encourage early reporting and open discussion of near-miss events, critical incidents and transfusion reactions, and leading reviews using reporting tools and recognised methodology with a focus of learning and patient safety improvement rather than blame • Work collaboratively with patients, carers, donors and families where appropriate to support informed consent through discussions of transfusion risks, alertantives and PBM, respecting individual values and preferences • Partnering with governance, quality, clinical and laboratory colleagues as part of the QMS to ensure compliance with BSH, MHRA, NICE, SHOT and UKAS standards, guidelines and recommendations through shared ownership of safe systems • Promoting and leading PBM improvements and initiatives, including transfusion alternatives, consent discussions and supporting NICE NG24 compliance across clinical areas and teams
Facilitation of Learning	Teaching, education, training and supervision to support other people to learn including colleagues, patients, students. Support own learning and professional development including through sharing best practice. Supporting workforce capability.	• Designing, planning and delivering a transfusion education programme tailored to clinical context and staff groups with ongoing evaluation and updating to reflect best practice and evidence-based guidance • Producing, co-developing and signposting accessible learning resources (including e-learning, pocket guides, posters, case studies, scenarios and apps) to support greater understanding of critical steps within the transfusion pathway • Supporting students, trainees and newly appointed staff during induction and placements through mentorships, coaching and role-modelling of safe practice • Facilitating and participating in multidisciplianary debriefs following transfusion-related incidents, supporting learning and assurance within the transfusion QMS, strengthening reflection, trust and collective learning rather than siloed responses • Engaging in local, regional and national transfusion forums to build professional networks, share learning and promote best practice • Planning and delivering simulation-based education that brings clinical and laboratory teams together, strengthening teamwork during high-risk situations such as massive haemorrhage events

Strand of practice	Definition	Examples of what this may look like in practice (NB. Not all of these examples are applicable to every level of practice)
Leadership and Management	Leading self and others, line management, operational and / or strategic management for the delivery of services. Engaging in multidisciplinary teamwork. System level leadership.	• Leading the development, review and implementation of transfusion policies and guidelines through inclusive consulation, with clinical, laboratory and governance colleagues • Chairing (where required, and with appropriate senior clinical oversight) and/or contributing to the Hospital Transfusion Committee (HTC) meetings and transfusion operational forums to support system-wide transfusion safety • Coordinating quality improvement initiatives (e.g. reducing wastage, improving traceability) as part of the end-to-end transfusion QMS by working across disciplines to align priorities and empower staff to contribute to improvement • Representing the Trust at regional transfusion meetings, acting as a link between organsations and supporting shared learning and standardisation of practice across systems • Providing visible leadership to promote and embed hospital-wide PBM initiatives, influencing practice through credibility, collaboration and professional expertise • Advising senior leaders on future service needs and improvements (e.g. electronic tracking, digital authorisation) • Supporting patients and colleagues through change processes by fostering confidence, engagement and preparedness across teams and disciplines
Research and Innovation	Using robust evidence to inform and improve practice, contributing to audit, research, service evaluation and quality improvement, new knowledge or policy.	• Actively leading or supporting local and national audits in partnership with clinical and laboratory teams, including to evaluate and strengthen the effectiveness of the transfusion QMS, promoting shared accountability for improvements • Presenting audit findings locally, regionally and nationally to encourage dialogue, reflection and collective ownership of outcomes and actions • Collaborating with staff to evaluate new technologies (e.g. electronic blood tracking), ensuring innovations reflect actual workflows and user experience • Contributing to service evaluation projects that promote safety, efficiency and staff wellbeing, recognising the interdependence of systems and relationships • Implementing evidence-based PBM initiatives and interventions and working with teams to monitor their impact on patient outcomes • Seeking opportunities to present poster and oral presentations at local, regional, national and international conferences to share best -practice, network and learn from others • Reviewing emerging literature and incorporating evidence into local guidance, education and training through collaboration with those delivering care

Section seven: Career pathways, levels of practice, education and training

Aims for this section:

- Define levels of practice
- Reinforce that levels of practice are not the same as job titles
- Introduce the concept of sphere of influence
- Provide guidance on how to identify your level(s) of practice as part of the transfusion practice workforce
- Provide a summary of the existing education framework for each level of practice

This section begins by defining the different levels of practice (see Figure 4) using wording and definitions used within the broader healthcare workforce, including for nurses, midwives, biomedical scientists and allied health professionals.

Many job titles can be enacted at the different levels of practice as determined by the employing organisations. Equally, people new into a level of practice, may require a form of structured transitional support (often referred to as preceptorship). There are national and local resources available to support preceptorship including principles for effective preceptorship from regulators[24] [25] and NHS England.[26] There will also be a range of transferable skills that people can bring into different levels of practice depending on their previous roles, careers, knowledge, experience and qualifications.

Levels of practice

While this Framework describes increasing expertise, influence and leadership within Transfusion Practitioner roles, it is not an Advanced Practice Framework and should not be interpreted as explicitly aligning with the NHS England Advanced or Consultant practice standards.

Table 3 provides the definitions for each level of practice. The following guiding principles can also help to guide you when identifying your level(s) of practice:

- Identify your sphere of influence – is it at a local level, within your region, at a national level or an international one. Like levels of practice, spheres of influence grow over time with additional experience and sometimes additional qualifications e.g. a leadership qualification.
- A level of practice or sphere of influence may vary between the strands of practice (Professional and Clinical Practice, Facilitation of Learning, Leadership and Management, Research and Innovation) and may depend on your experience, role, and area of practice.
- Appreciate there is room to grow within the Framework – it has been written to support, guide and inspire.

24 https://www.hcpc-uk.org/resources/information/principles-for-preceptorship/

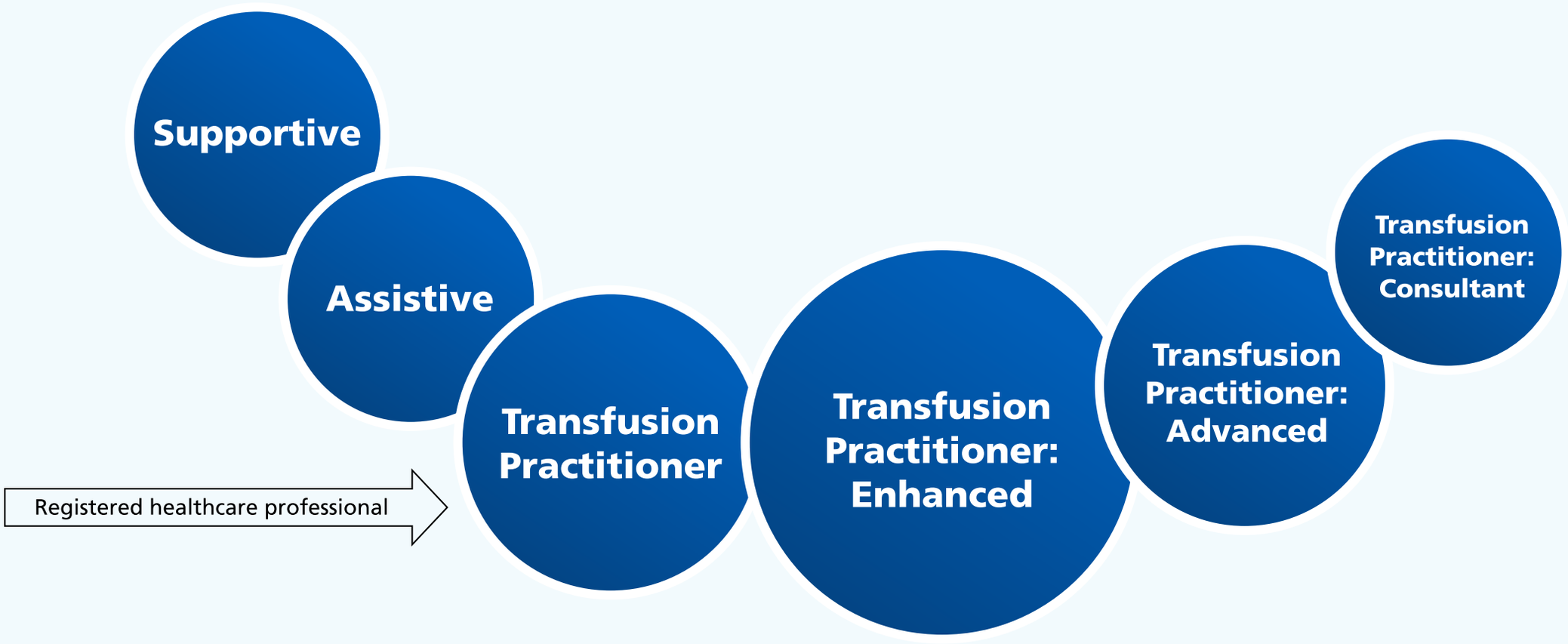
25 https://www.nmc.org.uk/standards/guidance/preceptorship/

26 https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-allied-health-professionals-preceptorship-foundation-support-programme

- Mapping yourself into the Framework, by considering how your role and activities align with the strands of practice, is best done initially with a trusted colleague. From there, mapping should ideally be undertaken with a line manager or as part of a structured team-based process.
- Progression to new levels of practice may involve increased scope, accountability and responsibility, and therefore requires alignment with service needs, a review of job descriptions and appropriate education and training.
- The strength of a Professional Development Framework is often the conversations it starts and structures.
- Any form of self-evaluation and reflection can cause discomfort. Please remember the Framework has been designed with and for the transfusion practice workforce to support growth, learning and workforce development. Its aim is to support you, the role in practice and to ultimately benefit patients, families, carers and donors.

"I now feel confident in the enhanced level as I have been able to identify in appraisals my strengthens and TP goals."
Sarah Clarke RN. Transfusion Practitioner

Figure 4: the Levels of Practice (adapted from Leary[27] and HCPC[28])



27 https://www.hee.nhs.uk/our-work/enhanced-practice-0

28 https://www.hcpc-uk.org/standards/meeting-our-standards/advanced-levels-of-practice/what-are-advanced-levels-of-practice/

Table Three: Defining the Levels of Practice (adapted from NHS England[29 30 31 32])

Level of Practice	In addition to the previous levels (where appropriate) people at this level will:
Supportive	• Have knowledge of facts, principles, processes and general concepts in their field of work • Carry out a wide range of duties and will have some responsibility which may include the direct delivery of clinical, technical or scientific activities with training, guidance and supervision available when needed • Work within Quality Management System processes (e.g., traceability tasks, data capture procedures) • Provide high quality, compassionate healthcare following standards, policies or protocols and always acting in the limits of their capability • Use knowledge and understanding to take decisions within their areas of responsibility • Be responsible for their work and for reviewing the effectiveness of actions • Demonstrate own duties to other support workers, students or less experienced staff • Also carry out administration tasks related to patient care (direct or indirect as required) and the wider service across the four strands of practice
Assistive	• Have factual and theoretical knowledge in broad contexts within their field of work • Work independently, and with others, which may include the direct delivery of clinical, technical or scientific activities, under the leadership and direction of a registered professional within defined parameters, to deliver care in line with an agreed plan / protocol • Have a breadth of knowledge and a flexible, transferable skill set to serve local health populations, taking account of the perspectives and pathways of patients, families, carers and donors to support the delivery and evaluation of care • Work across the four strands of practice, guided by legal and local requirements, standard operating procedures, protocols, or systems of work with the appropriate training and supervision • Make judgements within their areas of responsibility, plan activities, contribute to service development, collect data, contribute to compliance reporting and demonstrate self-awareness • Provide practical training to less experienced staff, including students as required/appropriate

29 https://www.hee.nhs.uk/sites/default/files/AHP_Framework%2520Final_0.pdf

30 https://advanced-practice.hee.nhs.uk/levels-of-advancing-practice/

31 https://www.hee.nhs.uk/our-work/cancer-diagnostics/aspirant-cancer-career-education-development-programme/accend-framework

32 https://advanced-practice.hee.nhs.uk/consultant/consultant-level-practice-capability-and-impact-framework/

Level of Practice	In addition to the previous levels (where appropriate) people at this level will:
Transfusion Practitioner	• Bring to the specialist role a range of transferable knowledge, skills and experiences from a regulated healthcare profession • Have a comprehensive, specialised, factual and theoretical knowledge within their field of practice and an awareness of the boundaries of that knowledge • Use knowledge to solve problems creatively, make professional judgements which require analysis and interpretation, and actively contribute to service and self-development • Have operational responsibility for QMS elements (e.g., incident reporting, audits, education) • Play a vital role in providing, leading, co-ordinating and evaluating care that is evidenced-based, personalised for the patient and compassionate • Be accountable for their own actions and those they delegate to and must be able to work autonomously, as part of the transfusion team and as an equal partner with a range of other professionals • Make an important contribution to the promotion of health, health protection and the prevention of ill health by empowering patients to exercise choice, take control of their own health decisions and behaviours and by supporting patients to manage their own care where possible • Engage in own supervision, learning and development seeking appropriate support from more experienced TPs and colleagues for some decision making • Have responsibility for the supervision and / or training of staff

Level of Practice	In addition to the previous levels (where appropriate) people at this level will:
Transfusion Practitioner – enhanced	• Recognise the boundaries of individual practice and know when and to whom to defer to for major and complex decisions when required • Require a critical understanding of detailed theoretical and practical knowledge related to specialist transfusion practice • Have management and leadership responsibilities including for service delivery and influence local decision-making within services • Consult directly or indirectly with patients, families, carers, donors and the multi-disciplinary team to undertake assessment of patient needs and devise and evaluate complex interventions • Evaluate and analyse clinical problems using clinical knowledge, seeking out and applying relevant evidence, enhanced techniques, interventions and equipment and using professional judgement to make clinical decisions • Deliver enhanced clinical care in the context of continual change, challenging environments, different models of care delivery, innovation and rapidly evolving technologies using analysis and underpinning knowledge to lead and manage complex interventions • Teach and advise patients, families, carers, donors and the multidisciplinary team to deliver safe and effective transfusion practice • Participate in clinical audits and research projects and implement changes as required, including the development, and updating of protocols, guidelines and local procedures to protect patients • Work within national and local protocols where these exist • Delegate work to other members of the transfusion practice team and the multidisciplinary team, taking accountability for the delegated activity and providing support and supervision as needed • Demonstrate initiative, use creativity and critical thinking to innovate and solve problems • Have responsibility for team performance and service development as required • Be responsible for the coordination, assurance, and improvement of QMS processes • Consistently undertake self-development including using reflection in action to manage day-to-day risk

Level of Practice	In addition to the previous levels (where appropriate) people at this level will:
Transfusion Practitioner – advanced	• Combine advanced clinical skills with research, education and clinical leadership within an individual's scope of practice • Intuitively use reflection-in-action to manage high levels of risk and complexity and support others to do so • Have a critical awareness of knowledge gaps in the field and at the interface between different fields • Be innovative and have responsibility and accountability for developing and changing practice and/or services in a complex and unpredictable environment • Demonstrate expertise in their scope of practice • Work as part of the wider healthcare team and across traditional professional boundaries • Work across the service, network and / or region – leading, influencing, implementing and evaluating the impact of practice development and service improvement initiatives
Transfusion Practitioner – consultant	• Require highly specialised knowledge, some of which is at the forefront of knowledge in transfusion practice, to use as the basis for original thinking and / or research • Lead with considerable responsibility encompassing the ability to research and analyse complex processes • Demonstrate responsibility and accountability for service improvement, development and innovation through system-level leadership and assurance, including in relation to QMS • Manage risk across a system drawing on the intuitive use of reflection-in-action • Generate new knowledge and share best transfusion practice by actively seeking and implementing best evidence to improve outcomes and experiences for patients, families, carers, donors and colleagues • Apply expert knowledge and lead change strategically across whole systems in everyday practice, through ongoing clinical development and research • Operate on the 'leading edge' of the transfusion practitioner role, developing and consolidating clinical expertise and research independence through the development of novel, interdisciplinary research and clinical leadership • Lead the transfer and use of new knowledge, and the use of implementation science methods, ensuring that research undertaken is addressing high priority questions relating to service delivery, optimising patient experience and outcomes, and that the value and impact of research activity is demonstrated at service level • Transform the way care is developed and delivered to patients, leading partnerships with patients and the public, clinical academic experts and other key stakeholders to make improvements locally, nationally and internationally • Have considerable clinical and / or managerial responsibilities, be accountable for service delivery or have a leading education or commissioning role

Education framework

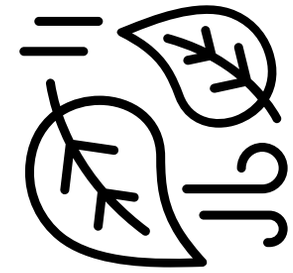


Table four provides guidance on the existing education framework to support the development of the transfusion practice workforce at different levels of practice. The workforce will develop their knowledge and skills through a range of opportunities, including through active engagement in:

- Workplace-based learning
- Critical reflection
- Supervision
- Appraisals
- Working through local competencies
- Continuing Professional Development (CPD) activities
- Elearning/online learning resources
- University accredited modules or complete programmes

This is the first edition of the Professional Development Framework and, as such, it is the intention for it to act as foundation work on which to develop other education and training opportunities in the future. Table four provides illustrative examples of learning and development routes to act as a guide for the transfusion practice workforce and organisations.

FHEQ qualifications (Framework for Higher Education Qualifications) are not mandatory to practise at any level within the transfusion practice workforce. Individuals may attain and demonstrate capability at different levels through a range of routes. Where academic qualifications are referenced, they represent one possible development pathway and are not a requirement. Equivalence may be demonstrated through a combination of formal learning, experiential learning and evidence that demonstrates an individual's capability at the relevant level of practice.

Table four: Learning and development routes for the Transfusion Practice workforce (including levels outlined in the Framework for Higher Education Qualifications (FHEQ)[33]

Level of Practice	Indicative capability/ academic level (or demonstrated equivalence)	Examples of supporting learning and development routes	Notes/application in practice
Supportive	Aligned to **FHEQ-4** or equivalent	NHS Learning Hub • Blood Transfusion elearning modules • Patient Safety and Human Factors NHSBT courses • Basic Introduction to Transfusion Science Competency based and development and other role specific training • Quality Improvement • Local in-house courses • Online learning from Personalised Care Institute	Development focused on role requirement and local service need • To improve foundation awareness • Role undertaken under direct supervision
Assistive	Aligned to **FHEQ-5** or equivalent	NHS Learning Hub • Blood Transfusion elearning modules • Patient Safety and Human Factors NHSBT courses • Basic Introduction to Transfusion Science NHS Leadership Academy • Edward Jenner programme Competency based and development and other role specific training • Quality Improvement • Local in-house courses • Online learning from Personalised Care Institute	Development focused on role requirement and local service need • To support contribution to service delivery • Increased autonomy with defined boundaries

33 https://www.gov.uk/what-different-qualification-levels-mean/list-of-qualification-levels

Level of Practice	Indicative capability/ academic level (or demonstrated equivalence)	Examples of supporting learning and development routes	Notes/application in practice
Transfusion Practitioner	**FHEQ-6** or equivalent	NHSBT resources and courses • Blood Essentials • Practical Introduction to Transfusion Science (PITS) • Specialist Transfusion Science Practice (STPS) • NTPN Resources • Introductory Workbook for Transfusion Practitioners NHS Leadership Academy • Edward Jenner programme • University Qualifications • PG Certificate / PG Diploma in Clinical Education IBMS • Certificate of Expert Practice Competency based and development and other role specific training • Quality Improvement • Local in-house courses • Online learning from Personalised Care Institute	Capability may be demonstrated through academic study and/or experience and evidence • Independent practice within defined protocols, applying specialist knowledge to support safe and effective transfusion practice at service level

Level of Practice	Indicative capability/ academic level (or demonstrated equivalence)	Examples of supporting learning and development routes	Notes/application in practice
Transfusion Practitioner (Enhanced)	**FHEQ 6/7** or equivalent	NHSBT resources and courses • Blood Essentials • Practical Introduction to Transfusion Science (PITS) • Specialist Transfusion Science Practice (STPS) • NTPN Resources • Introductory Workbook for Transfusion Practitioners NHS Leadership Academy • Edward Jenner programme • Mary Seacole programme • University Qualifications • PG Certificate / PG Diploma in Clinical Education • MSc Applied Transfusion and Transplantation (or equivalent) IBMS • Certificate of Expert Practice NHS Coaching and Mentoring Hub • Competency based and development and other role specific training • Quality Improvement • Local in-house courses • Online learning from Personalised Care Institute	Capability may be demonstrated through academic study and/or experience and evidence • Increased breadth and depth of specialist practice, with greater autonomy and responsibility for service improvement, education, and professional leadership

Level of Practice	Indicative capability/ academic level (or demonstrated equivalence)	Examples of supporting learning and development routes	Notes/application in practice
Transfusion Practitioner (Advanced)	**FHEQ-7** or equivalent	NHSBT resources and courses • Practical Introduction to Transfusion Science (PITS) • Specialist Transfusion Science Practice (STPS) • NHS Leadership Academy • Mary Seacole programme • Rosalin Franklin programme • University Qualifications • PG Certificate / PG Diploma in Clinical Education • MSc Applied Transfusion and Transplantation (or equivalent) IBMS • Certificate of Expert Practice NIHR • Research career development programme-pre master's level opportunities • NHS Coaching and Mentoring Hub Competency based and development and other role specific training • Quality Improvement • Local in-house courses • Online learning from Personalised Care Institute	Capability may be demonstrated through academic study and/or experience and evidence • Advanced autonomous practice with significant influence on service development, quality improvement, and leadership across teams and organisations

Level of Practice	Indicative capability/ academic level (or demonstrated equivalence)	Examples of supporting learning and development routes	Notes/application in practice
Transfusion Practitioner (Consultant)	**FHEQ-8** or equivalent	University Qualifications • HSST Transfusion Science • Relevant university qualifications required for the role NHS Leadership Academy • Elizabeth Garrett Anderson programme NIHR • Research career development programme- doctoral level opportunities NHS Coaching and Mentoring Hub Competency based and development and other role specific training • Quality Improvement • Local in-house courses	High level focus on system leadership, innovation, expert clinical practice • Expert clinical and professional leadership with system-level impact, driving innovation, strategic development, and improvement across organisations and networks locally, regionally and nationally

Section eight: Transfusion practice workforce capabilities

Aims for this section:

- Introduce the capabilities as the outcomes of learning based on the transfusion practice core values and the strands of practice
- To act as a standardised resource when identifying which levels of practice you are at for each capability and identify areas for your future learning and development

This section introduces the capabilities divided across the transfusion practice core values. Some capabilities are relevant for all levels of practice and there are some that feature more at different levels e.g., the enhanced, advanced, consultant levels.

When working through the capabilities, consider the following:

1. In practice there is no mandatory requirement for a formal sign-off for the capabilities in this Framework – they are written to support the professional development and growth in your role rather than written as tasks for completion or accountability
2. Consider the extent to which capabilities apply to your role, your individual scope of practice or could apply to your role or scope of practice in the future
3. Keep in mind the definitions of the levels of practice in Table three as you identify which level you are at for each capability
4. It is likely you will be at different levels for individual capabilities
5. Notice any capabilities that catch your interest, particulary if you know that they could meet a service need – these may be areas of learning you want to consider building into your appraisal as your learning and development continues with time and experience
6. Talk with a trusted colleague if you are unsure about your level for individual capabilities. Often it is the conversations around professional development that can be enlightening and empowering.

Transfusion practice workforce capabilities

(Coloured areas denote relevance for this level)

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
Protecting								
1.1	Know and demonstrate duty of care, working within your professional and individual scope of practice, adhering to relevant guidelines, standards of proficiency and statutory codes of conduct			√	√	√	√	**Professional and clinical practice**
1.2	Maintain an awareness and work within your role and its boundaries as outlined in your job description	√	√	√	√	√	√	**Leadership and management** **Professional and clinical practice**
1.3	Ensure yourself and others understand and know how to adhere to legal and ethical responsibilities including but not limited to decision to transfuse, informed consent, authorisation of blood components, health and safety, incidents, infection control, risk management, safeguarding	√	√	√	√	√	√	**Professional and clinical practice**

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
1.4	Engage in continuous professional development (CPD) activities to meet your professional regulatory requirements ensuring that learning is linked to your scope to maintain safe and effective transfusion practice			√	√	√	√	**Facilitation of learning** **Professional and clinical practice**
1.5	Ensure self and others understand the importance of and maintain confidentiality and information governance / GDPR / data protection	√	√	√	√	√	√	**Professional and clinical practice**
1.6	Work within and / or influence the content of local policies related to transfusion practice e.g. Transfusion Policy, at an operational and / or strategic level	√	√	√	√	√	√	**Leadership and management** **Professional and clinical practice**
1.7	Ensure self and others are aware of and use available strategies to effectively manage practitioner health and wellbeing	√	√	√	√	√	√	**Leadership and management** **Professional and clinical practice**

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
1.8	Use professional judgement when dealing with complexity and atypical situations where pathways may not meet the patient's needs and seek to build confidence in others			√	√	√	√	**Leadership and management** **Professional and clinical practice**
1.9	Lead the management of transfusion risks, in collaboration with others, in unpredictable and complex situations, including where no precedent exists e.g. emergency planning and response			√	√	√	√	**Leadership and management** **Professional and clinical practice**
1.10	Ensure the uptake of competencies (where appropriate) essential to your role to promote patient safety and person-centred care throughout the transfusion process	√	√	√	√	√	√	**Professional and clinical practice**
1.11	Promote patient rights to informed consent throughout the transfusion process, in accordance with the most up to date SaBTO guidance			√	√	√	√	**Professional and clinical practice**

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
1.12	Support and advise clinical staff and patients to apply PBM principles and promote the use of alternatives, as part of individualised care to transfusion			√	√	√	√	**Facilitation of learning** **Leadership and management** **Professional and clinical practice**
1.13	Review transfusion practice to ensure it complies with local, national and international evidence-based guidelines, monitor and identify trends and risks in the pathway and design and implement safety improvements			√	√	√	√	**Facilitation of learning** **Leadership and management** **Professional and clinical practice** **Research and innovation**
1.14	Train and support staff in safe transfusion practice, ensure they are updated on relevant new evidence, policies and regulations			√	√	√	√	**Facilitation of learning** **Leadership and management** **Professional and clinical practice**

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
1.15	As part of the wider hospital transfusion team, undertake analysis of transfusion-related incidents (including human factors), share lessons learned and implement actions to prevent recurrence and contribute to national haemovigilence schemes			√	√	√	√	**Facilitation of learning** **Leadership and management** **Professional and clinical practice** **Research and innovation**
1.16	Ensure compliance with legal and regulatory requirements (including The Blood Safety and Quality Regulations 2005)	√	√	√	√	√	√	**Leadership and management** **Professional and clinical practice**
1.17	Lead activity to deliver and assure safe and effective transfusion practice within the organisational Quality Management System Lead activity to deliver and assure safe and effective transfusion practice within the organisational Quality Management System			√	√	√	√	**Leadership and management** **Professional and clinical practice** **Research and innovation**

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
1.18	Lead the development, review and implementation of transfusion related policies and guidelines within your sphere of influence, in line with emerging evidence and research			√	√	√	√	**Leadership and management** **Research and innovation**
2. Leading								
2.1	Lead self and others to respect and maintain privacy and dignity including to support equity, diversity and belonging		√	√	√	√	√	**Leadership and management** **Professional and clinical practice**
2.2	Practice as an autonomous professional to deliver safe and effective transfusion practice			√	√	√	√	**Leadership and management** **Professional and clinical practice**
2.3	Work in partnership to support shared decision making with patients, families and staff about the risks, benefits and alternatives to receiving blood components for example signposting to relevant patient-focused information and resources	√	√	√	√	√	√	**Leadership and management** **Professional and clinical practice**

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
2.4	Be aware of the power your role gives you, and handle any power dynamics carefully and respectfully.	√	√	√	√	√	√	**Leadership and management** **Professional and clinical practice**
2.5	Support and delegate to other colleagues to deliver safe and effective patient blood management within their scope of practice and/or job description e.g. providing advice on transfusion alternatives and requirements			√	√	√	√	**Facilitation of learning** **Leadership and management** **Professional and clinical practice**
2.6	Ensure that you practice effective interpersonal skills including but not limited to active listening, empathy, openness to feedback, reliability and honesty	√	√	√	√	√	√	**Leadership and management** **Professional and clinical practice**
2.7	Ensure that you support others to practice effective interpersonal skills including but not limited to active listening, empathy, openness to feedback, reliability and honesty			√	√	√	√	**Leadership and management** **Professional and clinical practice**

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
2.8	Utilise professional / clinical reasoning, critical thinking and reflective practice to make person-centred decisions			√	√	√	√	**Facilitation of learning** **Leadership and management** **Professional and clinical practice**
2.9	Advocate for patients, based on their wants and needs, to create a more inclusive and supportive environment	√	√	√	√	√	√	**Leadership and management** **Professional and clinical practice**
2.10	Evaluate the impact of your own leadership behaviours e.g. conflict resolution, to continue to develop yourself as an inclusive and supportive leader	√	√	√	√	√	√	**Leadership and management** **Professional and clinical practice**
2.11	Communicate complex transfusion processes clearly to a range of staff				√	√	√	**Leadership and management**
3. Developing								
3.1	Understand the service and healthcare system in which you work, including the strategies that support the ongoing development of it			√	√	√	√	**Leadership and management**

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
3.2	Within your existing sphere of influence, seek opportunities to develop Transfusion practice in the system in which you work	√	√	√	√	√	√	**Leadership and management** **Research and innovation**
3.3	Engage in supervision and work effectively as a supervisee	√	√	√	√	√	√	**Facilitation of learning** **Leadership and management** **Professional and clinical practice**
3.4	Engage in supervision and work effectively as a supervisor			√	√	√	√	**Facilitation of learning** **Leadership and management** **Professional and clinical practice**
3.5	Reflect on your own learning needs and seek advice to support career growth and progression, to maintain safe and effective practice	√	√	√	√	√	√	**Facilitation of learning** **Leadership and management**

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
3.6	Act as an expert resource to support the education, training, learning and practice of others including when onboarding new TPs			√	√	√	√	**Leadership and management** **Professional and clinical practice**
3.7	Support the learning and development of students, learners and the broader workforce during their placements and inductions			√	√	√	√	**Facilitation of learning** **Leadership and management**
3.8	Seek opportunities to strategically impact the development of the TP role and associated policies and procedures within your sphere of influence			√	√	√	√	**Leadership and management**
3.9	Contribute to the development of thriving and supportive teams and work environments	√	√	√	√	√	√	**Leadership and management**
3.10	Lead and evaluate the development of education programmes for staff involved in the transfusion pathway				√	√	√	**Facilitation of learning** **Leadership and management**

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
4. Innovating								
4.1	Support the capapbility development of digital literacy knowledge and skills, supporting yourself and others to use them in practice	√	√	√	√	√	√	**Facilitation of learning** **Leadership and management** **Professional and clinical practice** **Research and innovation**
4.2	Influence the scope of Transfusion Practice across the UK			√	√	√	√	**Leadership and management** **Research and innovation**
4.3	Contribute data to systems to be used for research, audit or service evaluation and understand own contribution to these processes	√	√	√	√	√	√	**Leadership and management** **Research and innovation**
4.4	Critically evaluate and influence the evolving scope of the Transfusion practitioner role in the UK and internationally to drive appropriate expansion			√	√	√	√	**Leadership and management** **Professional and clinical practice** **Research and innovation**

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
4.5	Engage and collaborate in local and national quality improvement and audit activities, including audits from national guidelines and National Comparative Audits (NCA)	√	√	√	√	√	√	**Leadership and management** **Professional and clinical practice** **Research and innovation**
4.6	Engage and collaborate in service evaluation activities to support the development of transfusion services (e.g., evaluation of bedside transfusion equipment)	√	√	√	√	√	√	**Leadership and management** **Professional and clinical practice** **Research and innovation**
4.7	Engage in research activities including conducting a literature review, critical appraisal, interpreting and applying findings	√	√	√	√	√	√	**Research and innovation**
4.8	Taking a project management approach, collaborate across clinical practice and academia to evaluate the impact and sustainability of Transfusion practice to improve provision			√	√	√	√	**Leadership and management** **Research and innovation**

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
4.9	Evaluate the outcomes and impact of your work in collaboration with patients, colleagues, and the organisation			√	√	√	√	**Leadership and management** **Professional and clinical practice** **Research and innovation**
4.10	Be involved with and/or design research studies, including processes relating to governance and ethics with active involvement from patients and the public			√	√	√	√	**Research and innovation**
4.11	Promote, enable and lead research to advance the development of transfusion knowledge and practice					√	√	**Leadership and management** **Research and innovation**
4.12	Work in collaboration designing processes to support patients, families and staff to understand the risks, benefits and alternatives to transfusion	√	√	√	√	√	√	**Leadership and management** **Research and innovation**

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
4.13	Develop and influence appropriate processes to effectively guide the transfusion pathway e.g. digital innovations, management of IT systems including procurement processes				√	√	√	**Leadership and management** **Research and innovation**
4.14	Adapt teaching methods to respond to different types of learning e.g. simulation training			√	√	√	√	**Facilitation of learning**
4.15	Demonstrate awareness of funding, commissioning and development of Transfusion services to meet local needs				√	√	√	**Leadership and management** **Research and innovation**
4.16	Demonstrate the impact of advanced and consultant level transfusion practice on service function and effective, and quality (that is outcomes of care, experience and safety)					√	√	**Leadership and management** **Research and innovation**

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
4.17	Critically evaluate local and national service change, in similar services, comparing the data and knowledge generated against own services to inform business cases and commissioning opportunities					√	√	**Leadership and management** **Research and innovation**
4.18	Identify opportunities where AI can support transfusion process within professional, ethical and governance boundries					√	√	**Leadership and management** **Research and innovation**
5.Connecting								
5.1	Actively engage in local and regional networks and committees including to share learning from good practice, incidents and near misses			√	√	√	√	**Facilitation of learning** **Professional and clinical practice**
5.2	Build and maintain positive working relationships, communicating effectively with everyone you work with, recognising the need to adapt your own style for different situations	√	√	√	√	√	√	**Leadership and management**

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
5.3	Know and demonstrate use of appropriate referral pathways			√	√	√	√	**Leadership and management** **Professional and clinical practice**
5.4	Promote the value and benefits of the TP role to people within and outside of your organisation	√	√	√	√	√	√	**Facilitation of learning** **Leadership and management** **Professional and clinical practice** **Research and innovation**
5.5	Work with other teams, agencies, patient partners to develop information and support resources to enable patients, families, carers and donors to access information appropriate to their needs	√	√	√	√	√	√	**Facilitation of learning** **Leadership and management** **Professional and clinical practice** **Research and innovation**

Capabilities (as an outcome of learning)		Level of practice						
		Supportive	Assistive	Transfusion Practitoner	TP – Enhanced	TP – Advanced	TP – Consultant	*Strand(s) of practice
5.6	Submit abstracts and present at local, regional, national and international conferences to promote and share best practice	√	√	√	√	√	√	**Facilitation of learning** **Leadership and management** **Professional and clinical practice** **Research and innovation**

Section nine: Self-evaluation resource

Self-evaluation mapping template

Areas for ongoing learning and development are expected, and these will vary throughout your career. To use this self-evaluation mapping template:

- Familiarise yourself with the key concepts in the Framework: including the levels of practice and the four strands of practice
- Map relevant capabilities to your level of practice: read each capability and place a tick next to those that are applicable to your role. You may identify a capability that is not currently applicable to your role, but you may consider it has potential to be applicable in the future. Highlight these for further consideration and discussion with your line manager.
- Assess your current level of practice: using the Levels of practice definitions in Table Three in the Framework ('Defining the Levels of Practice') identify which level you are at for each relevant capability and, if applicable, the learning steps you want to take next to continue to develop in the area. Also reflect on your current practice, your confidence and sphere of influence.
- Use the indicators in Table 5 to record your self-assessment at the identified level of practice.

Table 5: Self-assessment indicators

Capability Stage	Capability Judgement	Development
Aspiring Capability (AC)	I recognise a need to develop in this area	Further development will require sustained learning, appropriate support, and experience to build safe effective practice
Developing Capability (DC)	I recognise a need for further experience or support to continue to develop in this area	Further training, experience, or professional support would strengthen consistency, confidence, and overall impact
Established Capability (EC)	I consistently demonstrate my ability in this area	I apply this capability confidently, consistently, and effectively within my role

Mapping Template

Name:
Date:
Overall level of practice:
I’m reviewing my learning and development now because:
Plan for next review:

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
Protecting									
1.1	Know and demonstrate duty of care, working within your professional and individual scope of practice, adhering to relevant guidelines, standards of proficiency and statutory codes of conduct								**Professional and clinical practice**
1.2	Maintain an awareness and work within your role and its boundaries as outlined in your job description								**Leadership and management** **Professional and clinical practice**
1.3	Ensure yourself and others understand and know how to adhere to legal and ethical responsibilities including but not limited to decision to transfuse, informed consent, authorisation of blood components, health and safety, incidents, infection control, risk management, safeguarding								**Professional and clinical practice**

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
1.4	Engage in continuous professional development (CPD) activities to meet your professional regulatory requirements ensuring that learning is linked to your scope to maintain safe and effective transfusion practice								**Facilitation of learning** **Professional and clinical practice**
1.5	Ensure self and others understand the importance of and maintain confidentiality and information governance / GDPR / data protection								**Professional and clinical practice**
1.6	Work within and / or influence the content of local policies related to transfusion practice e.g. Transfusion Policy, at an operational and / or strategic level								**Leadership and management** **Professional and clinical practice**
1.7	Ensure self and others are aware of and use available strategies to effectively manage practitioner health and wellbeing								**Leadership and management** **Professional and clinical practice**

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
1.8	Use professional judgement when dealing with complexity and atypical situations where pathways may not meet the patient's needs and seek to build confidence in others								**Leadership and management** **Professional and clinical practice**
1.9	Lead the management of transfusion risks, in collaboration with others, in unpredictable and complex situations, including where no precedent exists e.g. emergency planning and response								**Leadership and management** **Professional and clinical practice**
1.10	Ensure the uptake of competencies (where appropriate) essential to your role to promote patient safety and person-centred care throughout the transfusion process								**Professional and clinical practice**
1.11	Promote patient rights to informed consent throughout the transfusion process, in accordance with the most up to date SaBTO guidance								**Facilitation of learning** **Leadership and management** **Professional and clinical practice**

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
1.12	Support and advise clinical staff and patients to apply PBM principles and promote the use of alternatives, as part of individualised care to transfusion								**Facilitation of learning** **Leadership and management** **Professional and clinical practice**
1.13	Review transfusion practice to ensure it complies with local, national and international evidence-based guidelines, monitor and identify trends and risks in the pathway and design and implement safety improvements								**Facilitation of learning** **Leadership and manage-ment** **Professional and clinical practice** **Research and innovation**
1.14	Train and support staff in safe transfusion practice, ensure they are updated on relevant new evidence, policies and regulations								**Facilitation of learning** **Leadership and management** **Professional and clinical practice**

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
1.15	As part of the wider hospital transfusion team, undertake analysis of transfusion-related incidents (including human factors), share lessons learned and implement actions to prevent recurrence and contribute to national haemovigilence schemes								**Facilitation of learning** **Leadership and management** **Professional and clinical practice** **Research and innovation**
1.16	Ensure compliance with legal and regulatory requirements (including The Blood Safety and Quality Regulations 2005)								**Leadership and management** **Professional and clinical practice**
1.17	Lead activity to deliver and assure safe and effective transfusion practice within the organisational Quality Management System Lead activity to deliver and assure safe and effective transfusion practice within the organisational Quality Management System								**Leadership and manage-ment** **Professional and clinical practice** **Research and innovation**

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
1.18	Lead the development, review and implementation of transfusion related policies and guidelines within your sphere of influence, in line with emerging evidence and research								**Leadership and management** **Research and innovation**
2. Leading									
2.1	Lead self and others to respect and maintain privacy and dignity including to support equity, diversity and belonging								**Leadership and management** **Professional and clinical practice**
2.2	Practice as an autonomous professional to deliver safe and effective transfusion practice								**Leadership and management** **Professional and clinical practice**
2.3	Work in partnership to support shared decision making with patients, families and staff about the risks, benefits and alternatives to receiving blood components for example signposting to relevant patient-focused information and resources								**Leadership and management** **Professional and clinical practice**

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
2.4	Be aware of the power your role gives you, and handle any power dynamics carefully and respectfully.								**Leadership and management** **Professional and clinical practice**
2.5	Support and delegate to other colleagues to deliver safe and effective patient blood management within their scope of practice and/ or job description e.g. providing advice on transfusion alternatives and requirements								**Facilitation of learning** **Leadership and management** **Professional and clinical practice**
2.6	Ensure that you practice effective interpersonal skills including but not limited to active listening, empathy, openness to feedback, reliability and honesty								**Leadership and management** **Professional and clinical practice**
2.7	Ensure that you support others to practice effective interpersonal skills including but not limited to active listening, empathy, openness to feedback, reliability and honesty								**Leadership and management** **Professional and clinical practice**

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
2.8	Utilise professional / clinical reasoning, critical thinking and reflective practice to make person-centred decisions								**Facilitation of learning** **Leadership and management** **Professional and clinical practice**
2.9	Advocate for patients, based on their wants and needs, to create a more inclusive and supportive environment								**Leadership and management** **Professional and clinical practice**
2.10	Evaluate the impact of your own leadership behaviours e.g. conflict resolution, to continue to develop yourself as an inclusive and supportive leader								**Leadership and management** **Professional and clinical practice**
2.11	Communicate complex transfusion processes clearly to a range of staff								**Leadership and management**

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
3. Developing									
3.1	Understand the service and healthcare system in which you work, including the strategies that support the ongoing development of it								**Leadership and management**
3.2	Within your existing sphere of influence, seek opportunities to develop Transfusion practice in the system in which you work								**Leadership and management** **Research and innovation**
3.3	Engage in supervision and work effectively as a supervisee								**Facilitation of learning** **Leadership and management** **Professional and clinical practice**
3.4	Engage in supervision and work effectively as a supervisor								**Facilitation of learning** **Leadership and management** **Professional and clinical practice**

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
3.5	Reflect on your own learning needs and seek advice to support career growth and progression, to maintain safe and effective practice								**Facilitation of learning** **Leadership and management**
3.6	Act as an expert resource to support the education, training, learning and practice of others including when onboarding new TPs								**Leadership and management** **Professional and clinical practice**
3.7	Support the learning and development of students, learners and the broader workforce during their placements and inductions								**Facilitation of learning** **Leadership and management**
3.8	Seek opportunities to strategically impact the development of the TP role and associated policies and procedures within your sphere of influence								**Leadership and management**
3.9	Contribute to the development of thriving and supportive teams and work environments								**Leadership and management**

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
3.10	Lead and evaluate the development of education programmes for staff involved in the transfusion pathway								**Facilitation of learning** **Leadership and management**
4. Innovating									
4.1	Support the capability development of digital literacy knowledge and skills, supporting yourself and others to use them in practice								**Facilitation of learning** **Leadership and management** **Professional and clinical practice** **Research and innovation**
4.2	Influence the scope of Transfusion Practice across the UK								**Leadership and management** **Research and innovation**
4.3	Contribute data to systems to be used for research, audit or service evaluation and understand own contribution to these processes								**Leadership and management** **Research and innovation**

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
4.4	Critically evaluate and influence the evolving scope of the Transfusion practitioner role in the UK and internationally to drive appropriate expansion								**Leadership and management** **Professional and clinical practice** **Research and innovation**
4.5	Engage and collaborate in local and national quality improvement and audit activities, including audits from national guidelines and National Comparative Audits (NCA)								**Leadership and management** **Professional and clinical practice** **Research and innovation**
4.6	Engage and collaborate in service evaluation activities to support the development of transfusion services (e.g., evaluation of bedside transfusion equipment)								**Leadership and management** **Professional and clinical practice** **Research and innovation**
4.7	Engage in research activities including conducting a literature review, critical appraisal, interpreting and applying findings								**Research and innovation**

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
4.8	Taking a project management approach, collaborate across clinical practice and academia to evaluate the impact and sustainability of Transfusion practice to improve provision								**Leadership and management** **Research and innovation**
4.9	Evaluate the outcomes and impact of your work in collaboration with patients, colleagues, and the organisation								**Leadership and management** **Professional and clinical practice** **Research and innovation**
4.10	Be involved with and/or design research studies, including processes relating to governance and ethics with active involvement from patients and the public								**Research and innovation**
4.11	Promote, enable and lead research to advance the development of transfusion knowledge and practice								**Leadership and management** **Research and innovation**

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
4.12	Work in collaboration designing processes to support patients, families and staff to understand the risks, benefits and alternatives to transfusion								**Leadership and management** **Research and innovation**
4.13	Develop and influence appropriate processes to effectively guide the transfusion pathway e.g. digital innovations, management of IT systems including procurement processes								**Leadership and management** **Research and innovation**
4.14	Adapt teaching methods to respond to different types of learning e.g. simulation training								**Facilitation of learning**
4.15	Demonstrate awareness of funding, commissioning and development of Transfusion services to meet local needs								**Leadership and management** **Research and innovation**

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
4.16	Demonstrate the impact of advanced and consultant level transfusion practice on service function and effective, and quality (that is outcomes of care, experience and safety)								**Leadership and management** **Research and innovation**
4.17	Critically evaluate local and national service change, in similar services, comparing the data and knowledge generated against own services to inform business cases and commissioning opportunities								**Leadership and management** **Research and innovation**
4.18	Identify opportunities where AI can support transfusion process within professional, ethical and governance boundaries								
5. Connecting									
5.1	Actively engage in local and regional networks and committees including to share learning from good practice, incidents and near misses								**Facilitation of learning** **Research and innovation**

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
5.2	Build and maintain positive working relationships, communicating effectively with everyone you work with, recognising the need to adapt your own style for different situations								**Leadership and management**
5.3	Know and demonstrate use of appropriate referral pathways								**Leadership and management** **Professional and clinical practice**
5.4	Promote the value and benefits of the TP role to people within and outside of your organisation								**Facilitation of learning** **Leadership and management** **Professional and clinical practice** **Research and innovation**

Capabilities (as an outcome of learning) Applicable to my role			Level of practice S = Supportive A = Assistive TP = Transfusion Practitioner TP-E = Transfusion Practitioner Enhanced TP-A = Transfusion Practitioner Advanced TP-C = Transfusion Practitioner Consultant						
		S	A	TP	TP -E	TP -A	TP -C	Next learning steps (where applicable)	*Strand(s) of practice
5.5	Work with other teams, agencies, patient partners to develop information and support resources to enable patients, families, carers and donors to access information appropriate to their needs								**Facilitation of learning** **Leadership and management** **Professional and clinical practice** **Research and innovation**
5.6	Submit abstracts and present at local, regional, national and international conferences to promote and share best practice								**Facilitation of learning** **Leadership and management** **Professional and clinical practice** **Research and innovation**

Section ten: Next steps and further information

by Aimi Baird
Chair of NTPN
BMS, Advanced Transfusion Practitioner
The Newcastle Upon Tyne Hospitals NHS Foundation Trust

"This Professional Development Framework represents a significant step forward for the transfusion practice workforce, recognising it as a collective, integrated workforce comprising supportive, assistive and transfusion practitioners working together. Shaped through extensive engagement with Transfusion Practitioners and key stakeholders, it reflects the collective expertise, values and aspirations of a diverse and highly skilled professional community. The Framework is intended to support and empower the transfusion practice workforce at every level of practice, recognising existing expertise while providing a clear and flexible structure for ongoing learning, development and career progression.

By articulating the scope, values and levels of practice, the Framework strengthens professional identity, enhances accountability and provides clarity for the transfusion practice workforce including assistive, supportive colleagues and practitioners, and managers and organisations alike. It creates a shared language for conversations about role development, supervision, service planning and succession, supporting consistency while allowing for local context and variation. In doing so, it highlights the vital contribution of the transfusion practice workforce to patient safety and quality, positioning the TP role as a key component of a sustainable, future focused transfusion service.

At its core, this Framework embeds professional regulation, governance and evidence based practice, supporting safe decision making, learning from risk and continuous improvement across the transfusion pathway. Ownership of the Framework sits with the National Transfusion Practitioner Network (NTPN), as a working group of the National Blood Transfusion Committee (NBTC), reflecting collective professional leadership and responsibility.

As Chair of the NTPN, I look forward to taking on leadership and ownership of this Framework, championing its implementation and supporting its use at local, regional and national levels. By actively promoting and embedding the Framework in practice, education and workforce planning, we have a significant opportunity to strengthen capability, support professional growth and clearly demonstrate the impact and value of the transfusion practice workforce now and into the future.

Importantly, this Framework is intended to be a living resource. Its continued relevance and impact will depend on ongoing engagement, review and leadership. As such, leadership and ownership of the Framework will be passed on to future Chairs of the NTPN, ensuring continuity, shared ownership and a lasting legacy that supports the evolving needs of the transfusion workforce. Through sustained collaboration and collective commitment, this Framework will help secure a resilient, visible and confident transfusion practice workforce for generations to come."

Section eleven: Appendices

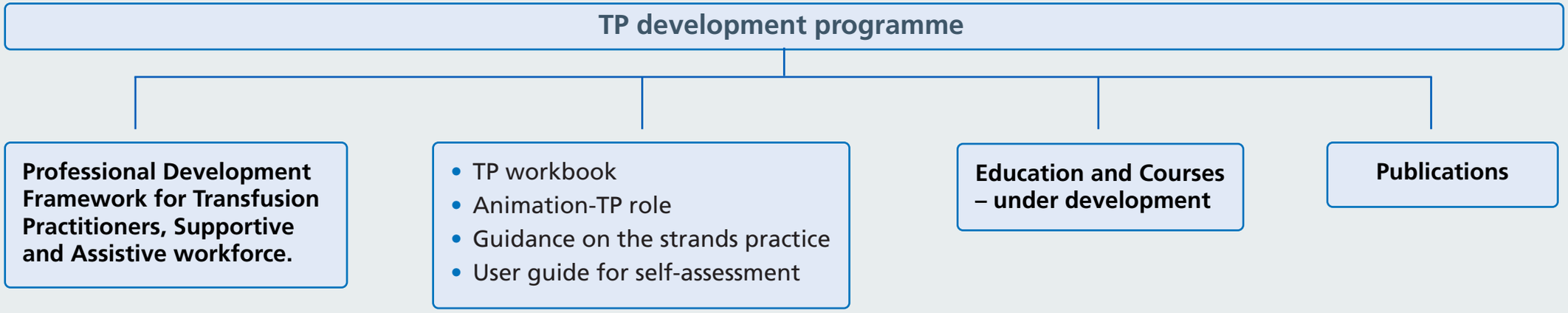
1. The TP development programme – overview of workstreams and outputs

Transfusion Practice workforce development programme

The Transfusion Practice workforce development programme was co-designed with and for the transfusion practice workforce to provide a nationally agreed approach to education, training, development and career pathways. The programme supports colleagues working at supportive, assistive and transfusion practitioner levels, who contribute directly to the safe and effective delivery of transfusion services.

The programme recognises transfusion practice as a highly specialised area of healthcare, operating at the interface between hospital transfusion laboratories, clinical teams, and wider healthcare services. It provides structured guidance on the knowledge, skills, capabilities, scope of practice, and levels of responsibility required by supportive and assistive colleagues, as well as by registered health professionals working in the Transfusion Practice (TP) role. TPs play a critical bridging role across organisations, supporting clinical decision-making, education, quality improvement, haemovigilance, and patient safety. As part of multi-professional teams, they contribute to safe transfusion practice for patients across the lifespan, including those requiring transfusion support as part of acute, specialist, and long-term care.

The programme provides a professional development pathway that supports both the existing and aspiring transfusion workforce to build specialist knowledge, skills, and confidence in the complex field. Its overarching aim is to improve patient safety by developing a capable, well-resourced, and sustainable workforce, supporting improved recruitment and retention, enhanced job satisfaction, reduced unwarranted variation in practice, and safer transfusion outcomes. At its core, the Transfusion Practice workforce development programme is structured around **four strands of practice**; Facilitation of Learning, Leadership and Management, Professional and Clinical Practice and Research and Innovation. These strands reflect the breadth and depth of practice required to deliver safe, effective, and future-focussed transfusion practice.



2. How the Framework was developed

Framework Development Timeline and Methodology

Jan - Feb 2025

Review previous and similar frameworks

Mar - Apr 2025

Virtual engagement events with Transfusion Practitioners

May - Jun 2025

Synthesise ideas and start first draft

Jul - Sep 2025

Development of first draft with virtual writing group

Oct 2025

Share with wider group. Opportunity to feedback or comment

Nov - Dec 2025

Wider consultation

Jan - Feb 2026

Sign off with writing group and relevant stakeholders

Spring / Summer 2026

Final draft released
Publication

November 2023: Project Initiation

The development of the National Practice Professional Development Framework for TPs in England commenced in November 2023 wih the appointment of Subject Matter Expert (SME) to lead and coordinate work at a national level.

Initial activity focused on:

- Reviewing existing TP competency frameworks
- Mapping national resources supporting practice education
- Exploring variating in TP roles, titles and scope of practice across England

The initial scoping confirmed the need for nationally recognised, coherent framework to support consistent role development, education pathways and workforce sustatinability.

Late 2023-Early 2024: Co-design Structures

Steering and working groups of TPs were established to ensure professional co-deisgn, inclusivity and transparency. This included:

- Formation of a national steering group
- Establishment of working groups comprising of TPs from across all of the seven RTC regions and a range of origin professions and levels of practice

Early co-design workshops were held to agree:

- The scope and ambition of the Framework
- Core principles, including patient safety, multiprofessional practice and equity of opportunity
- Governance arrangements
- The importance of national recognition, consistency and endorsement

These early stages ensures that the Framework was developed with and for the workforce.

2024: Exploratory Phase

The exploratory phase focused on establishing robust foundations for the Framework. Key activities included:

- Review of existing NHS Professional Development Frameworks across clinical, scientific and allied health professions
- Securing funding through NBTC and NHSBT Transfusion 2024 programme to appoint a Framework Consultant to work alongside the SME

This phase supported alignment with existing national workforce strategies while ensuring that the Framework addressed the specific context and complexity of transfusion practice.

2025: Innovatary and Drafting Phase

The Framework was co-designed using an online collaborative platform and webinars, enabling wide participation from TPs across England.

During this phase, agreement was reached on the core components of the Framework:

- Purpose and scope
- Transfusion practice core values
- Strands of practice
- Levels of practice

Draft content was share widely between September and November 2025, including engagement with:

- Transfusion Practitoners in England
- NHS Employers
- NHS Job Evalaution Group

Feedback gathered during this phase informed refinement of language, structure and usability, ensuring the Framework was relevant to both professional development and workforce planning contexts.

January 2026: National Consultation

A formal UK wide consultation was undertaken between the 5 and 31 January 2026.

Engagement was achieved across:

- The TP workforce
- Patient representatives
- Hospital leaders and colleagues
- NHS England professional leads
- Workforce and education specialists
- Professional bodies and other relevant organisations

Over 180 individual comments were received and reviewed, providing detailed insight into workforce priorities, implementation considerations and opportunities for improvement.

February to April 2026: Refinement and Validation

All consultation feedback was discussed and analysed and incorporated to strengthen:

- Clarity and consistency of terminology
- Alignment across levels of practice
- Practical useability and contextualisation of the Framework for education, appraisal and service development

The consultation process confirmed strong workforce ownership, broad stakeholder endorsement and alignment with emerging national leadership, safety culture and workforce sustainability principles.

Development and publication of an animation detailing the TP role and the impact on patient safety was co-designed with TPs and language was used directly from the Framework to promote the core values and the purpose of the role.

July 2026: Planned Publication and Implenetation

The Framework planned for publication and version 1 development for June 2026.

Key planned activities include:

- Seeking formal endorsement from national organisations and professional bodies
- Publication of the Framework
- Development of a supporting implementation plan to promote:
  - Consistent national adoption
  - Local integration into workforce development and appraisal
  - Use in workforce planning, job design and education and development

Mapping of the Framework to key documents

The following key resources were used to develop the capabilities within the Framework, in order to build on previous work within the specialism of transfusion practice and to demonstrate alignment and consistency across the broader multiprofessional workforce:

- Council of Deans for Health (2023) AHP Educator Career Framework https://www.councilofdeans.org.uk/wp-content/uploads/2023/04/Allied-Health-Professions-Educator-Framework.pdf
- Cross-sector consent principles (2025) https://www.hcpc-uk.org/standards/meeting-our-standards/person-centred-care/consent-principles/
- NTPN-Introductory Workbook for Transfusion Practitioners Documents and Resources | National Blood Transfusion Committee
- NHS England (2021) AHP Support Worker Competency, Education and Career Development Framework https://www.hee.nhs.uk/our-work/allied-health-professions/enable-workforce/developing-role-ahp-support-workers/ahp-support-worker-competency-education-career-development
- NHS England (2023) Consultant practice https://advanced-practice.hee.nhs.uk/consultant/
- NHS England (2023) Aspirant Cancer Career and Education Development programme (ACCEND) https://www.hee.nhs.uk/our-work/cancer-diagnostics/aspirant-cancer-career-education-development-programme/accend-framework
- NHS England (2024) Enhanced practice https://www.hee.nhs.uk/our-work/enhanced-practice-0
- NHS England (2024) Multi-professional Practice-based Research Capabilities Framework https://advanced-practice.hee.nhs.uk/our-work/research/multi-professional-practice-based-research-capabilities-framework/
- NHS England (2025) Multiprofessional Advanced Practice Capabilities Framework https://advanced-practice.hee.nhs.uk/mpf2025/capabilities/
- NHS England (2026 – in publication) NHS Management and Leadership Framework. Draft version https://www.england.nhs.uk/long-read/management-and-leadership-development/#appendix-a-draft-management-and-leadership-framework
- Transfusion Practitioner Competency Framework Working Group on behalf of the All Wales Transfusion Practitioner Group (2021) Blood Health Network of Wales. Transfusion Practitioner Framework (Version 1). Public Health Wales; 2022. Available from: https://bhnog.wales.nhs.uk/wp-content/uploads/2022/03/TP-Framework-version-1.pdf

Glossary

Aims for this section:

- Provide definitions for the keywords and phrases used in the Framework
- Show how the language in the Framework is aligned to existing terminology used within the broader workforce, including the origin professions of many TPs

Term	Definition
Accountability	Involves answering for actions, exercising professional judgement and ensuring patient safety, often centred on professional standards.
Advanced level of practice	Advanced level of practice is a workforce term and is used within the NHS to define a level of practice. Used within the context of this Framework, it defines the fifth of six levels of practice – Transfusion Practitioner - Advanced. Aligned to the NHS definition, members of the transfusion practice workforce at this level will: Combine advanced clinical skills with research, education and clinical leadership within an individual's scope of practice Intuitively use reflection-in-action to manage high levels of risk and complexity and support others to do so Have a critical awareness of knowledge gaps in the field and at the interface between different fields Be innovative and have a responsibility and accountability for developing and changing practice and/or services in a complex and unpredictable environment Demonstrate expertise in their scope of practice Work as part of the wider healthcare team and across traditional professional boundaries Work across the service, network and / or region – leading, influencing, implementing and evaluating the impact of practice development and service improvement initiatives
Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO)	SaBTO is the UK's expert body that advises the Government and health services on the most appropriate ways to ensure the safety of blood, cells, tissues and organs for transfusion and transplantation.

Agenda for Change	The process to establish a unified pay and conditions system for most NHS staff (excluding doctors and senior managers) implemented between 2004-2006 (see NHS Terms and Conditions for Service).
Appraisal	The formal process, commonly annual, where an employee and manager meet to review past performance, set future objectives and plan personal development, aligned to the organisational goals and regulatory requirements. Also known as Individual Performance Review or Performance Appraisal and Development Review.
Assistive level of practice	Assistive level of practice is a workforce term and is used within the NHS to define a level of practice which comes before the levels of practice for regulated Transfusion Practitioners. Within the context of this Framework, it defines the second of six levels of practice – Assistive. Aligned to the NHS definition, members of the transfusion practice workforce at this level will: Have factual and theoretical knowledge in broad contexts within their field of work Work independently, and with others,may include the direct delivery of clinical, technical or scientific activities, under the leadership and direction of a registered professional within defined parameters, to deliver care in line with an agreed plan / protocol Have a breadth of knowledge and a flexible, transferable skill set to serve local health populations, taking account of the perspectives and pathways of patients, families, carers and donors to support the delivery and evaluation of care Work across the four strands of practice, guided by legal and local requirements, standard operating procedures, protocols, or systems of work with the appropriate training and supervision Make judgements within their areas of responsibility, plan activities, contribute to service development, collect data, contribute to compliance reporting and demonstrate self-awareness Provide practical training to less experienced staff, including students as required/appropriate
Autonomy	Transfusion practitioners, at all levels of practice and as regulated professionals, are expected to practice autonomously and independently, exercising professional judgement to meet service user needs.[34] [35] In practice, TPs exercise independent, reasoned judgement, take responsibility for own learning and decisions, and respect the rights of patients to make informed choices about their own health.
Blood component	The individual, separated constituents of whole blood, red cells, white cells, platelets and plasma, derived from blood donations through centrifugation and filtration.
Blood product	Therapeutic substances derived from human blood and are produced commercially and packaged as plasma-derived medicinal products.

34 https://www.hcpc-uk.org/standards/meeting-our-standards/advanced-levels-of-practice/what-are-advanced-levels-of-practice/

35 https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-competence-for-registered-nurses.pdf

Blood transfusion[36]	The therapeutic use of donated whole blood or its components, red cells, platelets, fresh frozen plasma and cryporecipitate.
British Blood Transfusion Society (BBTS)	Professional membership body and charity for anyone working in or interested in transfusion science and medicine, primarily in the UK.
British Society for Haematology (BSH)	A UK- based registered charity that promotes the study and practice of blood science. The BSH issues evidence-based, peer-reviewed, and up-to-date guidelines on the diagnosis and treatment of haematological diseases in areas including Blood Transfusion.
Capabilities	Capabilities are the attributes which individuals bring to the workplace i.e what someone can do, based on their skills, knowledge, experiences, processes, and resources. This includes the ability to be competent and beyond this, to manage change, be flexible, deal with unpredictable situations and continue to improve performance. The capabilities in this Framework are aligned to: capabilities in broader NHS frameworks, the transfusion practice core values and the strands of practice. They can also be used to identify areas of existing or future learning and development.
College of Operating Department Practitioners (ODP)	Professional body for operating department practitioners in the UK.
College of Paramedics	Professional body for paramedics in the UK (now known as the Royal College of Paramedics).

36 Booth C, Allard S, Robinson S, Blood transfusion, Medicine, 2025; 53, 246-252

Consent	Informed and valid consent is the process by which a patient learns about and understands the purpose, benefits and potential risks of the blood transfusion. For consent to be valid, it must be voluntary, informed and given by a patient with capacity. Consent to blood transfusion must be obtained for all patients who may, are likely to or will definitely receive a blood transfusion.[37] [38] Consent is a process central to empowering patients to make an informed choice based on five principles: 1) start with shared decision making, 2) individualise the risks and benefits, 3) ensure it is a continuous process, 4) conclude with consent and 5) patients as equal partners.[39]
Consultant level of practice	Consultant level of practice is a workforce term and is used within the NHS to define a level of practice. Within the context of this Framework, it defines the final of six levels of practice – Transfusion Practitioner – Consultant. Aligned to the NHS definition, members of the transfusion practice workforce at this level will: Require highly specialised knowledge, some of which is at the forefront of knowledge in transfusion practice, to use as the basis for original thinking and / or research. Lead with considerable responsibility encompassing the ability to research and analyse complex processes. Demonstrate responsibility and accountability for service improvement, development and innovation through system-level leadership and assurance, including in relation to QMS. Manage risk across a system drawing on the intuitive use of reflection-in-action. Generate new knowledge and share best transfusion practice by actively seeking and implementing best evidence to improve outcomes and experiences for patients, families, carers, donors and colleagues. Through ongoing clinical development and research, apply expert knowledge and lead change strategically across whole systems in everyday practice. Operate on the 'leading edge' of the transfusion practitioner role, developing and consolidating clinical expertise and research independence through the development of novel, interdisciplinary research and clinical leadership.

37 https://www.gov.uk/government/publications/blood-transfusion-patient-consent/guidelines-from-the-expert-advisory-committee-on-the-safety-of-blood-tissues-and-organs-sabto-on-patient-consent-for-blood-transfusion

38 https://onlinelibrary.wiley.com/doi/10.1111/bjh.70075

39 https://www.hcpc-uk.org/standards/meeting-our-standards/person-centred-care/consent-principles/

Consultant level of practice	Lead the transfer and use of new knowledge, and the use of implementation science methods, ensuring that research undertaken is addressing high priority questions relating to service delivery, optimising patient experience and outcomes, and that the value and impact of research activity is demonstrated at service level. Transform the way care is developed and delivered to patients, leading partnerships with patients and the public, clinical academic experts and other key stakeholders to make improvements locally, nationally and internationally. Have considerable clinical and / or managerial responsibilities, be accountable for service delivery or have a leading education or commissioning role.
Continuing Professional Development	A mandatory process of ongoing learning to keep skills and knowledge current, ensuring safe and effective practice. Includes active participation in training and supervision.
Delegation	A relational activity to meet service user needs. Delegation is where an activity, or part of an activity, is handed over to another person who is capable of undertaking that activity without direct supervision. Appropriate support and supervision must be provided to the person being delegated to.[40] [41] Delegation may be from one registered professional to another, a registered professional to a registered professional to a member of the supportive or assistive workforce or a member of staff to a carer or family member.[42]
Donor	An individual who donates blood (and plasma or cellular components) voluntarily and receives no payment.

40 https://www.hcpc-uk.org/standards/meeting-our-standards/delegation/

41 https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Managing-a-service/Delegated-healthcare-activities/Delegated-healthcare-activities.aspx

42 https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf

Enhanced level of practice	Enhanced level of practice is a workforce term and is used within the NHS to define a level of practice.[43] Within the context of this Framework, it defines the fourth of six levels of practice – Transfusion Practitioner - Enhanced. Aligned to the NHS definition, members of the transfusion practice workforce at this level will: Recognise the boundaries of individual practice and know when and to whom to defer to for major and complex decisions when required. Require a critical understanding of detailed theoretical and practical knowledge related to specialist transfusion practice. Have management and leadership responsibilities including for service delivery and influence local decision-making within services. Consult directly or indirectly with patients, families, carers, donors and the multi-disciplinary team to undertake assessment of patient needs and devise and evaluate complex interventions. Evaluate and analyse clinical problems using clinical knowledge, seeking out and applying relevant evidence, enhanced techniques, interventions and equipment and using professional judgement to make clinical decisions. Deliver enhanced clinical care in the context of continual change, challenging environments, different models of care delivery, innovation and rapidly evolving technologies using analysis and underpinning knowledge to lead and manage complex interventions. Teach and advise patients, families, carers, donors and the multidisciplinary team to deliver safe and effective transfusion practice. Participate in clinical audits and research projects and implement changes as required, including the development, and updating of protocols, guidelines and local procedures to protect patients. Work within national and local protocols where these exist. May delegate work to other members of the transfusion practice team and the multidisciplinary team, taking accountability for the delegated activity and providing support and supervision as needed. Demonstrate initiative, use creativity and critical thinking to innovate and solve problems. Have responsibility for team performance and service development as required. Be responsible for the coordination, assurance and improvement of QMS processes. Consistently undertake self-development including using reflection in action to manage day-to-day risk.
Evidence-based and informed practice	Integrating the best available evidence including from research evidence, professional expertise, and the unique values, preferences and circumstances of the patient within the individual work context.

43 https://www.hee.nhs.uk/our-work/enhanced-practice-0

Facilitation of learning	Facilitation of Learning is teaching, education, training, supervising, supporting other people to learn including colleagues, patients, students. Also supporting own learning and professional development including through sharing best practice. One of the four strands of practice which provide a structure to identify areas for professional development (see also Four strands of practice).
Four Strands of Practice	The Four Strands of Practice are: Professional and Clinical Practice: Delivery of high-quality, safe and person-centred care to manage the diverse needs of patients, carers, families and donors. Facilitation of Learning: Teaching, education, training, supervising, supporting other people to learn including colleagues, patients, students. Also supporting own learning and professional development including through sharing best practice. Leadership and Management: Influencing others, operational and / or strategic management of services and teams. Research and Innovation: Using robust evidence to inform practice, engaging in research, audits, service evaluation and contributing to quality improvement, new knowledge or policy. The Strands act as a conceptual structure and are based on the four pillars of practice already used to describe workforce development and areas of practice for nurses, midwives and allied health professionals[44]. The pillars of practice are also reflected in the standards of proficiency for a range of regulated professionals including biomedical scientists. Within the context of this Framework, the term Pillars of Practice has been changed to Strands of Practice, as the concept of Pillars already exists within Transfusion Practice i.e. the Pillars of Patient Blood Management (PBM). The adaptation of the Four Pillars also occurs in other Professional Development Frameworks to meet the needs of different professions e.g., the four domains of practice.[45]

44 https://www.rcn.org.uk/Professional-Development/Levels-of-nursing/Four-pillars-of-nursing

45 https://www.rcslt.org/learning/professional-development-framework/the-four-domains-of-practice/

Framework for Higher Education Qualifications (FHEQ)	The national framework[46] (published by the Quality Assurance Agency – QAA) that defines and describes the levels of higher education qualifications, such as degrees and diplomas, in England, Wales and Northern Ireland. The Framework typically spans levels 4 to 8 for example Bachelor's degrees are typically at level 6 and Master's degrees are level 7.
General Medical Council (GMC)	Regulator of doctors, physician assistants (PAs) and anaesthesia assistants (AA) in the UK.
Health and Care Professions Council (HCPC)	Regulator of 15 health and care professions in the UK including biomedical scientists and allied health professionals.
Hospital Transfusion Committee	Multidisciplinary hospital group responsible for monitoring hospital transfusion practices against national standards, oversees audits, and promote patient safety.
Institute of Biomedical Science (IBMS)	Professional body for biomedical scientists in the UK.
Leadership and Management	One of the four strands of practice which provide a structure to identify areas for professional development (see also Four strands of practice). Leadership and Management is influencing others and operational and / or strategic management of services and teams.
Medicines and Healthcare products Regulatory Agency (MHRA)	Agency of the UK's Department of Health and Social Care responsible for the regulation of medicines, medical devices and blood components in the UK.
Multidisciplinary team	Refers to the broader transfusion team members and colleagues who connect with TPs.

46 https://www.qaa.ac.uk/the-quality-code/qualifications-frameworks

Multiprofessional	Refers to the nature of the TP role – a multiprofessional role that is a career choice for different regulated professions.
NHS Blood and Transplant (NHSBT)	National organisation responsible for the safe supply of blood, organs, tissues and stem cells. NHSBT collects and supplies blood to hospitals in England and the organ donation organisation for the UK.
National Blood Transfusion Committee	Promotes good transfusion practice, provides information and advice to hospitals and blood services in England.
National Comparative Audit (NCA)	Specialised service that is part of NHSBT that develops a programme of transfusion related clinical audits.
NHS National job design process	A systematic way to define, evaluate and grade NHS roles to ensure fair pay and consistent application, matching jobs to national profiles based on a range of factors including skills and working conditions.
NHS National job profile	A standardised summary of a common NHS role which acts as a benchmark (not a job description) to determine pay bands.
NHS Terms and Conditions of Service	The full terms and conditions of service for staff on contracts agreed through the Agenda for Change process (2004-2006). Details are available via NHS Employers in the NHS Terms and Conditions of Service Handbook.
National Institute for Health Care Excellence (NICE)	Develop transfusion specific guidelines including anaemia management and Patient Blood Management.
National Transfusion Practitioner Network (NTPN)	Professional collaboration for TPs in England (working group of NBTC).
Nursing and Midwifery Council (NMC)	Independent regulator for nurses, midwives and nursing associates.

Onboarding (also known as induction)	The process of inducting and supporting a member of staff new to the role or the organisation, to learn the policies, processes and ways of working.
Origin profession	The regulated healthcare profession in which the Transfusion Practitioner originally trained and from which they draw core, knowledge and skills for their specialist TP role. Origin professions within the current TP workforce include nursing, midwifery, biomedical science, paramedicine and operating department practice.
Patient Blood Management (PBM)	Patient blood management (PBM) is an approach to managing and preserving an individual's own blood. PBM means safer, personalised care that minimises unnecessary transfusions and supports informed, shared-decision-making (also see consent).
Power dynamics	The complex influences that shape interactions and decisions, including the shifting relationships of influence, authority and control, between individuals and groups. May refer to power dynamics within a multiprofessional team, across professions, across departments or between staff, patients, families, carers and donors. Active involvement in shared-decision making can support the management of power dynamics.
Practitioner health and wellbeing	A regulatory requirement for healthcare professionals to look after their own health as part of delivering safe and effective practice. Employing organisations have a legal duty of care under UK health and safety legislation to identify any risks to health or safety at work and take steps to prevent risks.
Professional and Clinical Practice	One of the four strands of practice which provide a structure to identify areas for professional development (see also four strands of practice). Professional and Clinical Practice is the delivery of high-quality, safe and person-centred care to manage the diverse needs of patients, carers, families and donors.
Professional Regulation	Professional regulation refers to a system that sets professional standards, for example for proficiency, conduct and ethics, for specific professions. There are three broad goals for regulation: to protect the public, maintain confidence in the regulated profession and ensure practitioners meet and uphold professional standards. Professional regulation can be either voluntary or statutory i.e. implemented by law. Transfusion Practitioners are regulated by law in line with the statutory regulation of their origin professions (also see origin profession).

Quality Management System	The organisational system through which transfusion services assure safety, quality and regulatory compliance across transfusion, including traceability, incident management, haemovigilance, audit, education and continuous improvement.
Regional Transfusion Committee (RTC)	Regional body that supports HTCs and implements national policies from the NBTC to ensure safe, effective and appropriate blood transfusion practices.
Research and Innovation	One of the four strands of practice which provide a structure to identify areas for professional development (see also Four strands of practice). Research and Innovation is using robust evidence to inform practice, engaging in research, audits, service evaluation and contributing to quality improvement, new knowledge or policy.
Responsibility	Involves carrying out assigned duties, daily activities or tasks which can be shared or delegated.
Royal College of Midwives (RCM)	Trade union and professional association for midwives in the UK.
Royal College of Nursing (RCN)	Nursing union and professional body in the UK and Internationally.

Scope of practice	The regulatory and legal boundaries, knowledge, skills and services a professional is competent and permitted to provide. Regulators set standards, including those related to threshold scope of practice, through Standards of Proficiency or equivalent.[47] An individual's scope of practice may change over time as knowledge, skills and experience develops (and for some people this may involve additional qualifications)[48] [49]. Therefore an individual's scope of practice may vary even from another individual in the same organisation. Safe and effective practice is a shared responsibility between the individual, the employer, the regulator and more. The employer is required to have in place robust goverance including clear leadership structures and policies for supervision, workforce planning and ongoing CPD.[50] When an activity is beyond an individual's scope of practice they must know how and who to refer on to as part of practicing safely and effectively.
Serious Hazards of Transfusion (SHOT)	UK independent, professionally-led haemovigilance scheme
Sphere of influence	An area in which an individual can affect developments. A sphere of influence may grow over time with experience (and for some people with additional qualifications).
Supervision	A formal, regular process that enables individuals to reflect on and develop their knowledge, skills and competence. Supervision also supports the maintenance of high standards, patient safety and support for workload management.

47 https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/

48 https://www.hcpc-uk.org/standards/meeting-our-standards/scope-of-practice/what-is-your-scope-of-practice/

49 https://www.hcpc-uk.org/standards/standards-of-proficiency/

50 https://www.hcpc-uk.org/standards/meeting-our-standards/advanced-levels-of-practice/practising-safely-at-advanced-levels-of-practice/

Supportive level of practice	Supportive level of practice is a workforce term and is used within the NHS, alongside Assistive, to define a level of practice which comes before the levels of practice for regulated Transfusion Practitioner. Within the context of this Framework, it defines the first of six levels of practice – Supportive. Aligned to the NHS definition, members of the transfusion practice workforce at this level will: • Have knowledge of facts, principles, processes and general concepts in their field of work • Carry out a wide range of duties and will have some responsibility, may include the direct delivery of clinical, technical or scientific activities with training, guidance and supervision available when needed • Work within QMS processes (e.g., traceability tasks, data capture procedures) • Provide high quality, compassionate healthcare following standards, policies or protocols and always acting in the limits of their capability • Use knowledge and understanding to take decisions within their areas of responsibility • Are responsible for their work and for reviewing the effectiveness of actions • May demonstrate own duties to other support workers, students or less experienced staff • Will also carry out administration tasks related to patient care (direct or indirect as required) and the wider service across the four strands of practice
Transfusion practice core values	The five values that underpin the TP role namely: Protecting, Leading, Developing, Innovating and Connecting (see Table one).
Transfusion practice workforce	The transfusion practice workforce comprises regulated professionals working as Transfusion Practitioners, alongside a supportive and assistive workforce who are also vital for the efficient delivery of safe and effective services. Job titles may vary to reflect the evolution of the roles and to meet local service needs.

Transfusion practitioner	The Transfusion Practitioner role was established in the NHS in the early 2000's. The third of six levels of practice. Members of the transfusion practice workforce at this level will: Bring to the specialist role a range of transferable knowledge, skills and experiences from a regulated healthcare profession Have a comprehensive, specialised, factual and theoretical knowledge within their field of practice and an awareness of the boundaries of that knowledge Use knowledge to solve problems creatively, make professional judgements which require analysis and interpretation, and actively contribute to service and self-development Play a vital role in providing, leading, co-ordinating and evaluating care that is evidenced-based, personalised for the patient and compassionate Have operational responsibility for QMS elements (e.g., incident reporting, audits, education) Be accountable for their own actions and those they delegate to and must be able to work autonomously, as part of the transfusion team and as an equal partner with a range of other professionals Make an important contribution to the promotion of health, health protection and the prevention of ill health by empowering patients to exercise choice, take control of their own health decisions and behaviours and by supporting patients to manage their own care where possible Engage in own supervision, learning and development seeking appropriate support from more experienced TPs and colleagues for some decision making Have responsibility for the supervision and / or training of staff
UK Accreditation Service (UKAS)	Government appointed service to assess and accredit hospital blood laboratories to ensure compliance with set standards.
UK Transfusion Laboratory Collaborative (UKTLC)	Organisation that sets standards for staff qualifications, training, competency and the use of information technology in hospital transfusion laboratories.

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