

Developing an Interprofessional Education Framework for NMAHP Advanced Frailty Practitioners in NHSGGC

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INTRODUCTION

Frailty is a complex, multidimensional condition requiring coordinated, person-centred care. NHSGGC developed an interprofessional education (IPE) framework to support the development of Advanced Frailty Practitioners (AFPs) across Nursing, Midwifery and Allied Health Professions (NMAHP). The initiative aligns with national strategies including Transforming Roles (Scottish Government, 2025) and the Frailty Core Capabilities Framework (Skills for Health, 2018).

METHODS

Shared Capability Framework : 4 pillars of practice



Governance & Assessment

An interprofessional education and capability framework was developed to support 21 NMAHP Advanced Frailty Practitioners across acute, primary and community services. The four pillars of practice were used to structure development activities, including: mapping shared and profession specific capabilities; aligning learning outcomes with local frailty pathways; and specifying governance arrangements (supervision, evidencing requirements and sign off processes) to promote consistent implementation.

Components of the shared capability framework:

Clinical practice: Comprehensive Geriatric Assessment

Leadership and governance: risk management, service improvement.

Mentorship and supervision: role development and reflective practice.

Research, innovation and quality improvement:

Education: teaching, coaching and shared learning.

Collaborative care: working with people, families and carers

Implementation tools developed:

NHSGGC Frailty Practitioner Workplan: role expectations, objectives and review points.

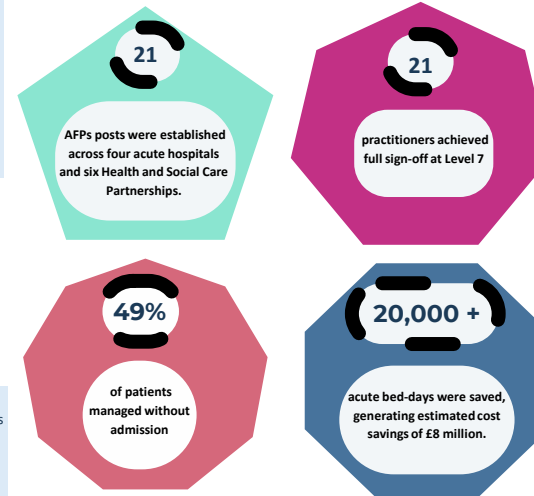
Advanced Frailty Practitioner Capability Framework: capability statements and evidence guide.

Part A, B and C Frailty Education Packs: core content, guided activities and signposting.

TURAS portfolio templates: standardised portfolio structure for reflection and evidence submission.

Shared competency mapping tools: cross professional mapping of competencies across settings.

RESULTS



Improved consistency of capability development across professions
Strengthened governance via shared documentation and supervision
Increased practitioner confidence through standardised sign off

DISCUSSION

Interprofessional education fostered shared understanding among practitioners, reducing professional silos and improving collaborative, team-based care. Addressing governance complexity while maintaining effective service delivery required strong clinical leadership and coordination.

CONCLUSION

The interprofessional education and capability framework provides a consistent structure and governance approach for the development of the NMAHP Advanced Frailty workforce. It supports safe, person centred practice through shared language, standardised evidencing and clear sign off processes.

REFERENCES

NHS Education for Scotland (2023). NMAHP Development Framework
Skills for Health (2018). Frailty: A Framework of Core Capabilities
Scottish Government (2025). Transforming Roles Paper 9
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