



**The Trainee Advanced Clinical Nurse Specialist  
Core Elements and Information**

**AdvancedPractice**

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Welcome to your new post of Trainee Advanced Clinical Nurse Specialist (tACNS) within NHS Greater Glasgow and Clyde. This guide serves to provide you with all the necessary information to assist you throughout your training period and will signpost you to multiple resources to aid you on your journey to Advanced Clinical Nurse Specialist (ACNS) status.

## What is an Advanced Clinical Nurse Specialist?

“The Advanced Clinical Nurse Specialist (ACNS) is an experienced and highly educated registered nurse working within a specific field of practice. They manage, deliver, advise on and support the care for people within a specialist area. Educated to at least Postgraduate Diploma level in an appropriate subject, they are assessed as clinically competent in their defined specialty. They have a wider scope of practice than the clinical nurse specialist at Level 6 and will manage greater complexity.

As a clinical leader they have the autonomy to act and accept responsibility and accountability for their actions, acting as an expert advisor or resource for others. This includes specialist assessment and treatment using a holistic approach to managing complex, multidimensional situations. This may require management of care over a prolonged period of time. They have the authority to refer, admit and discharge within appropriate clinical areas. Their practice is characterised by a high level of clinical decision making based on in-depth, expert knowledge in their specialism of care delivery.

Working as part of the multidisciplinary team, they can work in or across all settings, including non-clinical areas, dependent on their area of expertise.”

(Chief Nursing Officers Directorate, Transforming Roles Paper 8, 2021)

## What can an Advanced Clinical Nurse Specialist do?

The core role and function of the Advanced Specialist at Level 7 can be defined according to four pillars of practice:

- clinical practice;
- leadership;
- facilitation of learning;
- evidence, research and development.

(Chief Nursing Officers Directorate, Transforming Roles Paper 8, 2021)

There are generic ACNS competencies with a focus on clinical practice, as competence in practice provides assurance of safe, effective and person-centred care and remains embedded within the NMC code and in nursing governance structures.

Each tACNS will also have a specialty specific set of competencies with a focus on advanced specialism within the clinical specialty. For some ACNS these may be set at a national level e.g., nurse cystoscopy, whilst more bespoke roles may require a local competency framework.

The Transforming Roles generic ACNS competencies are:

- Undertake a comprehensive assessment of a person's physical, psychological and social needs
- Actively involve the person, their family and carers, and wider partners in assessments
- Assessment should include a full analysis and interpretation of their history
- Focused Clinical Assessment
- Carry out a focused clinical assessment of the patient, which may include:
  - physical examination
  - symptom and treatment assessment;
  - use of assessment or monitoring tools where indicated
  - analysing and synthesising findings from any relevant assessments (including those carried out by other members of the MDT), tests and investigations
  - The assessment may be face-to-face, or over the phone or by video conference.
- Investigations
  - Authority to request a range of investigations
  - Apply knowledge and understanding of pathophysiology and investigations to:
  - Request investigations appropriate to their scope of practice
  - Interpret specific investigations and will act on investigation reports
  - Use appropriate guidelines and/or protocols where they exist
  - Where appropriate, present findings to an MDT forum and/or with other health and social care professionals
- Differential Diagnosis/Diagnosis
  - Analyse and synthesise clinical information based on the patient's presentation, history, physical and psychological examination and findings from relevant investigations and may be able to:
  - Make a differential diagnosis
  - Make or confirm a diagnosis
  - Make informed judgements in situations in the absence of complete or consistent data/information.
- Treatment and Care
  - Formulate a person-centred treatment and care plan based on synthesis and analysis of assessment and investigations. This may include the prescription of medicines

- Use guidelines and protocols to inform care and treatment planning where they exist
- Determine frequency of review to assess the therapeutic response
- The following list is not exhaustive; however, an Advanced Clinical Nurse Specialist should be cognisant of:
  - Common symptoms associated with the disease/condition/disability or any comorbidities
  - Treatment and care to prevent/minimise secondary complications
  - Identification and management of deterioration, including supporting advanced care planning and end-of-life care where required
  - Medical emergencies commonly seen within the speciality
  - Psychological distress, anxiety and depression
  - Health promotion including lifestyle choices
  - The wider network support for patients and their families
  - Broader public health issues relevant to their area of practice
- The Advanced Clinical Nurse Specialist will teach, advise, and coach patient/client/carers about their condition, treatment options and health/lifestyle activities.
  - Co-ordination of Care, Referral, Admission and Discharge
  - Plan, deliver and/or co-ordinate care utilising highly specialist knowledge
  - Authority to admit and discharge from speciality area, depending on patient need and relevant legislation. This includes referral to a range of appropriate health and social care professionals and agencies. The Advanced Clinical Nurse Specialist may receive referrals directly or via the MDT team
  - Provide advice to other health and social care professionals which may inform admission/discharge, planning or referral
- Expert Specialist Resource
  - Provides specialist advice and support for patients throughout the care pathway
  - Acts as an expert clinical advisor for colleagues across a range of settings
  - Acts as a resource or educator to others
  - Is a key member of the wider MDT, contributing to case management presentations and clinical management decisions
- Facilitation of Learning
  - In addition to the competencies for Facilitation of Learning for Level 7 Advanced Practitioners set out in the NES NMaHP Development Framework, the Advanced Clinical

Nurse Specialist will lead and/or contribute to the development and delivery of specialist education programmes

- Evidence, Research and Development
    - In addition to the competencies for Evidence, Research and Development for Level 7 Advanced Practitioners set out in the NES NMaHP Development Framework, the Advanced Clinical Nurse Specialist:
    - Will participate and collaborate in research and audit programmes related to the speciality
    - May contribute to and collaborate in specific health service research
  - Leadership
    - In addition to the competencies for Leadership for Level 7 Advanced Practitioners set out in the NES NMaHP Development Framework, the Advanced Clinical Nurse Specialist:
    - Will act as an advocate for patients
    - Will act as a role model for junior staff and other members of the MDT
    - May lead a clinical nursing team
- (Chief Nursing Officers Directorate, Transforming Roles Paper 8, 2021)  
(NHS Education for Scotland (2021) NES NMaHP Development Framework: What is the NMAHP development framework?)

## What can a Trainee Advanced Clinical Nurse Specialist do?

The length of your traineeship will depend on whether you have already completed components of the training programme (e.g., Clinical Assessment or Non-Medical Prescribing), are an existing Clinical Nurse Specialist, or are starting at the beginning. For trainees who are starting at the beginning and will be completing a Postgraduate Diploma in Advanced Practice the normal length of time would be two years. Within this 2-year training period you will be undertaking the generic and speciality specific core clinical competencies of the ACNS with additional appropriate supervision. What is expected of you can be broadly categorised into 2 areas:

**Year 1:** Focus will be on building up your clinical practice and responsibilities with close practice supervision.

**Year 2:** Whilst continuing to expand and broaden your practice (with appropriate but may be reduced supervision), it is likely by this stage you will be practicing at 'Clinical Nurse Specialist' level.

As a Trainee ACNS you should be in a 'Trainee ACNS' post. Whilst you are training you will undergo supervised practice, however there will also be a service delivery component/requirement. You will be issued with an education plan when you start as a tACNS and added to the database which officially records you as a trainee ACNS within the board.

This means that you should have:

- An education plan in place leading to a post graduate diploma in advanced practice

- A practice supervisor (healthcare professional who could do the job you are being trained to do), professional supervisor (often your line manager) and education supervisor (usually your personal tutor or programme leader at university).
- Education funding identified
- A competency framework to meet
- Study time / supervised practice built into the post

Through this work, a 'triangle of capability' has been developed to act as a framework for supporting the transformation of your role.

Figure 1: Triangle of Capability



## Job Description

You will have a job description. The job description will make it clear how the post fits within the nursing governance structure and shows clear lines of professional accountability through the nursing reporting lines.

## Pay

It is proposed that following sign-off against competencies, the level 7 ACNS role will equate to Band 7 (Agenda for Change) at a minimum (CNOD 2021). Please see <https://www.rcn.org.uk/employment-and-pay> for information on the current pay scales. An ACNS post can be converted into an ACNS trainee post through using Annex 21 from Agenda for Change or you may be employed in a specific Band 6 trainee post. Many tACNS are employed under the conditions of Annex 21, this broadly equates to 70% of a top Band 7 salary for the first year and 75% on second year of training. On completion of training requirements this transitions to the AFC Band 7 pay scale.

## Sickness/Absence/Maternity Leave

In accordance with NHSGGC policy, reporting of sick leave or absence should be directed via your line manager. If for any reason there will be a prolonged or extended absence you should notify the Advanced Practice team and your programme leader at your University. If an unseen problem or

event, such as sick leave, impacts on your ability to undertake assessment or submit course work you may be able to apply for mitigating or extenuating circumstances at your university.

## Trainee Agreement

Trainee ACNS should sign a trainee agreement on accepting the post. This agreement will set out your Commitment and Responsibilities. This will include a requirement to remain employed in NHSGGC whilst training and within the clinical area initially recruited. You will be expected to stay within the same role for the duration of your training as this is where the funding is secured. This will include an agreement by the trainee that the university can provide NHSGGC with information on attendance, progress and marks awarded.

## Scope of Practice

The Scope of Practice is guidance which sets out the range of the practitioner's responsibility. It will describe the procedures, actions and processes the registrant can undertake in terms of their education and specific demonstrated competency. Please be mindful that a scope of practice is likely to change over the course of your career. Each ACNS service should have the ACNS scope of practice clearly stated in writing. This documents the inclusion and exclusion criteria should be made explicit, as well as referral and supervision arrangements. A template for an Advanced Practice Service SOP can be found at [Developing a New ANP and ACNS Role - NHSGGC](#)

## Study Time

This post of tACNS is predominately for learning. The balance between study time, supervised practice and service contribution may vary from one ACNS role to another. As a full-time tACNS working to obtain a PgD in Advanced Practice you should have around 15hrs of study time per week. This will include time for study days, master classes, university based classroom teaching, on-line distance learning, teaching time in the clinical areas as well as directed and self-directed study.

The remaining time should be made up of supervised practice and service contribution as a nurse/Clinical Nurse Specialist. How study time is allocated will depend on your stage of development and the module you are undertaking. Clinical areas will be responsible for allocating the time as appropriate. If you are part-time, study leave can be calculated on a pro-rata basis, and the length of training extended.

## Role of the tACNS Practice Assessor/Supervisor

As a trainee ACNS you should have supervision throughout your training. Ideally, trainees will have two individuals who will supervise and assess them in practice. During the Non-medical Prescribing module the roles of supervision and assessment are quite distinct: one person will take on the role of Practice Supervisor and the other Practice Assessor (also called the Designated Prescribing Practitioner).

**The Practice Supervisor** will provide:

- Supervision in practice
- Support
- Opportunities to develop mastery and competence in a specialist area of advanced practice



The supervisor is unlikely to personally supervise you all the time, however they must be available to you regularly throughout your training. Your supervisor, together with your line manager, must also ensure that you are appropriately clinically supervised throughout your training. The Practice Supervisor may delegate day-to-day supervision to others as appropriate. Trainees should always know who they can turn to for clinical advice and support during every shift.

If, on rare occasions, you do not have appropriate supervision in place, then you will not be able to practice as a trainee ACNS, however you can still practice as a Registered Nurse and see patients in this capacity.

It is difficult to specify the amount of time you should spend with your Practice Supervisor, and it will vary depending on the situation you are in, however it is likely to be in the order of 1-2 hours per week. This will include time for meetings, case-based discussion, formal teaching and assessment. It is likely that supervision will be more intensive initially, and become more remote as you gain experience, skills and confidence.

Practice Supervisors and individual's providing shift-by-shift supervision can complete Workplace Based Assessments (WPBAs i.e. miniCEX, DOPS, CbD etc).

**The Practice Assessor** will meet with the trainee ACNS on a regular basis. The Trainee will periodically ask the Practice Assessor to review evidence to demonstrate competencies have been met.

The Practice Assessor will:

- Review intermittent Professional Portfolio share packs created by the tACNS and sign to confirm that individual competencies have been met
- Complete initial, interim and final reports as required for specific modules
- Liaise with the Practice Supervisor, Line Manager and Academic Supervisor as required

The Practice Assessor will usually have experience as a Practice Supervisor before taking on the role.

The Practice Assessor may also:

- Help facilitate the trainee ACNS to access learning opportunities
- Support the Practice Supervisor in their role

Both the Practice Supervisor and the Practice Assessor should be individuals who can do the role the tACNS is being trained to undertake. Practice Supervisors and Assessors can be from any appropriate healthcare profession. They must be registered with the appropriate regulatory body and be in good standing with that body.

Universities will provide information and can help prepare individuals for the role of Practice Supervisor or Assessor. The Corporate Advanced Practice Team can also provide guidance and support.

## Documentation

Throughout your training period all documentation should be countersigned by an ACNS or an appropriate supervisor.

## Clinical Experience in other Specialist Areas

During your training you will be expected to have visits and placements to other clinical areas to enrich your learning and gain further experiences. This will be done on a 'Hub and Spoke' model basis, with your usual place of practice being the hub and relevant 'spoke' placements identified. Your line manager in consultation with your Practice Assessor will co-ordinate and facilitate this if there is an identified learning requirement.

## Education Plan

You should have been sent a copy of your education plan. Please check the details and if there are any errors or omissions please email [advancedpractice@ggc.scot.nhs.uk](mailto:advancedpractice@ggc.scot.nhs.uk) with corrections.

Once a year you may be asked to make a telephone appointment with someone from the Advanced Practice team to check over your education plan. Please make sure you book an appointment and phone during that time slot. Look out for the email that'll be sent to you regarding this.

Twice a year we'll send you an updated record – please make sure you notify us of progress (pass/fail etc) and any changes. If, for any reason, your education plan needs to change you must discuss with your line manager, practice supervisor, education supervisor and the Consultant Nurse for Advanced Practice. Once agreed an updated education plan will be re-issued. Please note that your education plan will be shared with your line manager, practice supervisor and university education supervisor.

## University Programme

Since 2021 new tACNS have had to undertake a Postgraduate Diploma in Advanced Practice. You may have already completed certain relevant modules prior to this post which may reduce your training period. If this is the case then you'll need to ask for your education plan to be revised and you may need to apply to the University for what is termed Recognition of Prior Learning (RPL). This is a formal application process that your university will guide you how to do. This allows your previous academic credit to be considered for addition to this education pathway. NHS Greater Glasgow and Clyde generally use 2 different programmes for trainee ACNS.

- University of West of Scotland: MSc Advanced Clinical Practitioner
- Glasgow Caledonian University: MSc Nursing: Advancing Professional Practice (Advanced Clinical Nurse Specialist)

However, there may be another institution that provides a specialist programme bespoke to your learning needs in which case it may be beneficial to study either all, or part, of your academic pathway this other institution. For example, there is a recognised training pathway for ACNS in endoscopy or cystoscopy at GCU so we would select these specific programmes over a generic one elsewhere for individuals training for these roles.

The Postgraduate Diploma should cover:

- Clinical Assessment
- Clinical reasoning, judgement and diagnostic decision making
- Anatomy and pathophysiology
- Non-medical prescribing (V300) (if relevant to role)

- Leading, delivering and evaluating care
- Practice learning/ work based learning

It is your responsibility to apply for the programme/modules on your training plan. For more information regarding university programmes see [Education Programmes - NHSGGC](#)

## Prescribing

If you are required to prescribe within your ACNS role then this is usually undertaken in the second year of ACNS training. If you already hold the V300 qualification, you do not need to repeat it (even if it was done at a lower academic level). Your university will advise on how to transfer the credits in (there may be a small fee for doing this payable to the university and you may be asked to undertake a small piece of additional academic work).

Application for Non-Medical Prescribing - Please note that even though non-medical prescribing is part of the ACNS programmes it has to be applied for separately via the NHSGGC Non-medical prescribing team. Please contact [Mandy.Logan@ggc.scot.nhs.uk](mailto:Mandy.Logan@ggc.scot.nhs.uk) for an application pack. When you contact Mandy, please make sure you inform her that:

1. you are a trainee ACNS
2. the University you are undertaking your pathway
3. that you require to do the course at masters' level
4. the date you intend to do the NMP module from your education plan

A Designated Prescribing Practitioner (DPP) is a mandatory requirement for the prescribing module. You may wish to ask an additional supervisor to undertake the supervision of this module, which can now also be an experienced prescribing nurse/ACNS.

## Funding

Funding for ACNS training comes from the budget of the employing service.

## Competency Framework

Trainee ACNS are expected to provide evidence that they are working towards meeting specific competencies. A tACNS needs to meet the level 7 Transforming Roles ACNS competencies as well as a specialty specific competency framework. Depending on the framework chosen there may be some overlap and the same evidence can be used to demonstrate similar competencies on alternate frameworks.

## Turas Professional Portfolio

All tACNS should be using the NES TURAS Professional Portfolio to store evidence in. If you've not already got a Portfolio [click here to find information on how to get one](#). During your time as a trainee ACNS you'll be massing evidence to include in your Turas Professional Portfolio for final sign-off. You'll find information on the Final Sign-off process on the website – just follow [The Turas Professional Portfolio and Advanced Practice - NHSGGC](#). An example of what to include in the portfolio can be found on the website. The portfolio is used to collate all your evidence of your education and specific competencies you have met that are relevant to your role.

### Key Considerations:

- The competencies should be mapped to workplace-based assessments including mini-Clinical Examinations (mini-CEX), Direct Observation of Procedural Skill (DOPS), Case-based Discussion (CbD), reflection, feedback from others and formal education.
- Label/title workplace based assessments i.e., mini-CEX 1, mini-CEX 2.....CbD 1, CbD2 etc. You cannot edit the titles once you have requested feedback.

In summary the tACNS Turas Professional Portfolio needs to demonstrate the following (as a minimum):

- Record of learning including clinical experience as a trainee
- Completion of all academic requirements (record of all modules undertake, including results and copy of final exit award certificate)
- Work Based Practical Assessments (formative and summative). This is likely to include:
  - Mini-CEX
  - DOPS
  - Case Based Discussions
  - Feedback from others
  - Competencies – competencies should be mapped to evidence elsewhere in the portfolio
  - Supervision reports

Evidence can be shared between portfolios easily utilising the 'create share pack' function. Please refer to the Turas Professional Portfolio Guide on the moodle website for comprehensive guidance on how to navigate and populate your portfolio to meet various requirements.

## The Final Sign-Off Process

Before you can practice independently as an ACNS you need to be 'signed off' as competent to practice. Following 'sign-off' you will be recorded as an ACNS on eESS.

Final Sign-off involves:

- Your line manager/practice manager who will take the lead on the sign-off process
- The Practice Supervisor or a nominated Practice Assessor
- The Education Institution – this would usually be through evidence of completion of a programme of education (for example a copy of the Postgraduate Diploma in Advanced Practice and/or academic transcript)

## What should the share pack for 'final sign off' include?

A record of your learning including clinical experience as a trainee:

- A statement from your Practice Assessor/Supervisor reflecting a minimum of 400 hours of supervised practice over a minimum of 1 year
- Evidence of learning covering the following areas: Clinical assessment, Clinical reasoning, judgement and diagnostic decision making, Anatomy and physiology, Non-medical prescribing, Leading, delivering and evaluating care, Worked based learning
- Completion of all academic requirements (record of all modules undertaken, including copies of transcripts to evidence results and a copy of their final exit award certificate).
- Copy of a masters level qualification in advanced practice (or evidence of equivalence [this would normally be 120 credits with a minimum of 50% at masters level]).
- Evidence of being recorded with the NMC as a Nurse Independent Prescriber if this formed part of your training plan.
- Evidence of being recorded with Health Board as a Prescriber if this formed part of your training plan.
- Completed competencies – The competency framework should be completed and mapped to evidence within the Turas Professional Portfolio.
- A minimum of 18 Work Based Practical Assessments (WBPA) demonstrating competence in managing the broad range of patients seen within the role. This should include a mix of:
  - Mini-CEX
  - DOPS
  - Case Based Discussions
- Reflective Accounts (min 10)

Evidence that a broad range of patients has been seen (e.g. an anonymised patient log)

- Generic feedback from others commenting on overall practice (min 4 different people i.e. a registered health care professional who can comment on your performance as an ACNS. This would usually be an ACNS or another professional who could do the same role).
- Satisfactory Practice Assessor reports which confirm the trainee has completed training and has been assessed as competent performing as an ACNS
- Evidence of completion of IR(ME)R training if appropriate.

Following collation of your final share pack:

- Your line manager co-ordinates the process and arranges to meet with yourself and your practice supervisor to review your Portfolio Share Pack and complete the final sign-off document.

- This document is then sent to the Board's Consultant Nurse for Advanced Practice for adding to the Board held list of ACNSs.
- A sample of portfolios will be internally moderated within the Board and a smaller sample externally quality assured by the WoS Advanced Practice Academy.
- ACNSs and their employer will then receive a letter from their Professional Lead confirming recognition of ACNS status.

## Imaging Entitlements

There is no standard provision of imaging entitlement for ACNS at the current time. Some roles may require an ACNS to have responsibility for different imaging processes. In this case the ACNS will be required to undertake IRMER training and the permissions and entitlements will be organised by the clinical service.

## Trainee Advanced Practice Nurse Moodle Site

A GGC (Greater Glasgow and Clyde) Moodle site has been set up for trainee advanced practice nurses. This contains useful info; it will also be the way we communicate with you in future. So please sign up for access. Just go to [www.ggcmoodle.scot.nhs.uk](http://www.ggcmoodle.scot.nhs.uk) and complete registration. Then navigate to Trainee Advanced Practice Nurses - information site

– you will be asked for an enrolment key which is available on request for NHSGGC staff by emailed [advancedpractice@ggc.scot.nhs.uk](mailto:advancedpractice@ggc.scot.nhs.uk). GGC Moodle is also used for various Advanced Practice modules including RAM and Work-based learning. There is also a site for qualified Advanced Practitioners and the West of Scotland Advanced Practice Academy (under development). You can also access Moodle via the Moodle app.

## Transforming Roles

The Scottish Government transforming role publications have helped shape and define the role of the ANP and ACNS in Scotland since 2017. Publications have detailed a definition of an ACNS (see p2) and provided clarity surrounding Advanced Practitioner roles/competencies.

## West of Scotland Advanced Practice Academy

The Academy is a collaboration between all the Health Boards in the West of Scotland, NHS 24, SAS and the universities of West of Scotland, Stirling and Glasgow Caledonian. The Academy provides CPD conferences/events for Advanced Practitioners every year and helps to guide the growth of Advanced Practice in the region. As a trainee ACNS you are welcome to attend these *free* events. Information will be posted on the GGC Moodle site on how to register. Please note if places are limited they will go to qualified practitioners first.

## ACAP

ACAP Scotland (Advancing Care, Advancing Practice) is an established forum for Advanced Practitioners with the purpose of facilitating an arena for discussion, enabling sharing of best practice, providing educational opportunities, and importantly providing links between Advanced Practitioners and major stakeholders. ACAP Scotland is a platform for the voice of the Advanced Practitioner with a website <https://www.acapscotland.org> and social media pages to encourage networking amongst AP's. ACAP host an annual conference (November) which trainees are welcome to attend. Details of the annual event will be posted via the Moodle site.

## NHSGGC Website

This is an up to date resource of Advanced Practice within NHS GGC. Many documents and information resources are hosted here: [Advanced and Specialist Nursing Practice - NHSGGC](#).

## Newsletter

The Advanced Practice Team will issue a regular newsletter via Moodle with a brief snapshot of current developments within Advanced Practice both locally and nationally.

## eLfH (eLearning for Healthcare)

eLfH is an e-learning programme which is co-ordinated by NHS England. Whilst in NHS Scotland, you can access these resources by setting up an account: <https://portal.e-lfh.org.uk>. Within this site there is an extensive list of relevant and valuable learning modules that enhance traditional learning, support existing teaching methods and provide a valuable reference point which can be accessed anytime, anywhere. If you have a free 30 minutes in clinical practice, eLfH is a great accessible resource for learning.