

Derbyshire School of Advanced Clinical Practice: Core Competency Framework



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Part 1: Curriculum and Competence Framework

Introduction

Competence is a holistic concept that encompasses the skills, knowledge and attitudes, values and technical abilities that underpin safe and effective nursing practice and interventions (NMC, 2010). This Framework sets out the level of competence expected of every Advanced Clinical Practitioner (ACP) within Derbyshire. Health Education East Midlands (2014) define an Advanced Clinical Practitioner as:

“A role requiring a registered practitioner to have acquired an expert knowledge base, complex decision-making skills and clinical competencies for expanded scope of practice, the characteristics of which are shaped by the context in which the individual practices.”

This document identifies the generic and core competencies, outcomes and processes for ACP trainees employed within Derbyshire who are undertaking Post Graduate specialist training leading to Masters (MSc) qualification to support practice as an Advanced Clinical Practitioner. It defines the structure and expected methods of learning, feedback and supervision. It identified knowledge, skills, attitudes and behaviours the ACP trainee is required to achieve and how progress through the stages of training will be monitored. The objective of the programme is to produce high quality patient-centred practitioners with the appropriate knowledge, skills and attitudes to enable them to practice within a variety of healthcare environments. For trainees this competency framework will help determine developmental needs and monitor progress towards advanced clinical practice. For existing practitioners it will help identify areas for development and gaps in their knowledge and skills to discuss at their annual appraisal.

Scope of Practice

The scope of advanced clinical practice includes:

- Taking a comprehensive patient history
- Undertaking clinical examination
- Using expert knowledge and clinical judgment to generate problem lists.
- Organising or referring patients for investigations where appropriate.
- Making provisional differential diagnoses.
- Involving patients and where appropriate carers in the generation of a personalised and patient centered care plan.

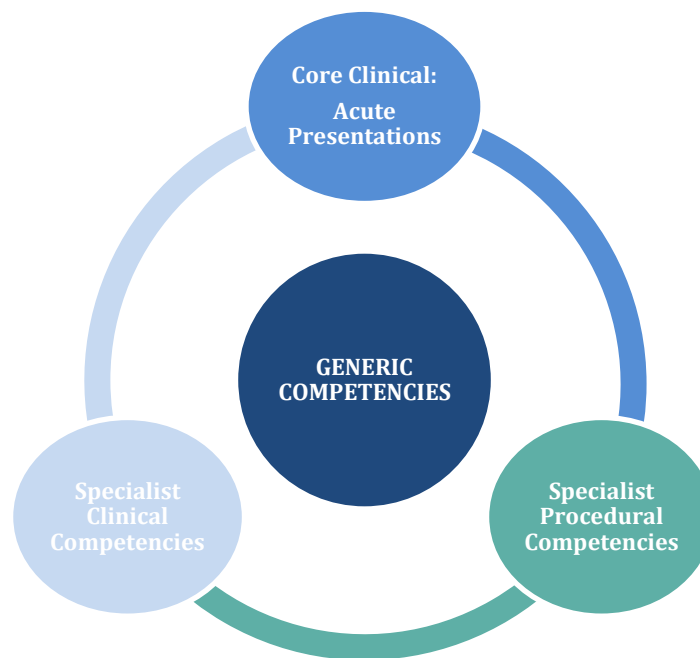
- Making a decision on and carrying out treatment, including the prescribing of medicines.
- Planning and providing skilled and competent care to meet patients' health and social care needs, involving other members of the health care team as appropriate.
- Ensuring the provision of continuity of care including follow-up visits where appropriate.
- Assessing and evaluating the effectiveness of the treatment and care provided with the patient and making changes as needed.
- Working independently and autonomously as part of the multidisciplinary team.
- Providing leadership
- Ensuring that each patient's treatment and care is based on best practice

Curriculum Development

This curriculum and competence document builds upon a Derbyshire-wide collaborative project between Derbyshire healthcare provider organisations including: Derbyshire Community Health Services (DCHS), Derbyshire Health United (DHU), Royal Derby Teaching Hospitals NHS Foundation Trust (DTHFT), Chesterfield Royal Hospital (CRH) as well as advice and information from Derbyshire GP transformation action group (GP-TAG) and the LMC. This work has also been fully supported by Health Education England working across the East Midlands (HEE-EM). The work complements the development of a national curriculum and competence framework for ACPs working within Critical Care (FICM, 2015) and Emergency Medicine (RCEM, 2015). The competencies are divided into three groups:

1. **Twenty Five Generic Competencies** have been agreed that apply across advanced clinical practice regardless of the place of work. The Generic Competencies are derived from the Acute Care Common Stem curriculum (GMC, 2012) for doctors undertaking specialty training within acute medicine. The 25 Generic Competencies form the basis of advanced clinical practice and therefore underpin the 25 Clinical Competencies.
2. **FIVE Core Clinical Competencies** pertaining to the care of the acutely unwell patient should be achieved by all ACPs regardless of clinical specialism or employing organization. These competencies are based on the Acute Care Common Stem Curriculum (GMC, 2012) and the GP Curriculum (RCGP, 2015).
3. Specialist Competencies are currently being developed by specialist areas according to service specifications and local requirements. They reflect the specialty and sub-specialties that the trainee is predominantly working within for example General Practice or Out of Hours. It is anticipated these specialist are competencies will be quality reviewed by the School of Advanced Practice presently being developed within East Midlands Post Graduate Medical Education (EM-PGME) to provide consistency. The specialist competencies are not included in this document but will be available through HEE-EM on completion.

Figure 1. Relationship between Generic, Core Clinical and Specialist Competencies



Education and Preparation of Advanced Clinical Practitioners

The ACP development program will take up to 3 years to complete and can be slightly longer due to timing of academic modules. The program is made up of both academic study and workplace based assessments (WPBAs). It is expected that new ACPs employed within Derbyshire after April 2016 will accumulate 180 credits (MSc) at Level 7 supplemented with workplace based learning in the following key areas:

- Assessment and diagnostic skills
- Requesting and interpreting investigations
- Independent prescribing *
- Medicines management and therapeutics**
- Leadership and improving quality services
- Research and evidence-based practice

*Independent Prescribing essential where a legally permitted profession.

** Medicines management and therapeutics is an alternative for professions not legally permitted to access Independent Prescribing

Table 1 Anticipated timetable of training programme

		YEAR 1				YEAR 2				YEAR 3			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
ACADEMIC PROGRAMME (180 Level 7 Credits)	Assessment & Diagnostic Skills												
	Clinical Investigations												
	Therapeutics / Prescribing												
	Research Methods												
	Free Choice												
	Work-based Project												
WORK BASED LEARNING	Completed WPBAs	4	4	4	4	4	4	4	4	4	4	4	4
	Supervisory Review	2	1	2	1	2	1	2	1	1	1	1	1
	Educational Review	1	1	1	1	1		1		1		1	
	Annual Review of Progress				1				1				1

Workplace based learning assessment tools and minimum requirements for progression are detailed in Part II

GENERIC COMPETENCIES

BASIC CLINICAL COMPETENCIES

GC1 HISTORY TAKING

OBJECTIVE

To obtain a relevant focused history including those from complex patients and in challenging circumstances. To record the history accurately and synthesise the history with a clinical examination and to formulate a management plan according to likely differential diagnoses and identified care needs.

KNOWLEDGE

- Recognise the importance of different elements of the history.
- Recognise the importance of a comprehensive assessment that takes account of clinical, psychological, social and cultural factors particularly those relating to ethnicity, race, cultural or religious beliefs and preferences, sexual orientation, gender and disability.
- Recognise that patients do not always present their history in a structured fashion.
- Know likely causes and risk factors for clinical conditions relevant to their mode of presentation.
- Recognise that the history should inform the examination, investigations and management plan

SKILLS

- Demonstrates the ability to let the patient tell their story and uses predominantly open rather than closed questions to obtain and clarify detail.
- Identify and overcome possible barriers to effective communication.
- Manage available time and draw the consultation to a close appropriately.
- Supplement history with standardized instruments or questionnaires when relevant.
- Manage alternative and conflicting views from family, carers and friends.
- Assimilate the history from the available information from the patient and other sources.
- Recognise and interpret the use of non-verbal communication from patients and carers.
- Focus on relevant aspects of the history

LEVEL DESCRIPTOR

1. Obtains, records and presents all accurate clinical history relevant to the clinical presentation; Elicits the most important positive and negative indicators of diagnoses; Starts to ignore irrelevant information
2. Demonstrates the ability to obtain a relevant focused clinical history in the context of limited time e.g. appointment, ward referral; demonstrates the ability to target the history to discriminate between likely clinical diagnoses; recognises common symptom patterns and red flag symptoms in potential emergency situations; records patient relevant information in the most informative fashion
3. Demonstrates the ability to rapidly obtain a relevant history in the context of severely ill patients; demonstrates the ability to obtain a history in difficult circumstances e.g. from angry or distressed patient / relatives; demonstrates the ability to keep the interview focused on the most important clinical issues
4. Demonstrates the ability to take patient centered approach by recording “what matters to me” as part of the patients care plan.

GC2 CLINICAL EXAMINATION**OBJECTIVE**

To perform a focused and accurate clinical examination including complex patients and challenging circumstances. To relate physical findings to the history in order to establish diagnoses and formulate a management plan

KNOWLEDGE

- Understand the need for a valid and relevant clinical examination.
- Understand the pathophysiological basis for clinical signs and the relevance of positive and negative physical signs.
- Recognise constraints to performing physical examination e.g. chairbound and strategies that may be used to overcome them.
- Demonstrates awareness of investigations that can support diagnoses where examination is constrained and where appropriate is able to perform these i.e Peak flow / spirometry.

SKILLS

- Perform an examination relevant to the presentation and risk factors that is valid, targeted and time-efficient.
- Recognise the possibility of deliberate harm in vulnerable patients and knows how to report this to the appropriate agencies.
- Interpret findings from the history, physical examination and mental state examination, appreciating the importance of clinical, psychological, religious, social and cultural factors.
- Actively elicit important clinical findings.

LEVEL DESCRIPTOR

1. Performs, accurately records and describes the findings from a basic physical examination; elicits key physical signs; uses and interprets the findings of basic examination to guide more advanced or intimate examination.
2. Performs a focused clinical examination directed to the presenting complaint e.g. cardio-respiratory distress, abdominal pain; actively seeks and elicits relevant positive and negative signs; uses and interprets findings from basic examination to inform appropriate investigations.
3. Adapts examination technique to the clinical situation; performs and interprets relevant advanced focused clinical examination; elicits subtle findings.
4. Rapidly and accurately performs and interprets a focused clinical examination in challenging circumstances e.g. an acute or emergency situation.

GC3 THERAPEUTICS AND SAFE PRESCRIBING (OR USE OF PATIENT GROUP DIRECTIONS)

OBJECTIVE

To prescribe, review and monitor appropriate medication relevant to clinical practice including therapeutic and preventative indications

KNOWLEDGE

- Recall indications, contra-indications, side effects, drug interactions and dosage of commonly used drugs.
- Recall range of adverse drug reactions to commonly used drugs, including complementary medicines.
- Recall drugs requiring therapeutic drug monitoring and interpret those results.
- Outline tools to promote patient safety and prescribing, including IT systems.
- Define the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism relevant to the trainee's practice.
- Recognise the roles of national and local regulatory agencies involved in drug use, monitoring and licensing (e.g. National Institute for Health and Care Excellence (NICE), Committee on Safety of Medicines (CSM), Healthcare Products Regulatory Agency and local formulary committees).

SKILLS

- Review the continuing need for long term medications relevant to the trainee's clinical practice
- Anticipate and avoid defined drug interactions, including complementary medicines.
- Advise patients (and carers) about important interactions and adverse drug effects.
- In line with scope of practice, independent prescribing or use of Patient Group Directives (PGDs), make appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function).
- Use IT prescribing tools where available to improve safety.
- Employ validated methods to improve patient concordance with prescribed medication
- Provide comprehensible explanations to the patient, and carers when relevant, for the use of medicines.

BEHAVIOURS

- Remain up to date with therapeutic alerts, and respond appropriately.

LEVEL DESCRIPTOR

1. Understands the importance of patient concordance with prescribed medication; outlines the adverse effects of commonly prescribed medicines; uses referenced works including local guidelines, protocols and pathways relevant to place of work and employing organisation to ensure accurate, precise prescribing.
2. Takes advice on the most appropriate medicine in all but the most common situations; makes sure an accurate record of prescribed medication is transmitted promptly to relevant others involved in an individual's care; knows indications for commonly used drugs that require monitoring to avoid adverse effects; modifies patient's prescriptions to ensure the most appropriate medicines are used for any specific condition; maximises patient compliance by minimising the number of medicines required that is compatible with optimal patient care.
3. Maximises patient compliance by providing full explanations of the need for the medicines prescribed; is aware of the precise indications, dosages, adverse effects and modes of administration of the drugs used commonly within their specialty; uses databases and other reference works to ensure knowledge of new therapies and adverse effects is up to date; knows how to report adverse effects and takes part in this mechanism.
4. Is aware of the regulatory bodies relevant to prescribed medicines both locally and nationally; ensures that resources are used in the most effective way for patient benefit.

INTEGRATED CLINICAL PRACTICE & PATIENT SAFETY

GC4 TIME MANAGEMENT AND PERSONAL ORGANISATION

OBJECTIVE

To prioritise and organise clinical and administrative duties in order to optimise patient care and to make appropriate clinical and clerical decisions in order to optimise the effectiveness of the clinical team.

KNOWLEDGE

- Understand that organisation is key to time management.
- Understand that some tasks are more urgent or more important than others.
- Understand the need to prioritise work according to urgency and importance.
- Understand that some tasks may have to wait or be delegated to others.
- Outline techniques for improving time management.
- Understand the importance of prompt investigation, diagnoses and treatment in disease management.

SKILLS

- Identify clinical and clerical tasks requiring attention or predicted to arise
- Estimate the time likely to be required for essential tasks and plan accordingly
- Group together tasks when this will be the most effective way of working
- Recognise the most urgent / important tasks and ensure that they are managed expediently
- Regularly review and re-prioritise personal and team workload
- Organise and manage workload effectively

BEHAVIOURS

- Ability to work flexibly and deal with tasks in an effective fashion
- Recognise when you or others are falling behind and take steps to rectify the situation
- Communicate changes in priority to others
- Remain calm in stressful or high pressure situations and adopt a timely, rational approach

LEVEL DESCRIPTOR

1. Organises work appropriately but does not always respond to, or anticipate when priorities should be changed; starting to recognise which tasks are most urgent; starting to utilise other members of the clinical team but not yet able to organise their work; requires some direction to ensure that all tasks completed in a timely fashion.
2. Recognises the most important tasks and responds appropriately; anticipates when priorities should be changed; starting to lead and direct the clinical team in an effective fashion; supports others who are falling behind;.
3. Requires minimal organisational supervision
4. Automatically prioritises and manages workload in the most effective fashion; communicates and delegates rapidly and clearly; automatically responsible for organising the clinical team

GC5 DECISION MAKING AND CLINICAL REASONING

OBJECTIVE

To formulate a diagnostic and therapeutic plan for a patient according to the clinical information available and to prioritise and communicate the diagnostic and therapeutic plan appropriately.

KNOWLEDGE

- Define the steps of diagnostic reasoning
- Interprets the history and clinical signs
- Conceptualises the clinical problem
- Generates hypotheses within the context of clinical likelihood
- Tests, refines and verify hypotheses.
- Develops a problem list and an appropriate action plan
- Recognises how to use expert advice, clinical guidelines and algorithms
- Recognises the need to determine the best value and most effective treatment both for the individual patient and for a patient cohort
- Define the concepts of disease natural history and assessment of risk
- Recall methods and associated problems of quantifying risk e.g. cohort studies
- Outline the concepts and drawbacks of quantitative assessment of risk or benefit e.g. numbers needed to treat
- Describe commonly used statistical methodology
- Know how relative and absolute risks are derived and the meaning of the terms predictive value,

sensitivity and specificity in relation to diagnostic tests

SKILLS

- Interpret clinical features, their reliability and relevance to clinical scenarios including recognition of the breadth of presentation of common disorders
- Recognise critical illness and respond with due urgency
- Generate plausible hypotheses following a patient assessment
- Construct a concise and applicable problem list using available information
- Construct an appropriate management plan and communicate this effectively to the patient, parents and carers where relevant
- Demonstrates an ability to positively engage patients in understanding and agreeing their care plan, taking patients preferences into account and acting in the patients best interest.
- Define the relevance of an estimated risk of a future event to an individual patient
- Use risk calculators appropriately
- Apply quantitative data of risks and benefits of therapeutic intervention to an individual patient
- Search and comprehend medical literature to guide reasoning
- Recognise the difficulties in predicting occurrence of future events
- Show willingness to discuss intelligibly with a patient the notion and difficulties of prediction of future events, and benefit/risk balance of therapeutic intervention
- Demonstrate an ability to facilitate patient choice
- Show willingness to search for evidence to support clinical decision making
- Demonstrate the ability to identify one's own biases and inconsistencies in clinical reasoning

LEVEL DESCRIPTOR

1. In a straightforward clinical case; develops a provisional diagnoses and a differential diagnoses on the basis of the clinical evidence; institutes an appropriate investigative plan; institutes an appropriate therapeutic plan; seeks appropriate support from others; takes account of the patient's wishes.
2. In a difficult clinical case; develops a provisional diagnoses and a differential diagnoses on the basis of the clinical evidence; institutes an appropriate investigative plan; institutes an appropriate therapeutic plan; seeks appropriate support from others; takes account of the patient's wishes.
3. In a complex, non-emergency case: Develops a provisional diagnoses and a differential diagnoses on the basis of the clinical evidence; institutes an appropriate investigative plan; institutes an appropriate therapeutic plan; seeks appropriate support from others; takes account of the patient's wishes
4. In a complex, emergency case: Develops a provisional diagnoses and a differential diagnoses on the basis of the clinical evidence; institutes an appropriate investigative plan; institutes an appropriate therapeutic plan; seeks appropriate support from others; takes account of the patient's wishes .

GC6 THE PATIENT AS CENTRAL FOCUS OF CARE

OBJECTIVE

Prioritises the patient's wishes encompassing their beliefs, concerns expectations and needs.

KNOWLEDGE

- Demonstrates knowledge of health needs relevant to diverse patient groups including those such as learning disabled, elderly, refugees and non-English speaking that facilitates effective delivery of care.

SKILLS

- Give adequate time for patients to express ideas, concerns and expectations
- Respond to questions honestly and seek advice if unable to answer
- Encourage the health care team to respect the philosophy of patient centered care
- Develop a management plan including investigation, treatments and requests to other healthcare professionals, in partnership with the patient.

- Support patients, parents and carers where relevant to comply with management plans
- Encourage patients to voice their preferences and personal choices about their care

BEHAVIOURS

- Support patient self-management
- Recognise the duty of the professional to act as a patient advocate

LEVEL DESCRIPTOR

1. Responds honestly and promptly to patient's questions but knows when to refer for senior help; recognises the need for different approaches to individual patients.
2. Recognises more complex situations of communication, accommodates disparate needs and develops strategies to cope.
3. Deals rapidly with more complex situations, promotes patients; self-care and ensures all opportunities are outlined.
4. Is able to deal with all cases to outline patient self-care and to promote the provision of this when it is not readily available.

GC7 PRIORITISATION OF PATIENT SAFETY IN CLINICAL PRACTICE

OBJECTIVES

- To understand that patient safety depends on the organisation of care and healthcare staff working well together.
- To never compromise patient safety.
- To understand the risks of treatments and to discuss these honestly and openly with patients so that patients are able to make informed decisions about risks.
- Ensure that all staff are aware of risks and work together to minimise risk.

KNOWLEDGE

- Outline the features of a safe working environment
- Outline the hazards of medical equipment in common use
- Recall side effects and contraindications of medications prescribed
- Recall principles of risk assessment and management

- Recall the components of safe working practice in personal, clinical and organisational settings
- Awareness of where to access local guidelines to support optimal practice
- Recall the NHS and regulatory procedures when there is concern about performance of the members of the healthcare team

SKILLS

- Recognise when a patient is not responding to treatment, reassess the situation, and encourage others to do so.
- Ensure the correct and safe use of medical equipment, ensuring faulty equipment is reported appropriately.
- Improve patients' and colleagues' understanding of the side effects and contraindications of therapeutic intervention.
- Sensitively counsel a colleague following a significant event, or near miss incident, to encourage improvement in practice of that individual and the unit.
- Recognise and respond to the manifestations of a patient's deterioration (symptoms, signs, observations, and laboratory results) and support other members of the team to act similarly

BEHAVIOURS

- Continue to maintain a high level of safety awareness at all times
- Encourage feedback from all members of the team on safety issues
- Show willingness to take action when concerns, including both clinical and non-clinical aspects e.g. bullying, are raised about performance of members of the healthcare team, and act appropriately when these concerns are voiced to you by others
- Continue to be aware of one's own limitations, and operate within them competently

LEVEL DESCRIPTOR

1. Discusses risks of treatments with patients and is able to help patients make informed decisions about their treatment; does not hurry patients into decisions; promotes patient's safety to more junior colleagues; always ensures the safe use of equipment; follows guidelines unless there is a clear reason for doing otherwise; acts promptly when a patient's condition deteriorates; recognises untoward or significant events and

always reports these; leads discussion of causes of clinical incidents with staff and enables them to reflect on the causes; able to undertake a root cause analysis.

2. Demonstrates ability to lead team discussion on risk assessment and risk management and to work with the team to make organisational changes that will reduce risk and improve safety;
3. Able to assess the risks across the system of care and to work with colleagues from different departments or sectors to ensure safety across the healthcare system.
4. Shows support for junior colleagues who are involved in untoward events; is fastidious about following safety protocols and encourages junior colleagues to do the same.

GC8 TEAM WORKING AND PATIENT SAFETY

OBJECTIVES

- To develop the ability to work well in a variety of different teams, e.g. the ward team and the infection control team, and to contribute to discussion on the team's role in patient safety
- To develop the leadership skills necessary to lead teams so that they are more effective and able to deliver better safer care

KNOWLEDGE

- Outline the components of effective collaboration
- Describe the roles and responsibilities of members of the healthcare team
- Outline factors adversely affecting the team's performance and methods to rectify these

SKILLS

- Practice with attention to the importance of providing good continuity of care
- Practice accurate attributable note-keeping
- Prepare patient lists with clarification of problems and ongoing care plan and maintain confidentiality.
- Demonstrate handover between shifts and areas of care
- Demonstrate leadership and management in the following areas: education and training, deteriorating performance of colleagues (e.g. stress, fatigue), high quality care, effective handover of care between shifts and teams
- Lead and participate in interdisciplinary team meetings

- Provide appropriate supervision to less experienced colleagues

BEHAVIOURS

- Encourage an open environment to allow concerns or issues about the functioning and safety of team working to be discussed and resolved.
- Recognise and respect the request for a second opinion
- Recognise the importance of induction for new members of a team
- Recognise the importance of prompt and accurate information sharing with the Primary Care team following hospital discharge

LEVEL DESCRIPTOR

1. Works well within the multidisciplinary team and recognises when assistance is required from the relevant team member; demonstrates an awareness of their own contribution to patient safety within a team and is able to outline the roles of other team members; keeps records up-to-date, legible and relevant to the safe progress of the patient; hands over care in a precise, timely and effective manner.
2. Demonstrates the ability to discuss problems within a team to senior colleagues; provides an analysis and plan for change; demonstrates an ability to work with the structures and functions of a variety of different teams, e.g. the ward team, the infection control team, a virtual team / MDT and to contribute to discussion on the team's role in patient safety; to develop the leadership skills necessary to lead teams so that they are more effective and able to deliver better, safer care.
3. Leads multidisciplinary team meetings but promotes contributions from all team members; recognises the need for optimal team dynamics and promotes conflict resolution; demonstrates ability to convey to patients after a handover of care that although there is a different team, the care is continuous
4. Leads multi-disciplinary team meetings allowing all voices to be heard and considered. Fosters an atmosphere of collaboration; demonstrates the ability to work with alternative teams such as the virtual team; ensures that team functioning is maintained at all times; promotes rapid conflict resolution.

GC9 PRINCIPLES OF QUALITY AND SAFETY IMPROVEMENT

OBJECTIVE

To recognise the desirability of monitoring performance, learning from mistakes and adopting a no

blame culture in order to ensure high standards of care and optimise patient safety.

KNOWLEDGE

- Understands and describes the elements of clinical governance.
- Recognise that clinical governance safeguards high standards of care and facilitates the development of improved clinical services.
- Define local and national significant event reporting systems.
- Recognise the importance of evidence-based practice in relation to clinical effectiveness.
- Outline local health and safety protocols (fire, manual handling, etc.)
- Understand the risks associated with the trainee's work including biohazards and mechanisms to reduce risk.
- Outline the use of patient early warning systems to detect clinical deterioration where relevant to the trainee's work
- Keep abreast of national patient safety initiatives including NPSA, NCEPOD reports, NICE guidelines etc.

SKILLS

- Adopt strategies to reduce risk e.g. surgical stop moment safety checklist
- Contribute to quality improvement processes – for example; Audit of personal and departmental performance
- Engage with errors / discrepancy meetings and critical incident reporting
- Takes part in unit morbidity and mortality meetings

BEHAVIOURS

- Participates in safety improvement strategies such as critical incident reporting
- Engage with an open no-blame culture
- Respond positively to outcomes of audit and quality improvement
- Co-operate with the changes necessary to improve service quality and safety Reflect regularly on your standards of clinical practice in accordance with regulatory guidance on revalidation.

LEVEL DESCRIPTOR

1. Understands that clinical governance is the over-arching framework that unites a range of quality improvement activities; safeguards high standards of care and facilitates the development of improved clinical services; maintains a personal portfolio to demonstrate delivery of quality care.
2. Able to define key elements of clinical governance; designs & engages in audit protocols and the audit loop
3. Demonstrates personal and service performance.
4. Leads in review of patient safety issues Implements change to improve service; engages and guides others to embrace clinical governance.

GC10 INFECTION CONTROL

OBJECTIVE

To develop the ability to manage and control infection in patients, including controlling the risk of cross-infection, appropriately managing infection in individual patients, and working appropriately within the wider community to manage the risk posed by communicable diseases

KNOWLEDGE

- Understand the principles of infection control
- Understand the principles of preventing infection in high risk groups (e.g. antibiotic stewardship to reduce the incidence of Clostridium Difficile) including understanding the local antibiotic prescribing policy
- Understand the role of Notification within the UK and identify the principal Notifiable diseases for UK and international purposes.
- Understand the role of the Health Protection Agency and Consultants in Health Protection (previously Consultants in Communicable Disease Control – CCDC).
- Understand the role of the local authority in relation to infection control

SKILLS

- Recognise the potential for infection in patients being cared for
- Counsel patients on matters of infection risk, transmission and control
- Actively engage in local infection control procedures
- Actively engage in local infection control monitoring and reporting processes
- Prescribe or administer antibiotics according to local antibiotic guidelines

- Recognise potential for cross-infection in clinical settings
- Practice aseptic technique whenever relevant

BEHAVIOURS

- Encourage all staff, patients and relatives to observe infection control principles

LEVEL DESCRIPTOR

1. Always follows local infection control protocols, including washing hands before and after seeing all patients; is able to explain infection control protocols to students and to patients and their relatives; always ensures the nursing team are included in discussions about matters of ward management; aware of infections of concern – including MRSA and C-difficile
2. Aware of the risks of nosocomial infections; understands the links between antibiotic prescription and the development of nosocomial infections; tendency to need to discuss antibiotic use with a more senior colleague; demonstrates ability to perform simple clinical procedures utilising aseptic technique; manages simple common infections in patients using first-line treatments; communicating effectively to the patient the need for treatment and any messages to prevent re-infection or spread; liaises with diagnostic departments in relation to appropriate investigations and tests.
3. Demonstrates an ability to perform more complex clinical procedures whilst maintaining aseptic non touch technique (ANTT) throughout; identifies potential for infection amongst high risk patients obtaining appropriate investigations and considering the use of second-line therapies; communicates effectively to patients and their relatives with regard to the infection, the need for treatment and any associated risks of therapy; works effectively with diagnostic departments in relation to identifying appropriate investigations and monitoring therapy; working in collaboration with external agencies in relation to reporting Notifiable diseases, and collaborating over any appropriate investigation or management.
4. Demonstrate an ability to perform most complex clinical procedures whilst maintaining full aseptic precautions, including those procedures which require multiple staff in order to perform the procedure satisfactorily; identify the possibility of unusual and uncommon infections and the potential for the atypical presentation of more frequent infections. Manages these cases effectively with potential use of tertiary treatments being undertaken in collaboration with infection control specialists; work in collaboration with diagnostic departments to investigate and

manage the most complex types of infection including those potentially requiring isolation facilities; work in collaboration with external agencies to manage the potential for infection control within the wider community including communicating effectively with the general public and liaising with regional and national bodies where appropriate.

GC11 MANAGING LONG TERM CONDITIONS AND PROMOTING PATIENT/FAMILY SELF-CARE

OBJECTIVE

Work with patients and use their expertise to manage their condition collaboratively and in partnership, with mutual benefit

KNOWLEDGE

- Recall the natural history of diseases that run a chronic course
- Define the role of rehabilitation services and the multi- disciplinary team to facilitate long-term care
- Outline the concept of quality of life and how this can be measured
- Outline the concept of patient self-care
- Know, understand and be able to compare medical and social models of disability
- Understand the relationship between local health, educational and social service provision including the voluntary sector

SKILLS

- Develop and agree a management plan with the patient (and carers), ensuring comprehension to maximise self-care within care pathways when relevant
- Develop and sustain supportive relationships with patients with whom care will be prolonged
- Provide effective patient education, with support of the multi-disciplinary team
- Promote and encourage involvement of patients in appropriate support networks, both to receive support and to give support to others
- Encourage and support patients in accessing appropriate information
- Provide the relevant and evidence-based information in an appropriate medium to enable sufficient choice, when possible

BEHAVIOURS

- Show willingness to act as a patient advocate
- Recognise the impact of long-term conditions on the patient, family and friends
- Ensure equipment and devices relevant to the patient's care are discussed and their use understood.
- Put patients in touch with the relevant agency including the voluntary sector from where they can

procure the items as appropriate (i.e. equipment, wheelchairs etc.)

- Provide the relevant tools and devices to help patients manage their own long term condition when possible
- Show willingness to facilitate access to the appropriate training and skills in order to develop the patient's confidence and competence to self-care
- Show willingness to maintain a close working relationship with other members of the multi-disciplinary team, primary and community care
- Recognise and respect the role of family, friends and carers in the management of the patient with a long-term condition

LEVEL DESCRIPTOR

1. Describes relevant long-term conditions; understands the meaning of quality of life; is aware of the need for promotion of patient self-care; helps the patient with an understanding of their condition and how they can promote self-management
2. Demonstrates awareness of management of relevant long term conditions; is aware of the tools and devices that can be used in long term conditions; is aware of external agencies that can improve patient care; teaches the patient and supports the team to promote excellent patient care.
3. Develops management plans in partnership with the patient that is pertinent to the patient's long term condition; can use relevant tools and devices in improving patient care; engages with relevant external agencies to promote patient care.
4. Provides leadership within the multi-disciplinary team that is responsible for management of patients with long-term conditions; helps develop and strengthen patient networks.

COMMUNICATION

GC12 RELATIONSHIPS WITH PATIENTS AND COMMUNICATION WITHIN A CONSULTATION

OBJECTIVE

Communicate effectively and sensitively with patients, relatives and carers

KNOWLEDGE

- Structure an interview appropriately
- Understand the importance of the patient's background, culture, education and preconceptions (ideas, concerns, expectations) to the consultation process

SKILLS

- Establish a rapport with the patient and any relevant others (e.g. carers)
- Listen actively and question sensitively to guide the patient and to clarify information
- Identify and manage communication barriers, tailoring language to the individual patient and using interpreters when indicated
- Deliver information compassionately, being alert to and managing their and your emotional response (anxiety, antipathy etc.)
- Use, and refer patients to, appropriate written and other information sources
- Check the patient's/carer's understanding, ensuring that all their concerns/questions have been covered
- Indicate when the interview is nearing its end and conclude with a summary
- Make accurate contemporaneous records of the discussion
- Manage follow-up effectively

BEHAVIOURS

- Approach the situation with courtesy, empathy, compassion and professionalism, especially by appropriate body language - act as an equal not a superior
- Ensure that the approach is inclusive and patient- centred and respect the diversity of values in patients, carers and colleagues
- Be willing to provide patients with a second opinion
- Use different methods of ethical reasoning to come to a balanced decision where complex and

conflicting issues are involved

- Be confident and positive in one's own values

LEVEL DESCRIPTOR

1. Conducts simple interviews with due empathy and sensitivity and make accurate records
2. Conducts interviews on complex concepts satisfactorily, confirming that accurate two-way communication has occurred
3. Handles communication difficulties appropriately, involving others as necessary; establishes excellent rapport
4. Demonstrates mastery of patient communication in most situations, anticipating and managing any difficulties which may occur.

GC13 BREAKING BAD NEWS

Objective

To recognise the fundamental importance of breaking bad news and to develop strategies for skilled delivery of bad news according to the needs of individual patients and their relatives / carers

Knowledge

- Recognise that the way in which bad news is delivered significantly affects the subsequent relationship with the patient
- Recognise that every patient may desire different levels of explanation and have different responses to bad news
- Recognise that bad news is confidential but the patient may wish to be accompanied
- Recognise that breaking bad news can be extremely stressful for the clinician involved
- Understand that the interview may be an educational opportunity
- Recognise the importance of preparation when breaking bad news by:
 - ✓ Setting aside sufficient uninterrupted time
 - ✓ Choosing an appropriate private environment
 - ✓ Having sufficient information regarding prognosis and treatment
 - ✓ Structuring the interview
 - ✓ Being honest, factual, realistic and empathic
 - ✓ Being aware of relevant guidance documents
- Understand that "bad news" may be expected or unexpected

- Recognise that sensitive communication of bad news is an essential part of professional practice
- Understand that “bad news” has different connotations depending on the context, individual, social and cultural circumstances
- Recall that a post mortem examination may be required following a death and understand what this involves.
- Recall organ retrieval requirements and local process.

SKILLS

- Demonstrate to others good practice in breaking bad news
- Involve patients and carers in decisions regarding their future management
- Encourage questioning and ensure comprehension
- Respond to verbal and visual cues from patients and relatives
- Act with empathy, honesty and sensitivity avoiding undue optimism or pessimism
- Structure the interview e.g. set the scene, establish understanding. Discuss: diagnoses, implications, treatment, prognosis and subsequent care

BEHAVIOURS

- Take leadership in breaking bad news
- Respect the different ways people react to bad news

LEVEL DESCRIPTOR

1. Recognises when bad news must be imparted ; Recognises the need to develop specific skills; Requires guidance to deal with most cases
2. Able to break bad news in planned settings Prepares well for interview ; Prepares patient to receive bad news; Responsive to patient's reactions
3. Able to break bad news in unexpected and planned settings; Clear structure to interview; Establishes what patient wants to know and ensures understanding; Able to conclude interview
4. Skillfully delivers bad news in any circumstance including adverse events; Arranges follow-up as appropriate; Able to teach others how to break bad news

GC14 COMPLAINTS AND MEDICAL ERROR**OBJECTIVES**

- To recognise the causes of error and to learn from them
- To realise the importance of honesty and effective apology
- To take a leadership role in the handling of complaints

KNOWLEDGE

- Demonstrates basic consultation techniques and the skills described for the training programme which includes the ability to:
 - ✓ Define the local complaints procedure
 - ✓ Recognise factors likely to lead to complaints (poor communication, dishonesty etc.)
 - ✓ Adopt behaviour likely to prevent complaints when dealing with dissatisfied patients or relatives
 - ✓ Recognise when something has gone wrong and identify appropriate staff to communicate this with
 - ✓ Act with honesty and sensitivity in a non-confrontational manner
- Outline the principles of an effective apology
- Identify sources of help and support when a complaint is made about yourself or a colleague

SKILLS

- Contribute to processes whereby complaints are reviewed and learned from
- Explain comprehensibly to the patient the events leading up to a medical error
- Deliver an appropriate apology
- Distinguish between system and individual errors
- Show an ability to learn from previous error

BEHAVIOURS

- Demonstrates leadership over complaint issues.
- Recognise the impact of complaints and medical error on staff, patients, and the National Health Service

- Contribute to a fair and transparent culture around complaints and errors
- Recognise the rights of patients, family members and carers to make a complaint

LEVEL DESCRIPTOR

1. Defines the local complaints procedure; recognises need for honesty in management of complaints; Responds promptly to concerns that have been raised; understands the importance of an effective apology; learns from errors
2. Manages conflict without confrontation; recognises and responds to the difference between system failure and individual error
3. Recognises and manages the effects of any complaint within members of the team
4. Provides timely accurate written responses to complaints when required; Provides leadership in the management of complaints

GC15 COMMUNICATION WITH COLLEAGUES AND COOPERATION

OBJECTIVES

- Recognise and accept the roles and responsibilities of the MDT in relation to self and other healthcare professionals.
- Communicates succinctly and effectively with other professionals as appropriate.

KNOWLEDGE

Understands the importance of working with colleagues, in particular:

- ✓ The roles played by all members of a multi-disciplinary team
- ✓ The features of good team dynamics
- ✓ The principles of effective inter-professional collaboration to optimise patient or population care

SKILLS

- Communicate accurately, clearly, promptly and comprehensively with relevant colleagues by means appropriate to the urgency of a situation (face to face, telephone, email, letter etc.), especially where responsibility for a patient's care is transferred
- Utilise the expertise of the whole multi-disciplinary team as appropriate, ensuring when delegating responsibility that appropriate supervision is maintained

- Participate in, and co-ordinate, an effective hospital-at-night team when relevant
- Communicate effectively with administrative bodies and support organisations
- Employ behavioural management skills with colleagues to prevent and resolve conflict

BEHAVIOURS

- Be aware of the importance of, and take part in, multi- disciplinary work, including adoption of a leadership role when appropriate
- Foster a supportive and respectful environment where there is open and transparent communication between all team members
- Ensure appropriate confidentiality is maintained during communication with any member of the team
- Recognise the need for a healthy work/life balance for the whole team, including yourself, but take any leave yourself only after giving appropriate notice to ensure that cover is in place
- Be prepared to accept additional duties in situations of unavoidable and unpredictable absence of colleagues

LEVEL DESCRIPTOR

1. Accepts his/her role in the healthcare team and communicates appropriately with all relevant members thereof
2. Fully recognises the role of, and communicates appropriately with individual and corporate team members
3. Able to predict and manage conflict between members of the healthcare team
4. Able to take a leadership role as appropriate, fully respecting the skills, responsibilities and viewpoints of all team members

GC16 HEALTH PROMOTION AND PUBLIC HEALTH

OBJECTIVE

To work with individuals and communities to reduce levels of ill health, remove inequalities in healthcare provision and improve the general health of a community.

KNOWLEDGE

- Understand the factors which influence the incidence and prevalence of common conditions
- Understand the factors which influence health – psychological, biological, social, cultural and

economic (especially poverty)

- Understand the influence of lifestyle on health and the factors that influence an individual to change their lifestyle
- Understand the purpose of screening programmes and know in outline the common programmes available within the UK
- Understand the relationship between the health of an individual and that of a community
- Know the key local concerns about health of communities such as smoking and obesity
- Understand the role of other agencies and factors including the impact of globalisation in protecting and promoting health
- Demonstrate knowledge of the determinants of health worldwide and strategies to influence policy relating to health issues including the impact of the developed world strategies on developing countries
- Outline the major causes of global morbidity and mortality and effective, affordable interventions to reduce these
- Recall the effect of addictive behaviours, especially substance misuse and gambling, on health and poverty

SKILLS

- Identify opportunities to prevent ill health and disease in patients
- Identify opportunities to promote changes in lifestyle and other actions which will positively improve health
- Identify the interaction between mental, physical and social wellbeing in relation to health
- Counsel patients appropriately on the benefits and risks of screening
- Work collaboratively with other agencies to improve the health of communities

BEHAVIOURS

- Engage in effective team-working around the improvement of health
- Encourage where appropriate screening to facilitate early intervention

LEVEL DESCRIPTOR

1. Discusses with patients and others factors which could influence their personal health; maintains own health and is aware of own responsibility as a clinician for promoting a healthy approach to life.
2. Communicates to individual information about the factors which influence their personal health; supports an individual in a simple health promotion activity (e.g. smoking cessation) “makes every contact count”.
3. Communicates to an individual and their relatives, information about the factors which influence their personal health; supports small groups in a simple health promotion activity (e.g. smoking cessation)
4. Provides information to an individual about a screening programme and offer information about its risks and benefits
5. Discusses with small groups the factors that have an influence on their health and describes initiatives they can undertake to address these; provides information to an individual about a screening programme offering specific guidance in relation to their personal health and circumstances concerning the factors that would affect the risks and benefits of screening to them as an individual; engages with local or regional initiatives to improve individual health and reduce inequalities in health between communities

LEGAL AND ETHICAL ASPECTS OF CARE

GC17 LEGAL FRAMEWORK FOR PRACTICE

OBJECTIVE

To understand the legal framework within which health-care is provided in the UK in order to ensure that personal clinical practice is always provided in line with this legal framework

KNOWLEDGE

- Understand that all decisions and actions must be in the best interests of the patient
- Understand the legislative framework within which healthcare is provided in the UK – in particular;
 - ✓ Death certification and the role of the Coroner/Procurator Fiscal - Scotland.
 - ✓ Safeguarding children legislation.
 - ✓ Mental health legislation (including powers to detain a patient and giving emergency treatment against a patient's will under the Mental Health Act)
 - ✓ Mental Capacity assessment and best interest decisions
 - ✓ Advanced directives and living Wills; withdrawing and withholding treatment; decisions regarding resuscitation of patients
 - ✓ Surrogate decision making; organ donation and retention
 - ✓ Communicable disease notification
 - ✓ Medical risk and driving
 - ✓ Data Protection and Freedom of Information Acts
 - ✓ The legislation relating to provision of continuing health care and community nursing care by local authorities.
- Understand the differences between legislation in the four countries of the UK
- Understand sources of medico-legal information
- Understand disciplinary processes in relation to clinical malpractice
- Understand the role of the practitioner in relation to personal health and substance misuse, including understanding the procedure to be followed when such abuse is suspected

SKILLS

- Ability to cooperate with other agencies with regard to legal requirements – including reporting to the Coroner's Officer or the proper officer of the local authority in relevant circumstances
- Ability to prepare appropriate medico-legal statements for submission to the Coroner's Court, Procurator Fiscal, Fatal Accident Inquiry and other legal proceedings
- Be prepared to present such material in court
- Incorporate legal principles into day to day practice
- Practice and promote accurate documentation within clinical practice

BEHAVIOURS

- Show willingness to seek advice from the Trust, legal bodies (including defence unions), and regulatory bodies on medico- legal matters
- Promote reflection on legal issues by members of the team

LEVEL DESCRIPTOR

1. Demonstrates knowledge of the legal framework associated with a clinical qualification and practice and the responsibilities of registration; demonstrates knowledge of the limits to professional capabilities - particularly those of pre-registration clinicians; recognises patients who may lack capacity and explains and documents the reason.
2. Identify with senior team members cases which should be reported to external bodies and where appropriate help to initiate that report; identify with senior members of the clinical team situations where you feel consideration of medico-legal matters may be of benefit; be aware of local Trust procedures around substance abuse and clinical malpractice; proceeds to assess capacity that is time and decision specific and documents outcome.
3. Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases preparing brief statements and reports as required; actively promote discussion on medico-legal aspects of cases within the clinical environment including mental capacity issues and best interest decisions; participate in decision making with regard to resuscitation decisions and around decisions related to driving, discussing the issues openly but sensitively with patients and relatives.
4. Work with external strategy bodies around cases that should be reported to them, collaborating with them on complex cases providing full medico-legal statements as required and present material in court where necessary; lead the clinical team in ensuring that medico-legal factors are considered openly and consistently wherever appropriate in the care of a patient. Ensure that patients and relatives are involved openly in all such decisions

GC18 VALID CONSENT**OBJECTIVES**

To obtain valid consent from the patient

KNOWLEDGE

- Outline the guidance given by their professional body and regulator and other regulators on consent
- Understand that consent is a process that may culminate in, but is not limited to, the

completion of a consent form

- Understand the particular importance of considering the patient's level of understanding and mental state (and also that of the parents, relatives or carers) and how this may impair their capacity for giving informed consent.

SKILLS

- Present all information to patients (and carers) in a format they understand, allowing time for reflection on the decision to give consent
- Provide a balanced view of all care options

BEHAVIOURS

- Respect a patient's rights of autonomy even in situations where their decision might put them at risk of harm.
- Practices within the scope of authority given by a patient at all times.
- Avoid withholding information relevant to any proposed care or treatment in a competent adult.
- Show willingness to seek advance directives
- Show willingness to obtain a second opinion, senior opinion, and legal advice in difficult situations of consent or capacity
- Inform a patient and seek alternative care where personal, moral or religious belief prevents or interferes with a usual professional action

LEVEL DESCRIPTOR

1. Obtains consent for straightforward treatments with appropriate regard for the patient's autonomy.
2. Able to explain complex treatments meaningfully in layman's terms and thereby obtain appropriate consent.
3. Obtains consent in "grey-area" situations where the best option for the patient is not clear
4. Obtains consent in all situations even when there are problems of communication and capacity and is able to take appropriate steps to administer treatment consistent with the least restrictive option and best interest principles of the Mental Capacity Act.

GC19 PRINCIPLES OF MEDICAL ETHICS AND CONFIDENTIALITY**OBJECTIVE**

To know, understand and apply appropriately the principles, guidance and laws regarding medical ethics and confidentiality

KNOWLEDGE

- Demonstrate knowledge of the principles of medical ethics
- Outline and follow the guidance given on confidentiality
- Define the provisions of the Data Protection Act and Freedom of Information Act
- Define the role of the Caldicott Guardian within an institution, and outline the process of attaining Ethics Committee approval for audit or research when required.
- Outline situations where patient consent, while desirable, is not required for disclosure e.g. communicable diseases, public interest
- Outline the procedures for seeking a patient's consent for disclosure of identifiable information
- Recall the obligations for confidentiality following a patient's death
- Recognise the problems posed by disclosure in the public interest, without patient's consent
- Recognise the factors influencing ethical decision making: religion, moral beliefs, cultural practices
- Do not resuscitate: Define the standards of practice defined by recognised bodies when deciding to withhold or withdraw life- prolonging treatment
- Outline the principles of the Mental Capacity Act/Deprivation of Liberty Safeguards.

SKILLS

- Use and share information with the highest regard for confidentiality, and encourage such behaviour in other members of the team
- Use and promote strategies to ensure confidentiality is maintained e.g. anonymisation
- Counsel patients on the need for information distribution within members of the immediate healthcare team
- Counsel patients, family, carers and advocates tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment

BEHAVIOURS

- Encourage ethical reflection in others

- Show willingness to seek advice of peers, legal bodies, and their registered body in the event of ethical dilemmas over disclosure and confidentiality
- Respect patient's requests for information not to be shared, unless this puts the patient, or others, at risk of harm
- Show willingness to share information about their care with patients, unless they have expressed a wish not to receive such information
- Show willingness to seek the opinion of others when making decisions about resuscitation status, and withholding or withdrawing treatment

LEVEL DESCRIPTOR

1. Complete and maintain compliance with Information Governance mandatory training; uses and shares information with the highest regard for confidentiality adhering to the Data Protection Act and Freedom of Information Act in addition to guidance given by their registering body; familiarity with the principles of the Mental Capacity Act; participate in decisions about resuscitation status and withholding or withdrawing treatment.
2. Counsel patients on the need for information distribution within members of the immediate healthcare team and seek patient's consent for disclosure of identifiable information.
3. Define the role of the Caldicott Guardian within an institution, and outline the process of attaining ethical approval for audit or research.
4. Able to assume a full role in making and implementing decisions about resuscitation status and withholding or withdrawing treatment

GC20 ETHICAL RESEARCH

OBJECTIVE

To ensure that research is undertaken using relevant ethical guidelines

KNOWLEDGE

- Outline the guidance on good practice in research
- Outline the differences between audit and research
- Describe how clinical guidelines are produced
- Demonstrate knowledge of research principles
- Outline the principles of formulating a research question and designing a project

- Comprehend basic principles of qualitative, quantitative, bio- statistical and epidemiological research methods.
- Outline sources of research funding

SKILLS

- Develop critical appraisal skills and apply these when reading literature.
- Demonstrate the ability to write a scientific paper.
- Apply for appropriate ethical research approval.
- Demonstrate the use of literature databases.
- Demonstrate good verbal and written presentations skills.
- Understand the difference between population-based assessment and unit-based studies and be able to evaluate outcomes for epidemiological work.

BEHAVIOURS

- Recognise the ethical responsibilities to conduct research with honesty and integrity, safeguarding the interests of the patient and obtaining ethical approval when appropriate
- Follow guidelines on ethical conduct in research and consent for research
- Show willingness to the promotion of involvement in research.

LEVEL DESCRIPTOR

1. Defines ethical research and demonstrates awareness of professional guidelines; differentiates audit and research; knows how to use databases.
2. Demonstrates critical appraisal skills.
3. Demonstrates knowledge of research funding sources; demonstrates good presentation and writing skills.
4. Provides leadership in audit and research; promotes research and audit activity; formulates and develops research pathways.

GC21 EVIDENCE AND GUIDELINES

OBJECTIVE

- To develop the ability to make the optimal use of current best evidence in making decisions about the care of patients
- To develop the ability to construct evidence-based guidelines in relation to medical practice

KNOWLEDGE

- Understand the application of statistics in scientific clinical practice
- Understand the advantages and disadvantages of different study methodologies (randomised controlled trials, case controlled cohort etc.)
- Understand the principles of critical appraisal
- Understand levels of evidence and quality of evidence
- Understand the role and limitations of evidence in the development of clinical guidelines
- Understand the advantages and disadvantages of guidelines
- Understand the processes that result in nationally applicable guidelines (e.g. NICE and SIGN)

SKILLS

- Ability to search the medical literature including use of PubMed, Medline, Cochrane reviews and the internet
- Ability to appraise retrieved evidence to address a clinical question
- Ability to apply conclusions from critical appraisal into clinical care
- Ability to identify the limitations of research
- Ability to contribute to the construction, review and updating of local (and national) guidelines of good practice using the principles of evidence-based medicine

BEHAVIOURS

- Keep up to date with national reviews and guidelines of practice (e.g. NICE and SIGN)
- Aim for best clinical practice (clinical effectiveness) at all times, responding to evidence-based medicine
- Recognise the occasional need to practise outside clinical guidelines
- Encourage discussion amongst colleagues on evidence-based practice

LEVEL DESCRIPTOR

1. Participate in departmental or other local journal club; Critically review an article to identify the level of evidence
2. Lead in a departmental or other local journal club; Undertake a literature review in relation to a clinical problem or topic
3. Produce a review article on a clinical topic, having reviewed and appraised the relevant literature
4. Perform a systematic review of the medical literature; Contribute to the development of local or national clinical guidelines

GC22 AUDIT

OBJECTIVE

To perform an audit of clinical practice and to apply the findings appropriately

KNOWLEDGE

- Understand the different methods of obtaining data for audit including patient feedback questionnaires, hospital sources and national reference data
- Understand the role of audit (developing patient care, risk management etc.)
- Understand the steps involved in completing the audit cycle
- Understands the working and uses of national and local databases used for audit such as specialty data collection systems, cancer registries etc.
- The working and uses of local and national systems available for reporting and learning from clinical incidents and near misses in the UK

SKILLS

- Design, implement and complete audit cycles
- Contribute to local and national audit projects as appropriate (e.g. NCEPOD, SASM)
- Support audit by junior and senior medical staff and within the multi- disciplinary team.

BEHAVIOURS

Recognise the need for audit in clinical practice to promote standard setting and quality assurance

LEVEL DESCRIPTOR

1. Attendance at departmental audit meetings; Contribute data to a local or national audit
2. Identify a problem and develop standards for a local audit;
3. Compare the results of an audit with criteria or standards to reach conclusions; Use the findings of an audit to develop and implement change; Organise or lead a departmental audit meeting
4. Lead a complete clinical audit cycle including development of conclusions, implementation of findings and re-audit to assess the effectiveness of the changes; Become audit lead for an institution or organisation

LEADERSHIP

GC23 TEACHING AND TRAINING

OBJECTIVES

- To teach and train a variety of different learners in diverse ways.
- To plan and deliver a training programme with appropriate assessments
- To assess and monitor the quality of the teaching and learning experience.

KNOWLEDGE

- Outline adult learning principles relevant to education
- Identification of learning methods and effective learning environments
- Construction of educational objectives
- Differentiates between summative and formative assessments and describe their appropriate use.
- Use of effective questioning techniques
- Demonstrate knowledge of relevant literature relevant to developments in education
- Outline the structure of the effective appraisal interview
- Define the roles of the various bodies involved in healthcare education
- Differentiate between appraisal and assessment and be aware of the need for both
- Outline the workplace based assessments in use and the appropriateness of each
- Demonstrate the definition of learning objectives and outcomes
- Outline the appropriate local course of action to assist the failing trainee

SKILLS

- Vary teaching format and stimulus, appropriate to situation and subject
- Provide effective feedback after teaching, and promote learner reflection
- Conduct effective appraisal
- Demonstrate effective lecture, presentation, small group and bedside teaching sessions
- Provide appropriate career advice, or refer trainee to an alternative effective source of career information
- Participate in strategies aimed at improving patient education
- Be able to lead departmental teaching programmes including journal clubs
- Recognise the failing trainee

BEHAVIOURS

- When engaged in educational duties acts to maintain the dignity and safety of patients at all times
- Recognises the importance of the role of the clinician as an educator within the MDT and uses healthcare education to enhance the care of patients
- Balances the needs of service delivery with the educational imperative
- Demonstrates willingness to teach other health and social care workers in a variety of settings to maximise effective communication and practical skills.
- Encourages discussion in clinical settings with colleagues to share knowledge and understanding
- Maintains honesty and objectivity during appraisal and assessment
- Shows willingness to participate in workplace based assessments
- Shows willingness to take up formal tuition in healthcare education and respond to feedback obtained after teaching sessions
- Demonstrates a willingness to become involved in wider healthcare education activities and fosters an enthusiasm for education activity in others
- Recognises the importance of personal development as a role model to guide in aspects of good professional behaviour
- Demonstrates consideration for learners including their emotional, physical and psychological wellbeing with their development needs

LEVEL DESCRIPTOR

1. Develops basic PowerPoint presentation skills to support educational activity; delivers small group teaching to others; able to seek and interpret simple feedback following teaching
2. Able to supervise a medical student, nurse or colleague through a procedure; able to perform a workplace based assessment including being able to give effective feedback
3. Able to devise a variety of different assessments (e.g. multiple choice questions, workplace based assessments); able to appraise a medical student, nurse or other colleague; able to act as a mentor to a medical student, nurses or other colleague
4. Able to plan, develop and deliver educational activities with clear objectives and outcomes; able to plan, develop and deliver an assessment programme to support educational activities

GC24 PERSONAL BEHAVIOUR**OBJECTIVES**

To become a senior leader able to deal with complex situations and difficult behaviours and attitudes.

To work effectively with many teams and to be known to put the quality and safety of patient care as a prime objective.

To be able to manage complex human, legal and ethical problems.

To become someone who is trusted and is known to act fairly in all situations

KNOWLEDGE

- Recall and build upon the competencies:
 - ✓ Deal with inappropriate patient and family behaviour
 - ✓ Respect the rights of children, elderly, people with physical, mental, learning or communication difficulties
 - ✓ Adopt an approach to eliminate discrimination against patients from diverse backgrounds including age, gender, race, culture, disability, spirituality and sexuality
 - ✓ Place needs of patients above own convenience
 - ✓ Behave with honesty and probity
 - ✓ Act with honesty and sensitivity in a non-confrontational manner
 - ✓ The main methods of ethical reasoning: casuistry, ontology and consequentialist
 - ✓ The overall approach of value-based practice and how this relates to ethics, law and decision making
- Define the concept of modern clinical professionalism
- Outline the relevance of professional bodies

SKILLS

- Practise with:
 - ✓ Integrity
 - ✓ Compassion
 - ✓ Altruism
 - ✓ Continuous improvement
 - ✓ Excellence
 - ✓ Respect for cultural and ethnic diversity
 - ✓ Regard to the principles of equity
- Work in partnership with members of the wider healthcare team
- Liaise with colleagues to plan and implement work rotas
- Promote awareness of the clinician's role in utilising healthcare resources optimally
- Recognise and respond appropriately to unprofessional behaviour in others
- Be able to provide specialist support to hospital and community based services
- Be able to handle enquiries from the press and other media effectively

BEHAVIOURS

- Recognise personal beliefs and biases and understand their impact on the delivery of health services
- Recognise the need to use all healthcare resources prudently and appropriately
- Recognise the need to improve clinical leadership and management skill
- Recognise situations when it is appropriate to involve professional and regulatory bodies
- Show willingness to act as a mentor, educator and role model
- Be willing to accept mentoring as a positive contribution to promote personal professional development
- Participate in professional regulation and professional development
- Takes part in 360 degree feedback as part of appraisal
- Recognise the right for equity of access to healthcare
- Recognise the need for reliability and accessibility throughout the healthcare team

LEVEL DESCRIPTOR

1. Works well within the context of multi-professional teams; listens well to others and takes other viewpoints into consideration; supports patients and relatives at times of difficulty e.g. after receiving difficult news; is polite and calm when called or asked to help
2. Responds to criticism positively and seeks to understand its origins and works to improve; praises staff when they have done well; where there are failings in delivery of care provides constructive feedback; wherever possible involves patients in decision making.
3. Recognises when other staff are under stress and not performing as expected and provides appropriate support for them; takes any action necessary to ensure that patient safety is not compromised.
4. Helps patients who show anger or aggression with staff or with their care or situation and works with them to find an approach to manage their problem; engenders trust so that staff feel confident about sharing difficult problems and feel able to point out deficiencies in care at an early stage

GC25 MANAGEMENT AND NHS STRUCTURE

OBJECTIVES

To understand the structure of the NHS and the management of local healthcare systems in order to be able to participate fully in managing healthcare provision

KNOWLEDGE

- Understand the structure of NHS systems in your locality recognising the potential differences between the four countries of the UK
- Understand the structure and function of healthcare systems as they apply to your specialty
- Understand the consistent debates and changes that occur in the NHS including the political, social, technical, economic, organisational and professional aspects that can impact on provision of service.
- Understand the importance of local demographic, socio-economic and health data and how that can be used to improve system performance
- Understand the principles of:
 - ✓ Clinical coding (reword – read- codes etc)
 - ✓ European Working Time Regulations
 - ✓ National Service Frameworks
 - ✓ Health regulatory agencies (e.g., NICE, Scottish Government, NHI, CQC)
 - ✓ NHS Structure and relationships
 - ✓ NHS finance and budgeting
 - ✓ The contracting process
 - ✓ The role of the Independent sector as providers of healthcare
 - ✓ Recruitment and appointment procedures

SKILLS

- Participate in managerial meetings
- Take an active role in promoting the best use of healthcare resources
- Work with stakeholders to create and sustain a patient-centred service
- Employ new technologies appropriately, including information technology
- Conduct an assessment of the community needs for specific health improvement measures

BEHAVIOURS

- Recognise the importance of the fair and just allocation of healthcare resources
- Recognise the role of ACPs as active participants in healthcare systems
- Respond appropriately to health service targets and take part in the development of services
- Recognise the role of patients and carers as active participants in healthcare systems and service planning
- Show willingness to improve managerial skills (e.g. management courses) and engage in management of the service

LEVEL DESCRIPTOR

1. Describes in outline the roles of primary care, including general practice, public health community, mental health, secondary and tertiary care services within healthcare.
2. Participates fully in local methods for recording clinical activity.
3. Can describe the relationship between NHS England Regional Teams, Clinical Commissioning Groups, General Practice and Healthcare Trusts including relationships with local authorities and social services; Participate in team and clinical directorate meetings including discussions around service development; Discuss the most recent guidance from the relevant health regulatory agencies in relation to the specialty.
4. Describe the local structure for health services and how they relate to regional or devolved administration structures; able to discuss funding allocation processes from central government in outline and how that might impact on the local health organisation; participate fully in organisational meetings and other appropriate local management structures in planning and delivering healthcare within the specialty; participate as appropriate in staff recruitment processes in order to deliver an effective clinical team; within the directorate/locality collaborate with other stake holders to ensure that their needs and views are considered in managing services.

CORE CLINICAL COMPETENCIES

ACUTE PRESENTATIONS

CC1. PRINCIPLES OF URGENT CARE

OBJECTIVE

The practitioner is aware of the principles of providing urgent care within primary, secondary and tertiary settings and can respond efficiently to patient need and service demand

KNOWLEDGE

- a) Define local provision of urgent care services and referral pathways
- b) Describe the role of other service providers
- c) Explain how the presentation of acute illness may be influenced by age, gender, ethnicity, social and lifestyle factors
- d) Identify symptoms and signs of severe illness that may mimic or mirror less severe illness and ensure that effective processes are in place to avoid misdiagnoses when not obvious at initial presentation.
- e) Understand safety-netting i.e. encouraging patients to report changes in their condition
- f) Discriminate patients who may be safely managed in the community from those who require referral to hospital
- g) Explain “RED FLAG” and “YELLOW FLAG” symptoms in relation to specific presentations
- h) Clarify legal obligations in respect of sudden or unexpected death
- i) Describe the role of telemedicine in triaging and assessing patients presenting with acute needs

SKILLS

- a) Prioritise patient problems
- b) Triage patients, relatives and carers via the telephone in order to accurately assess illness severity

- c) Consider appropriateness of interventions according to the patients' wishes, the severity of illness and any chronic or co-morbid disease
- d) Promote continuity of care for an individual undergoing an episode of acute illness
- e) Communicate sensitively and professionally with acutely unwell patients who may not wish to follow medical advice
- f) Adapt consultation style according to urgency of need
- g) Promote preventative strategies and self-management of acute illness
- h) Review acutely ill patients in a timely manner to monitor their condition and determine changes to the initial management plan
- i) Recognise the influences of comorbid conditions and risk factors on the incidence and presentation of acute illnesses

CC2. MANAGING LIFE-THREATENING AND EMERGENCY SITUATIONS

OBJECTIVE

The practitioner can identify patients who require urgent care, assess their clinical needs, initiate immediate resuscitation and management and escalate care as appropriate.

KNOWLEDGE

- a) Recall Resuscitation Council (UK) guidelines for cardiopulmonary resuscitation and anaphylaxis
- b) Indicate the location of emergency equipment and medications in the workplace
- c) Explain which medications can be given without a prescription in an emergency situation
- d) Understand specific protocols for the pre-hospital management of acute asthma, chest pain of suspected cardiac origin, cerebrovascular accident, status epilepticus, sepsis and suspected venous thrombosis
- e) Define criteria for hospital admission and local referral pathways
- f) Understand processes for ensuring effective continuity of care with out-of-hours service providers
- g) Describe the common causes of abnormal biochemical and haematological values

requiring an urgent response

SKILLS

- a) Recognise and provide immediate management of the following:
 - i. Cardiopulmonary Arrest
 - ii. Anaphylaxis
 - iii. Acute asthma
 - iv. Seizure / Status Epilepticus
 - v. Sepsis
 - vi. Cerebrovascular Accident
 - vii. Suspected myocardial infarction
 - viii. Suspected venous thrombosis
- b) Act calmly in emergency situations and follow agreed protocols
- c) Prioritise problems and establish a differential diagnoses
- d) Ensure patient safety
- e) Provide clear, concise handover information to emergency healthcare professionals
- f) Maintain skills in resuscitation and anaphylaxis management.
- g) Provide appropriate referral and documentation of patients at risk of requiring out-of-hours care and records appropriately.
- h) Act on abnormal blood tests requiring an urgent response including disorders of glucose, potassium, sodium and calcium, abnormal clotting (INR, D-Dimer), severe anaemia

CC3. INJURIES AND FRACTURES

OBJECTIVE

The practitioner can assess a patient for severity of injury and undertake immediate management and/or referral to another service provider.

KNOWLEDGE

- a) Recall causes of and risk factors for falls
- b) Describe physical and psychosocial consequences of falls e.g. injury, fracture, loss of confidence, rhabdomyolysis.
- c) Explain secondary complications of fractures including non-union, avascular necrosis, loss of function, arthritis
- d) Recall the anatomy of the axial skeleton, joints, skull and brain
- e) Summarize causes of acute back injury and signs of cauda equina syndrome
- f) Outline the treatment options for common fractures of the upper limbs, ribs, hip and pelvis and lower limbs
- g) Outline the pathophysiology of head injury, symptoms and signs
- h) Demonstrate awareness of Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) and the Royal College of Radiologists imaging referral guidelines
- i) Discuss strategies to optimize bone health and to prevent further fractures

SKILLS

- a) Apply an ABCDE approach to the management of an injured patient
- b) Relate mechanism of injury to likely diagnoses
- c) Examine each joint and elicit specific signs appropriate to the working diagnoses
- d) Distinguish between skeletal and musculotendinous injury
- e) Demonstrate application of the GCS
- f) Recognise life-threatening trauma/limb-threatening trauma
- g) Demonstrate assessment of limb function, detect neurological and vascular compromise
- h) Identify the indications for admission following a fall, fracture or head injury
- i) Differentiate patients who can attend local ambulatory care services (e.g. Minor Injuries Unit or Walk-In Centre) and those requiring a surgical opinion following a fracture
- j) Apply clinical decision rules to determine further investigations and referral
- k) Initiate appropriate pain management and secondary prevention measures

- l) Assess risk factors and implement a treatment plan to prevent complications of immobilization after injury

CC4. COMMON SYMPTOMS AND COMPLAINTS

OBJECTIVE

The practitioner can assess a patient presenting with an acute symptom or complaint, produce a valid differential diagnoses, investigate appropriately and implement and evaluate a management plan.

KNOWLEDGE

a) Describe the pathophysiology and common causative factors of the following:

- i. Abdominal pain and swelling
- ii. Back pain
- iii. Chest pain
- iv. Constipation and diarrhoea
- v. Cough
- vi. Fever
- vii. Fit/Seizure
- viii. Hematemesis and melaena
- ix. Headache
- x. Jaundice
- xi. Joint pain
- xii. Limb pain and swelling
- xiii. Nausea and vomiting
- xiv. Rash
- xv. Red eye
- xvi. Shortness of breath
- xvii. Sore throat
- xviii. Testicular pain
- xix. Transient loss of consciousness (blackout/collapse)
- xx. Vaginal bleeding
- xxi. Weakness and paralysis

SKILLS

- a) Obtain a comprehensive history pertinent to the presenting complaint
- b) Elicit specific signs on physical examination

- c) Interpret the history and clinical signs to identify appropriate differential diagnoses
- d) Order, interpret and act on initial investigations
- e) Initiate immediate and follow-up treatment appropriate to the diagnoses
- f) Recognise and act upon red flag symptoms
- g) Identify patients requiring referral to secondary care
- h) Apply clinical decision making tools e.g. Wells criteria, Centor criteria, TIMI score

CC5. MENTAL HEALTH

OBJECTIVE

The practitioner can assess a patient presenting with an acute mental health problem, produce a valid differential diagnoses, investigate appropriately and implement and evaluate a management plan.

KNOWLEDGE

- a) Discuss the risk factors for attempted suicide
- b) Recall the national guidelines for self-harm
- c) Outline common psychiatric co-morbidities that can precipitate suicidal ideation
- d) Summarize the indications, contraindications and side effects of the major groups of psychoactive or psychiatric medications
- e) List common causes and risk factors for acute confusion and delirium
- f) Outline important initial investigations to exclude reversible causes of confusion
- g) Understand the role of and referral pathways into local mental health teams including a crisis intervention team, a psychiatric liaison service and into continued community care services.
- h) Explain the legal frameworks that facilitate assessment and treatment of patients following self-harm, suicidal ideation or who lack mental capacity as defined in the Mental Health Act and Mental Capacity Act

SKILLS

- a) Elicit a competent psychiatric history and demonstrate the application of scoring tools used to assess the risk of self-harm (e.g. Becks score, SAD persons)
- b) Recognize symptoms of major psychiatric disturbance
- c) Obtain collateral history when possible
- d) Recognize and manage anxiety and aggression appropriately
- e) Liaise promptly with psychiatric services if in doubt or high risk of self-harm is suspected
- f) Refer to mental health services appropriately
- g) Assess and treat potential causes of delirium
- h) Undertake an assessment of mental capacity
- i) Identify proxy decision makers as appropriate

PART 2: ASSESSMENT & REVIEW OF PROGRESS

Assessment of Competence

Assessment is a continuous process and a fundamental aspect of teaching and learning. Assessments, which will comprise a combination of a Post Graduate academic programme delivered via the University and workplace based learning assessments undertaken within the clinical area, have two main purposes:

- To provide assurance to trainees, their supervisors, employers and the public that a satisfactory level of competence has been achieved (summative).
- To provide feedback to the trainee in order for them to identify areas for development upon which to focus their learning (formative).

Summative assessments include academic assignments and examinations in addition to an annual review of progress.

Table 2 Minimum Portfolio contents per academic year

Assessment	Minimum No.
Workplace Based Assessments	17
Clinical Log Summary – demonstrating activities, patient involvement, practical procedures and critical incidents, PUNs & DENs (No patient identifiable material should be submitted)	1
Records of reflective practice	2
Summary of all formal teaching sessions and courses attended	1
Record of regular meetings with supervisor / Clinical Educator	10

Formative assessment is a continuous process of regular, documented feedback between a trainee and a mentor or supervisor. As assessment involves a degree of subjectivity it is advisable for trainees to ensure that assessments are gathered from different sources and undertaken by multiple assessors. A variety of workplace based assessment tools have been developed to facilitate this.

Workplace Based Assessments (WPBA) provide a series of snapshots of aspects of clinical practice from which a trainee's progression towards competence and independent practice can be inferred. Whilst a minimum number of WPBAs has been specified, the actual number of assessments required will depend upon the individual ACP trainee and their supervisor/mentor. Trainees should have at least one piece of satisfactory assessment evidence for each of the generic and specialist competencies, although it is anticipated that individual assessments may be mapped to multiple competencies. Furthermore, some competencies will necessitate more than one assessment.

All WPBAs should be recorded within a Portfolio of Evidence and mapped against the generic, core and specialist competencies. The portfolio should include a variety of different types of assessments and may include academic assignments. The portfolio will be reviewed throughout the training programme and will be submitted to a panel for formal review annually.

Workplace based assessment tools

The trainee should demonstrate their competence using a variety of standard workplace based assessments tools. Commonly used tools include:

1. *Mini-Clinical Evaluation Exercise (Mini-Cex)*

This tool evaluates a clinical encounter between the trainee and a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The trainee receives immediate feedback to aid learning. The mini-cex can be used at any time and in any setting where an assessor is available.

2. *Direct Observation Of Procedural Skills (DoPs)*

A DOPS is an assessment tool designed to evaluate the performance of a trainee in undertaking a practical procedure, against a structured checklist. The trainee receives immediate feedback to identify strengths and areas for development.

3. *Case-based Discussion (CbD)*

The case based discussion assesses the performance of a trainee in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision-making and application of knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by the trainee. It should focus on a written record such as a patient's written case notes.

4. Multi-source feedback (MSF):

This is a method of assessing generic skills such as communication, leadership, team working and reliability through the systematic collection and feedback of performance data on a trainee, derived from a number of raters. Raters are colleagues with whom the trainee works, including doctors, nursing and administration staff and other members of the multi professional team. Individual responses are anonymized and feedback is given to the trainee by the educational supervisor or a trained facilitator.

5. Patient survey

Patient surveys are used to inform an assessment of trainee behaviour and the effectiveness of the consultation skills which are important to patient. It is intended to assess the trainee's performance in areas such as interpersonal skills, communication skills and professionalism by concentrating solely on their performance during one consultation.

Additional tools may also be used, for example:

6. Audit Assessment Tool

The audit assessment tool is designed to assess a trainee's competence in completing an audit. The audit assessment can be based on review of audit documentation or on a presentation of the audit at a meeting. If possible the trainee should be assessed on the same audit by more than one assessor.

7. Teaching Observation/Evaluation of Teaching

The Teaching Observation form is designed to provide structured, formative feedback to trainees on teaching competence. The Teaching Observation can be based on any formal teaching by the trainee, which has been observed by the assessor. The process should be trainee-led (identifying appropriate teaching sessions and assessors).

8. Examinations

Completion of mandatory life support courses (Advanced, Intermediate or Basic Life Support) can also be used as evidence.

9. Reflective Log

Reflective logs can also demonstrate that the curriculum has been met providing they are clearly mapped to learning outcomes. However, this will only be permissible for sampling a percentage of the competencies and should be used in conjunction with other evidence of competency achievement.

10. Expanded Case Study

This is a maximum of 1500 word summary of an interesting clinical case with which the trainee has been involved and must include one or more learning points or points of contention or controversy. It is designed to assess the trainee's ability to relate a case succinctly with relevant information, to find and evaluate relevant literature and to facilitate a critical appraisal of clinical practice.

Frequency of Assessment

It is advised that trainees undertake a minimum of one or two Work Place Based Assessments every month in order to accumulate a sufficient body of evidence for their portfolio in addition to an annual Multi-Source Feedback exercise.

Table 3. Example of minimum Workplace Based Activities & Assessments per Academic Year

Assessment	Minimum No.
Direct Observation of Procedural Skills [DOPS]	2
Case-based Discussion [CbD]	6
Mini-Clinical Evaluation Exercise [MINI-CEX]	6
Expanded Case Summary – maximum 750-1500 words	2
Multi-Source Feedback [MSF] including Patient Satisfaction Questionnaire (PSQ)	1

Supervision of Learning in Practice

Trainees will be supervised in practice. The level of supervision provided will depend upon the individual trainee and the prior skills and knowledge they bring to the role. It is anticipated that trainees will require direct supervision for a period of 3 months after which indirect supervision will be offered.

Supervision will be offered by:

Clinical Mentor: Day to day support and supervision will be provided by a clinical mentor. The clinical mentor may be a qualified ACP, experienced trainee ACP, or a doctor.

Clinical Supervisor: The clinical supervisor is responsible for overseeing the trainee's achievement of the appropriate competencies through regular assessment and constructive feedback to both trainee and educational supervisor. The clinical supervisor will be a qualified ACP or an experienced doctor. The roles of clinical mentor and clinical supervisor may be undertaken by the same person.

Educational Supervisor: The educational supervisor is responsible for overseeing the trainee's educational development over the duration of the traineeship, for coordinating regular reviews including an initial training needs analysis, quarterly, biannual and annual reviews. The Educational Supervisor will be an experienced Advanced Clinical Practitioner or doctor.

Feedback and Review of Progress

On-going and immediate feedback will be provided to trainees through the Workplace Based Assessments using the templates provided. Additionally, structured educational reviews will be undertaken in order to:

1. Identify educational needs and objectives.
2. Provide feedback to the trainee.
3. Review progress and adjust educational objectives accordingly.
4. Promote the development of self-reflection and self-appraisal.
5. Optimise a trainee's access to learning opportunities.
6. Evaluate the quality of the training and supervision provided.
7. Facilitate regulatory professional processes relating to appraisal, revalidation and re-registration.

Structured reviews should be undertaken every 8-12 weeks with the clinical supervisor and recorded using the template provided. Reviews will be conducted with the Educational Supervisor at least biannually.

An objective annual review of competence progress (ARCP) will be undertaken through the submission of the trainee's portfolio of evidence to a panel. The panel will comprise the Clinical Lead for Advanced Practice, a clinical director and an independent clinical supervisor. The ARCP panel has the following objectives:

1. Consider and approve the adequacy of the evidence and documentation provided by the trainee.
2. Offer comment and feedback on the quality of the structured educational supervisory reviews.
3. Consider the impact of any interruptions to training during the assessment period and from entry to the programme and to determine whether the training duration needs to be extended.
4. Make a judgement about whether the trainee's progress has been satisfactory.
5. Consider suitability to progress to the next stage of training or confirm that training has been completed satisfactorily.
6. Provide advice and feedback to the Clinical Lead and Clinical Educator regarding the quality of the training programme.

Table 4 Minimum number of workplace based assessments required

Quarter	WPBA	Clinical Supervisor	Educational Supervisor	ARCP
<i>Pre-employment</i>			Learning Needs Analysis	
1	4	1		
2	4	1	1	
3	4	1		
4	5	1	1	1

TRAINEE ACP PROGRAMME – CLINICAL SUPERVISOR REVIEW

Name of Trainee ACP: _____ Professional Reg N°: _____

Training period from: _____ To: _____

Clinical Team: _____

Named Clinical Supervisor: _____ Professional Reg N°: _____

I have worked with this trainee ACP: ☐ Frequently ☐ Occasionally ☐ Once or twice ☐ Never

If you tick 'Unacceptable' or 'Cause for Concern' for any area then please provide explanatory comments over the page.

	Appropriate to stage of training	Cause for Concern	Unacceptable	Unable to comment
SAFE	✓	✓	✓	✓
Decision-making	Recommends safe and appropriate management plans and follow-up arrangements.	Decisions are not always appropriate.	Decisions may place patients at risk of harm.	
Record keeping	Maintains clear, concise, comprehensive and contemporaneous records.	Sometimes fails to document key information.	Records are illegible, missing or lack key information.	
Governance	Adheres to local policies and guidance e.g. infection control, IG and clinical guidelines.	Does not always comply with local policies and guidance.	Poor compliance with policies and guidance.	
EFFECTIVE	✓	✓	✓	✓
Clinical Skills	Elicits important clinical signs & symptoms & interprets information appropriately.	Difficulty gathering or interpreting clinical data.	Unable to take history or clinical examination. Poor interpretation of data.	
Knowledge	Good clinical knowledge and awareness of evidence base.	Occasional gaps in knowledge.	Lacks essentials. Poor ability to apply knowledge.	
Reasoning	Suggests an appropriate differential diagnoses Normally good application of knowledge.	Poor application of knowledge. May fail to ask for help when necessary.	Unreliable. Fails to grasp significance of situations. Fails to recognise limitations or seek advice.	
CARING	✓	✓	✓	✓
Cooperation	Good sense of team. Good working relationships.	May have difficulty team working. May make rather than solve problems.	Rude, arrogant or careless of others. Poor sense of team. Causes problems.	
Communication skills	Sensitive communicator. Establishes rapport. Listens well. Open and honest.	Some communication difficulties with staff, patients or relatives.	Often has communication difficulties with staff, patients or relatives.	
Empowering	Involves patients, relatives and clinical team in care decision.	Does not always involve service users or carers in decision-making.	Disregards the preferences of patients, relatives or carers.	

RESPONSIVE		✓		✓		✓	✓
Timely	Prioritises workload. Makes timely decisions.		Poor prioritisation. Defers decision-making.		Fails to recognise significance of situations.		
Adaptable	Applies knowledge and skills to a variety of situations.		Limited application of knowledge and skills in different situations.		Unable to transfer knowledge and skills to different situation.		
Reflective	Requests, listens to and acts on feedback.		Reluctant to receive/act on feedback.		Resists constructive criticism. Fails to act on feedback.		
WELL-ORGANISED		✓		✓		✓	✓
Time keeping & reliability	Punctual and reliable. Informs team of attendance problems.		Sometimes late, absent or unreliable. Has failed to warn of problems.		Often late, absent or unreliable. Usually does not warn of problems.		
Self-directed	Demonstrates initiative and commitment to addressing learning needs		Needs guidance and direction to meet learning needs.		Lacks initiative. Does not take responsibility for learning.		
Responsible	Organised, efficient and takes responsibility appropriately.		Can be disorganised, inefficient. Unclear about responsibilities.		Highly disorganised and inefficient. Unaware of responsibilities.		

Individual comments on trainee's performance: (must be provided for any areas marked 'Cause for Concern' or 'Unacceptable')

Clinical Supervisor signature:

Date: (DD/MM/YYYY)

ACP Trainee signature:

Date: (DD/MM/YYYY)

ACP Trainee Programme – Educational Supervisor Report

Name of Trainee ACP :

Professional Reg

N°:

Training period from:

(DD/MM/YYYY)

To:

(DD/MM/YYYY)

Clinical Team:

Professional Reg

N°:

Name of Educational Supervisor:

Academic Tutor:

University:

Has the trainee completed the following as appropriate to their stage of ACP training?

	Appropriate to stage of training	Cause for Concern	Unacceptable
ACADEMIC STUDY	✓	✓	✓
ATTENDANCE	80% study days attended	< 80% study days attended	< 50% study days attended
CREDITS	Module(s) successfully completed	1 st submission failure	2 nd submission failure or failure to submit
TEACHING	Attends additional teaching/training opportunities	Difficulty attending additional training	Does not attend extra training despite opportunities
CLINICAL SKILLS & KNOWLEDGE	✓	✓	✓
WPBAs	Has completed the required number of WPBA. Engaged with the process.	Difficulty in completing sufficient WPBAs.	Has completed <50 WPBAs. Disengaged with process
COMPETENCE	Evidence is linked to multiple clinical competencies	Evidence is linked to a limited number of competencies	Evidence is not clearly linked to clinical competencies
REFLECTION	Maintains reflective learning log e.g. PUNS & DENs Completed expanded case study	Reflective learning log is not up to date. Identifies case for expanded case study.	Little evidence of maintaining reflective log. Has not begun expanded case study.
SUPERVISION	✓	✓	✓
REVIEWS	Evidence of regular review with clinical supervisor	Difficulty arranging regular review with clinical supervisor	No evidence of regular review with clinical supervisor
PROGRESS	Demonstrates progression towards independent practice	Requiring more supervised practice than anticipated	Requires direct supervision
SUMMARY	Maintains accurate summary of learning activities.	Summary of learning activities is not up to date.	No summary of learning activities.

If the answer to any of the above is 'No', you must provide comments:

REVIEW OF PERSONAL DEVELOPMENT PLAN

Objective:	Achieved:	Evidence:

ADDITIONAL OBJECTIVES

Objective:	Agreed Action:	Achieve by:	How I will demonstrate achievement:

EDUCATIONAL SUPERVISOR COMMENTS:

ACP TRAINEE COMMENTS:

Educational Supervisor Signature:

ACP Trainee Signature:

Date:

Date:

ACP ANNUAL REVIEW OF COMPETENCE PROGRESSION

Name of trainee ACP : _____ Period covered from: (DD/MM/YYYY) _____ Clinical Team: _____ Date of Review _____	Professional Registration N°: _____ To: (DD/MM/YYYY) _____ Year of Training: _____
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Names of ARCP Panel and appointment: (ACP Local Clinical Lead, etc.)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>				

Please tick to denote all required evidence has been submitted

Documentation Submitted to the Panel			
	✓ or ✗		✓ or ✗
Matrix of core and specialist competencies matched against evidence		Quarterly Clinical Supervisor Reviews	
		Biannual Education Supervisor Reviews	
Record of DOPS assessments		Reflective Learning Log	
Record of CBD assessments		University Modules and Academic Credits	
Record of Mini-CEX assessments		Record of quality improvement activity	
Expanded Case Summary		Record of teaching activity	
Records of Reflective practice		Multi-Source Feedback	
Record of course teaching days		Record of patient feedback	

Has the trainee satisfactorily completed all HEI-mandated assessments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Recommended Outcomes from Review Panel	
Satisfactory Progress	
1. Achieving progress and competencies at the expected rate	<input type="checkbox"/>
Unsatisfactory Evidence Details <u>must</u> be provided overleaf	
2. Development of specific competencies required – additional training time not required	<input type="checkbox"/>
3. Inadequate progress by the trainee – additional training time required	<input type="checkbox"/>
4. Released from training programme with or without specified competencies	<input type="checkbox"/>
Insufficient Evidence Details <u>must</u> be provided overleaf	
5. Incomplete evidence presented – additional training time may be required	<input type="checkbox"/>
Recommendation for completion of training programme (Year 2 only)	
6. Gained all required competencies for the programme	<input type="checkbox"/>

Please provide comments and signatures overleaf >>

SUPPLEMENTARY DOCUMENTATION FOR ARCP OUTCOME FORM

Name of Trainee ACP: _____ Professional Registration N°: _____

Recommended Outcome: _____

DETAILED REASONS FOR RECOMMENDED OUTCOME:

DISCUSSION WITH TRAINEE:

Mitigating Circumstances

Competencies Which Need To Be Developed

Recommended Actions

Recommended Additional Training Time (If Required)

Date of next review: _____

ARCP Panel Chair signature: _____ Date: (DD/MM/YYYY) _____

ARCP trainee signature: _____ Date: (DD/MM/YYYY) _____

Local Clinical Lead signature: _____ Date: (DD/MM/YYYY) _____

Core competency matrix

Competency No	Date Completed	Evidence	Comments
GC1			
GC1			
GC1			
GC2			
GC3			
GC4			
GC5			
GC6			
GC7			
GC8			
GC9			
GC10			
GC11			
GC12			
GC13			
GC14			
GC15			
GC16			
GC17			
GC18			
GC19			
GC20			
GC21			
GC22			
GC23			
GC24			
GC25			
CC1			
CC2			
CC3			
CC4			
CC5			