NHS
Health Education England

Advanced Clinical Practice in Acute Medicine Curriculum Framework

The Centre for Advancing Practice
Endorsed Credential

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Credential specification endorsed by HEE's Centre for Advancing Practice

This HEE-commissioned document has met the Centre for Advancing Practice's criteria for endorsement as a credential specification and is ready for delivery.

It will be kept under periodic review to ensure that it remains current and responsive to changing population, patient, service delivery and workforce needs. It is due to be reviewed in 2023, unless developments mean that its review date needs to be brought forward.

Further information on the Centre's approach to credentials is available here: https://advanced-practice.hee.nhs.uk/

This document has been co-produced by HEE and the Royal College of Physicians.

Contents

1. Introduction

The health and care system is evolving rapidly to deliver innovative models of care that meet the increasing and changing needs of individuals, families and communities. In recent years, not only has the education and training of traditional professional and clinical groups adapted to account for the shifting requirements of employers, patients, and the public, but new specialist roles have emerged, including that of advanced clinical practitioners (ACPs).

The National Health Service (NHS) multi-professional framework (MPF) for advanced clinical practice in England[1] (developed by Health Education England (HEE), in partnership with NHS Improvement and NHS England) describes the high-level need for a new, consistent approach to developing the role of ACPs, to ensure quality, safety and effectiveness.

The MPF sets out, for the first time, an agreed definition of advanced clinical practice in England for all health and care professionals. It articulates what it means for individuals to practice at a higher level from that achieved on initial registration and outlines the skills and knowledge that ACPs should have developed in order to undertake clinical decision-making in the context of complexity and uncertainty.

This curriculum framework defines the purpose, learning content, and structure of training and assessment for ACPs working in acute medicine.

2. Purpose

2.1 Purpose Statement

This curriculum framework has been developed to provide a standardised national structure that assists employers in the training and appointment of regulated healthcare workers in advanced clinical practice roles across England.

The purpose of this curriculum framework is to develop ACPs who have the core, generic clinical, and specialty-specific capabilities to provide advanced patient care, within their specialty and scope of practice. On successful completion, learners will be able to demonstrate to their employer that they are entrusted to undertake the role of ACP within the NHS and/or other health and social care settings.

The multi-professional framework (MPF) for advanced clinical practice in England[1] includes a national definition of advanced clinical practice, and the four pillars by which it is underpinned:

1. Clinical practice
2. Leadership and management
3. Education
4. Research

The MPF[1] framework sets out the scope of advanced practice and describes the fundamental career-long capabilities required for ACPs working across all healthcare settings in England, including primary and secondary care, and in the community. These include advanced history taking and assessment skills and the ability to synthesis information, using clinical reasoning and judgment to diagnose, formulate a shared management plan and provide personalised care in the face of uncertainty and complexity. When working in an ACP role, individuals will usually be entrusted to exercise such capabilities with indirect supervision.

The capabilities in practice (CiPs) within this curriculum framework have been mapped to the multi-professional framework.1 The essential ACP CiPs are divided into three groups: core, generic clinical, and specialty clinical. The core and generic clinical CiPs will be standard across all the advanced practice curriculum frameworks developed by HEE in conjunction with the ACP Development Committee (ADC) of the Royal College of Physicians (RCP). This will facilitate the curriculum frameworks' delivery and reduce the burden of assessment, thereby maximising workforce development and learning opportunities.

As part of the holistic development of responsible clinicians, these core professional capabilities must be demonstrated at every stage of training. During their training, ACPs will learn in a variety of settings using a range of methods, including formal postgraduate teaching, workplace-based experiential learning, and simulation.

2.2 Rationale

The NHS Long Term Plan[3] outlined the importance of workforce planning, and the need to do more to provide development and career progression opportunities for existing staff. The plan details an expansion for multi-professional credentialing (sic) to enable clinicians to develop new, formally recognised capabilities in specific areas of competence. Not only is this expected

to improve staff retention by providing the opportunity for development and progression, but it will also equip individuals with the advanced skills needed to meet the needs of patients in the future.

The rationale of this resource, therefore, is to optimise such opportunities through a national curriculum framework for ACP training that is consistent across England. Completion of training developed in line within this curriculum framework will enable all trainee ACPs to demonstrate the essential knowledge, skills and behaviours for the delivery of advanced clinical practice in England within the context of working within acute medicine.

2.3 Development

This curriculum framework has been developed by the ACP Development Committee (ADC) of the Royal College of Physicians and its sub-groups, on behalf of HEE.

The membership of the ADC has included broad representation, including leads for ACP services; current ACPs and consultants involved in their teaching and training, the Chartered Society of Physiotherapy, Royal College of Nursing, Royal College of Occupational Therapists, specialist societies (the British Geriatric Society and the Society for Acute Medicine), patients and carers, the Association of Advanced Practice Educators, leads for postgraduate advance practice programmes in higher education institutes, Joint Royal Colleges of Physicians Training Board (JRCPTB) specialist advisory committees, postgraduate deans, HEE leads, education fellows and educationalists.

The curriculum framework development group has met at regular engagement events. A ‘proof of concept study’ was conducted in 2020, which has led to further changes and improvements to the curriculum framework.

2.4 Eligibility Criteria

To ensure that trainee ACPS are sufficiently prepared to develop their knowledge skills and behaviours to successfully work at an advanced practice level, applicants need to have a sound depth and breadth of clinical experience. As such, it is recommended that trainee ACPs are qualified for a minimum of five years (whole time equivalent), with a minimum of two years’ (whole time equivalent) experience in the specialty of acute medicine prior to commencing their advanced practice training.

Additional eligibility criteria are detailed below;

- Registered and in good standing with their appropriate professional regulatory body with no restrictions on their practice.
- Employed as a Trainee ACP or an ACP.
- Must have full support and engagement of their employer.
- Must have a co-ordinating educational supervisor.
- Normally have a degree in a health-related discipline and have evidence of continuing professional development that shows an ability to study at master’s level.
- Registered on, or have successfully completed, a master’s in advanced practice programme.
- Additional criteria may be required by the education provider.

2.5 Duration of Training

Completion of this ACP curriculum framework will normally be undertaken over a 2- to 3-year period. It must be undertaken as part of, or after the successful completion, of a post-registration MSc programme in advanced practice.

This curriculum framework will provide the evidence base to enable learners ('trainee ACPs') to demonstrate their capabilities in practice.

Trainee ACPs may opt for less-than-full-time training and will require longer, pro rata, to complete it. The appropriate training period will be agreed between the trainee ACP, their co-ordinating educational supervisor, training provider and their employer. As the curriculum framework will normally be completed alongside an MSc in advanced practice, trainee ACPs will have to ensure completion within the maximum time limit set by the training provider (usually a maximum of 5 years).

2.6 Flexibility

The multi-professional framework for advanced clinical practice in England provides flexibility in ACP training, as this framework is common between different advanced practice settings and specialties.

In addition, all ACP curriculums framework constructed by the ADC at the Royal College of Physicians share the same core and generic clinical CiPs. This will provide flexibility for trainee ACPs to move between specialties without needing to repeat aspects of training where they have already demonstrated the capabilities.

3 Content of Learning

Advanced practice requires the core, generic clinical and specialty clinical knowledge, and skills and attitudes, to manage patients presenting with a wide range of symptoms and conditions, sometimes across numerous points of care.

3.1 Capabilities in Practice and High-level Learning Outcomes

Capabilities in practice (CiPs) describe the professional activities within a scope of practice and are based on the concepts of high-level learning outcomes as seen in entrustable professional activities.[4] CiPs are a way of utilising the professional judgement of experienced and appropriately trained assessors to form global judgements on professional performance, in a valid and defensible way.

3.1.1 Capabilities in Practice

The CiPs are grouped in three categories:

- Core CiPs cover the universal requirements of all ACP specialties, and largely focus on the wider professional skills, knowledge and behaviours required to deliver advanced practice.
- Generic clinical CiPs cover the universal requirements of all ACP specialties, and largely focus on the clinical aspects of advanced practice that are common across all specialties.
- Specialty clinical CiPs cover the specialty-specific requirements for advanced practice within a particular specialty.

Each CiP is linked to a set of descriptors which are intended to provide the minimum level of knowledge, skill and behaviours which should be demonstrated by trainee ACPs. These

descriptors are not exhaustive and should not be viewed as a tick-list; they are intended to help supervisors and trainee ACPs recognise the minimum standards that should be demonstrated for entrustment. There may be many more examples outside of the descriptors list that would provide equally valid evidence of performance.

Trainee ACPs use these capabilities to evidence how their performance meets or exceeds the minimum expected levels of performance for their year of training.

Within the curriculum framework, there are also links to the MPF to indicate which 'pillar of practice' capability is being assessed within each CiP. The curriculum framework also includes examples of the evidence that may be used to demonstrate each capability and inform supervisor entrustment decisions.

For completion of training to occur, trainee ACPs must demonstrate that they meet the minimum performance across each CiP within the levels of supervision defined in the ACP decision aid.

3.1.2 Learning Outcomes

Core

1. Functions at an advanced level within healthcare organisational and management systems in line with their scope of practice and sphere of influence.
2. Able to deal with complex ethical and legal issues relating to patient care.
3. Selects and uses advanced communication skills to articulate and shares their decision-making, while maintaining appropriate situational awareness, displaying professional behaviour and exercising professional judgement.
4. Initiates, leads and delivers effective quality improvements in patient care, focused on maintaining patient safety.
5. Able to critically appraise and undertake research, including managing data appropriately.
6. Developing within the context of advanced level practice as a learner, teacher, and supervisor.

Generic Clinical

1. Undertakes an advanced clinical assessment in the face of uncertainty,and utilises critical thinking to inform diagnosis and decision-making.
2. Leads acute intervention for patients, recognising the acutely deteriorating patient and delivering resuscitation.
3. Manages the assessment, diagnosis and plans future management of patients in an outpatient clinic, ambulatory, or community setting, including the management of long-term conditions, in the context of complexity and uncertainty.
4. Manages problems in patients in special cases and other specialties.
5. Manages a multi-professional team, including the planning and management of discharge planning in complex, dynamic situations.
6. Manages end-of-life care and applies palliative care skills in the context of complexity and uncertainty.

Specialty Clinical – Acute Medicine Services

1. Actively engages in acute medical service development, delivery and evaluation, including as a leader and role-model.
2. Develops, supervises and delivers alternative patient pathways including same-day emergency care (SDEC).
3. Prioritises and selects patients appropriately according to the severity of illness, including making decisions about escalation of care.
4. Integrates with other specialist services – including critical care.
5. Manages the interface with community services, including complex discharge planning.

3.2 The Capabilities in Practice for ACPs in Acute Medicine

The section below details the core, generic clinical and specialty clinical CiPs for advanced practice in acute medicine. Descriptors for each CiP are provided, as well as links to the multi-professional framework, and examples of evidence that may be used to make an entrustment decision.

Core CiPs

1. Functions at an advanced level within healthcare organisational and management systems in line with their scope of practice and sphere of influence.

Descriptors

- Exemplifies adherence to their respective code of conduct, being responsible and accountable for their actions and omissions while working within the scope of their clinical practice.
- Demonstrates advanced leadership skills in complex and challenging situations.
- Demonstrates an advanced level of awareness of public health issues, including population health, social determinants of health and global health perspectives.
- Demonstrates capability in dealing with complexity and uncertainty.
- Exemplifies an open and transparent culture.
- Deploys a detailed understanding of the role and processes of commissioning and engages when appropriate in their clinical context.
- Works collaboratively with colleagues across settings, demonstrating an advanced level knowledge and understanding of the range of services available in leading, planning and delivering patient-centre care.
- Manages risk appropriately, especially where there may be complex and unpredictable events, and supports teams to do likewise to ensure the safety of patients, families, carers and the wider public.
- Role models judicious use of resources.
- Influences and contributes to governance structures.

Links to MPF

- **Pillar 1 – Clinical practice**
  - 1.1
  - 1.2
  - 1.5
  - 1.6
  - 1.8
  - 1.9
- **Pillar 2 – Leadership and management**
  - 2.2
  - 2.3
  - 2.8
  - 2.9
- **Pillar 3 – Education**
  - 3.4

Evidence to inform decision

- Co-ordinating Educational Supervisors Report
- Multisource feedback (MSF)
- Multiple supervisor report (MSR)
- Case-based discussions (CBD)
- Activity and role in governance structures
- Reflection and portfolio of evidence
- Evidence of involvement in business plans and quality improvement projects

Core CiPs

2. Able to deal with complex ethical and legal issues relating to patient care.

Descriptors

- Negotiates and works within an individual scope of practice within legal, ethical, professional and organisational policies, governance and procedures on managing risk and upholding safety in complex and uncertain situations.
- Leads critical decision-making in awareness of and adherence to national legislation and legal responsibilities, including safeguarding vulnerable groups.
- Draws on ethical and legal frameworks and critically evaluates situations to make judicious decisions.
- Epitomises the reflective practitioner, asking for, accepting, and responding positively to feedback.
- Engages in professional debate and constructively challenges other professionals' interpretation and application of legal and ethical frameworks to the individual involved.
- Demonstrates advanced leadership skills within the clinical team by ensuring that legal factors and ethical principles are considered openly and consistently, escalating where appropriate in complex and uncertain situations.
- Critically reflects on their involvement in situations where the legal or ethical issues are challenging or complex and uses that reflection to further develop their own and other's practice.

Links to MPF

- **Pillar 1 – Clinical practice**

– 1.3
– 1.8

Evidence to inform decision

- Associate workplace supervisor report (AWSR)
- Co-ordinating Educational Supervisors Report
- CBD
- MSF
- MSR
- Reflective diary (for example, on complaints, coroner reports etc)
- Assessment of clinical effectiveness (ACE)
- Evidence of attendance at relevant training

Core CiPs

3. Selects and uses advanced communication skills to articulate and shares their decision-making, while maintaining appropriate situational awareness, displaying professional behaviour and exercising professional judgement.

Descriptors

- Communicates clearly and effectively with patients and carers in a variety of settings in complex, dynamic situations.
- Communicates effectively with clinical and other professional colleagues.
- Demonstrates an advanced level of understanding of the barriers to communication (eg cognitive impairment, speech and hearing problems) and strategies to manage these barriers.
- Demonstrates advanced consultation skills including effective verbal and non-verbal interpersonal skills.
- Exemplifies shared decision-making by informing the patient, making the care of the patient their first concern, and respecting the patient's beliefs, concerns and expectations.
- Communicates decision making appropriately to younger audiences (e.g. when discussing a patient with young relatives).
- Applies advanced leadership, management and team-working skills appropriately, including influencing, negotiating, reassessing priorities and effectively managing complex, dynamic situations.
- Articulates their clinical reasoning and explains their decision-making process, demonstrating an advanced level of understanding of and sensitivity to the needs and preferences of those with whom they communicate.
- Role models self-awareness, emotional intelligence and resilience, and engages in courageous conversations when advocating for self and others.
- Adapts own professional language and actively promotes the use of a range of communication styles to influence, advocate and promote advanced clinical practice to different audiences.
- Critically reflects on the effectiveness and impact of their communication style and uses the insights from reflection to develop their own communication skills.

Links to MPF

- **Pillar 1 – Clinical practice**
  - 1.1
  - 1.3
  - 1.4
  - 1.5
  - 1.6
  - 1.8
  - 1.9
  - 1.10
- **Pillar 2 – Leadership and management**
  - 2.1
  - 2.2
  - 2.6
  - 2.8
  - 2.10
- **Pillar 3 – Education**
  - 3.5
  - 3.8
- **Pillar 4 – Research**
  - 4.7

Evidence to inform decision

- Associate workplace supervisor report (AWSR)
- Co-ordinating Educational Supervisors Report
- MSR
- MSF
- Patient survey

Core CiPs

4. Initiates, leads and delivers effective quality improvements in patient care, focused on maintaining patient safety.

Descriptors

- Prioritises patient safety in clinical practice, including in the context of complexity, uncertainty and unpredictability.
- Raises and escalates concerns where there is an issue with patient safety or quality of care.
- Critically appraises learning from patient safety incidents, investigations and complaints, ensuring learning is incorporated into own and other's practice.
- Disseminates good practice appropriately.
- Initiates leads and contributes to quality improvement activities.
- Understands and applies human factors principles and practice at individual, team, organisational and system levels.
- Demonstrates a critical understanding of the importance of non-technical skills and behaviours for upholding patient safety and critically applies these skills in practice to enhance the quality of care.
- Actively engages with crisis resource management.
- Recognises and works within limit of personal competence.
- Critically appraise evidence and applies it on an individual patient basis to deliver the highest quality care.
- Critically reflects on their involvement in quality improvement and uses this reflective process to consider what changes to their QI methodology or approach are needed when implementing future changes.

Links to MPF

- **Pillar 1 – Clinical practice**
  - 1.1
  - 1.5
  - 1.6
  - 1.8
  - 1.9
  - 1.10
- **Pillar 2 – Leadership and management**
  - 2.1
  - 2.2
  - 2.3
  - 2.4
  - 2.5
  - 2.6
  - 2.7
  - 2.8
  - 2.9
  - 2.10

- **Pillar 3 – Education**

– 3.1
– 3.2
– 3.4
– 3.5
– 3.8

- **Pillar 4 – Research**

– 4.4
– 4.7

Evidence to inform decision

- Associate workplace supervisor report (AWSR)
- MSR
- MSF
- Quality improvement reports
- Quality improvement project assessment tool (QIPAT)

Core CiPs

5. Able to critically appraise and undertake research and manage data appropriately.

Descriptors

- Manages clinical and research data appropriately.
- Understands the importance of information governance.
- Demonstrates a critical understanding of the role of evidence in clinical practice and demonstrates shared decision-making with patients with regards to involvement in research.
- Can critically evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods, then acting on the findings.
- Demonstrates an advanced level of understanding of appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry.
- Demonstrates an advanced level of understanding of research principles and concepts, and can translate research into practice and identify future research opportunities.
- Can critically appraise relevant research, evaluation and audit, using the results to inform own and others' clinical practice.
- Critically appraises the current evidence base including to identify gaps and its relevance to clinical practice, alerting appropriate individuals and organisations to these and suggesting how they might be addressed.
- Critically engages in research activity, adhering to good research practice guidance while following guidelines on ethical conduct in research, consent for research and documentation practice.
- Disseminates best practice research findings and quality improvement projects through appropriate media (eg presentations, contributing to local or regional guidelines and peer reviewed research publications).

- Critically reflects on their engagement with research and uses this reflective process to identify areas for personal and role development.

Links to MPF

- **Pillar 1 – Clinical practice**
  - 1.9
  - 1.11
- **Pillar 2 – Leadership and management**
  - 2.3
  - 2.4
  - 2.5
  - 2.6
  - 2.9
- **Pillar 4 – Research**
  - 4.1
  - 4.2
  - 4.3
  - 4.4
  - 4.5
  - 4.6
  - 4.7
  - 4.8

Evidence to inform decision

- Associate workplace supervisor report (AWSR)
- MSR
- MSF
- GCP certificate (if involved in clinical research) QIPAT
- Audit assessment (AA)
- Evidence of literature search and critical appraisal of research Involvement in the development of clinical guidelines.
- Evidence of research activity.

Core CiPs

6. Develops, within the context of advanced level practice, as a learner, teacher and supervisor.

Descriptors

- Develops and delivers high quality evidence based and innovative teaching and training to other health and social care professionals using a wide range of resources.
- Critically appraises individual learners' level of understanding and delivers constructive feedback and assists them to develop an appropriate action plan.
- Advocates for and contributes to, and role models, a culture of organisational learning to inspire future and existing staff, promoting collaboration with members of the wider team – clinical, academic and patients – to identify and facilitate shared learning.

- Able to lead the supervision and assessment of less experienced colleagues in their clinical assessment and management of patients (within their scope of practice).
- Acts as a role model, educator, supervisor, coach and mentor, seeking to develop the capabilities and confidence of others.
- Able to supervise less experienced trainees in carrying out practical procedures (within scope of practice).
- Critically evaluates the training needs of individuals and the wider team, supporting them to develop and implement a plan to address these.
- Actively seeks feedback on their professional activities and understands how their own behaviour and values can impact on others.
- Critically reflects on their own learning needs and develops an individualised learning plan, seeking out or creating opportunities for their own development.

Links to MPF

- **Pillar 1 – Clinical practice**
  - 1.3
  - 1.5
  - 1.8
  - 1.10
- **Pillar 2 – Leadership and management**
  - 2.1
  - 2.2
  - 2.3
  - 2.4
  - 2.6
  - 2.7
  - 2.8
  - 2.10
  - 2.11
- **Pillar 3 – Education**
  - 3.1
  - 3.2
  - 3.3
  - 3.4
  - 3.5
  - 3.6
  - 3.7

Evidence to inform decision

- Associate workplace supervisor report (AWSR)
- MSR
- MSF
- Teaching observation (TO)
- Evidence of attendance at supervisor training, educator training

Generic Clinical CiPs

1. Undertakes an advanced clinical assessment in the face of uncertainty and utilises critical thinking to inform diagnosis and decision-making.

Descriptors

- Takes a comprehensive, collaborative, person-centred history in challenging and uncertain situations.
- Critically analyses the patient's history and presentation and performs relevant and accurate physical examinations within their scope of practice.
- Synthesises the information available, using critical thinking to formulate appropriate judgements/diagnoses and use a shared decision-making approach to devise a comprehensive plan for investigation and management.
- Identifies and responds, in a timely manner, to acuity and/or physiological deterioration
- Deals effectively with differentiated and undifferentiated presentations and complex situations.
- Demonstrates an advanced level of clinical reasoning and communicates management decisions effectively to colleagues.
- Communicates clinical reasoning and diagnoses with patients and those important to them and works with them to reach management decisions.
- Seeks timely engagement with other colleagues / healthcare professionals as appropriate, demonstrating the complex information synthesis and critical thinking process that has led to their diagnoses and referral, and how this has been informed by the evidence base.
- Exercises a critical awareness of personal scope of practice, and is aware of own limitations within clinical practice.
- Critically reflects on their assessment, diagnostic and decision-making skills, identifies areas for future development and seeks out opportunities to address these development needs.

Links to MPF

- **Pillar 1 – Clinical practice**

– 1.4
– 1.5
– 1.6
– 1.8
– 1.9
– 1.10

Evidence to inform decision

- Direct observation of procedural skills (DOPS)
- Mini clinical evaluation exercise (Mini-CEX)
- CBD
- MSF
- Reflective log
- CPD activities
- Learning needs assessment
- Professional development plan (PDP)

Generic Clinical CiPs

2. Leads acute intervention for patients, recognises the acutely deteriorating patient and delivers resuscitation.

Descriptors

- Demonstrates prompt assessment of the acutely deteriorating patient, including those who are shocked or unconscious.
- Initiates interventions to form a collaborative, patient-centred management plan, and liaises with other team members as appropriate.
- Communicates clinical reasoning and decision-making to the patient and those important to them.
- Role models collaborative working across services.
- Uses advanced clinical-reasoning skills to select, manage and interpret appropriate investigations in a timely manner.
- Demonstrates appropriate reassessment and ongoing management of acutely unwell patients.
- Critically appraises and applies current evidence, using professional judgement to assess and apply it appropriately within their practice (including interventions).
- Recalls, and acts in accordance with, professional, ethical and legal guidance in relation to cardiopulmonary resuscitation (CPR).
- Utilises advanced communication skills to participate sensitively and effectively in conversations relating to CPR, including decisions to not attempt CPR, and involves patients and those important to them, as appropriate.
- Demonstrates competence in carrying out resuscitation.
- Epitomises the reflective practitioner, critically reflecting on a resuscitation attempt, debriefing and engaging with others, as needed, to identify learning needs and devise an appropriate plan to address these.

Links to MPF

- **Pillar 1 – Clinical practice**

– 1.1
– 1.2
– 1.3
– 1.4
– 1.5
– 1.6
– 1.7
– 1.8
– 1.9
– 1.10
– 1.11

- **Pillar 2 – Leadership and management**

– 2.8

- **Pillar 4 – Research**

– 4.6

Evidence to inform decision

- Advanced life support training (ALS)
- DOPS
- Acute care assessment tool (ACAT)
- Mini-CEX
- CBD
- CPD activity
- Reflection
- MSF
- Involvement in QIP
- QIPAT
- Involvement in debriefs
- Patient survey
- Attendance at advanced communication skills training

Generic Clinical CiPs

3. Manages the assessment, diagnosis and plans future management of patients in an outpatient clinic, ambulatory or community setting, including the management of long-term conditions in the context of complexity and uncertainty.

Descriptors

- Despite challenging circumstances, demonstrates professional behaviour with regard to patients, carers, colleagues and others.
- Delivers patient-centred care, including shared decision-making.
- Demonstrates advanced consultation skills.
- Critically appraises the findings of their assessment to contribute to an appropriate diagnostic and management plan, taking into account patient preferences.
- Draws on their advanced clinical reasoning skills to explain the rationale behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues.
- Appropriately manages co-morbidities as part of a multi-disciplinary team in outpatient clinic, ambulatory or community settings.
- Demonstrates awareness of the quality of patient experience and implements changes to optimise or enhance this.
- Demonstrates an advanced and comprehensive understanding of primary and secondary health promotion, barriers to health promotion and concordance issues.

Links to MPF

- **Pillar 1 – Clinical practice**
  - 1.1
  - 1.2
  - 1.3
  - 1.4
  - 1.5
  - 1.6
  - 1.7
  - 1.8
  - 1.9
  - 1.10
  - 1.11
- **Pillar 2 – Leadership and management**
  - 2.1
  - 2.2
  - 2.3
  - 2.8
- **Pillar 4 – Research**
  - 4.6

Evidence to inform decision

- Letters generated at outpatient clinics
- MSR
- Mini-CEX
- Patient surveys
- ACAT

Generic Clinical CiPs

4. Manages problems in patients in special cases and other specialties.

Descriptors

- Demonstrates advanced consultation skills (including when in challenging circumstances).
- Demonstrates management of medical problems in inpatients under the care of other specialties.
- Recognises when liaison with other professionals/services is required, and does so in a timely way, using their advanced clinical reasoning skills to rationalise the need for referral.
- Demonstrates advanced communication skills and proactively seeks support when recognising limits of practice.
- Demonstrates extensive knowledge of local services and community opportunities available to facilitate wellbeing.
- Critically reflects on their ability to manage medical problems in other specialities and uses this reflective process to identify and address development needs.

Links to MPF

- **Pillar 1 – Clinical practice**
  - 1.1
  - 1.2
  - 1.3
  - 1.4
  - 1.5
  - 1.6
  - 1.7
  - 1.8
  - 1.9
- **Pillar 2 – Leadership and management**
  - 2.1
  - 2.2
  - 2.8

Evidence to inform decision

- Associate workplace supervisor report (AWSR)
- ACAT
- CBD
- MSF

Generic Clinical CiPs

5. Manages a multi-professional team, including the planning and management of effective discharge planning in complex, dynamic situations.

Descriptors

- Applies advanced leadership, management and team-working skills appropriately, including influencing, negotiating, reassessing priorities and effectively managing complex, dynamic situations.
- Role models safe and effective handover, ensuring continuity of patient care and engages with prompt and accurate information sharing.
- Effectively estimates length of stay/period of intervention, demonstrating an advanced level of understanding of the multitude of factors that can influence a patient's length of stay/period of intervention, and implements measures to try to manage these.
- Leads patient-centred care, including shared decision-making.
- Formulates an individualised discharge plan for patients (addressing physical, social and psychological needs) and works collaboratively with other professionals to manage and co-ordinate its delivery.
- Critically reflects on their ability to manage a multi-disciplinary team and uses this reflective process to identify development needs and seeks out opportunities to address these.

Links to MPF

- **Pillar 1 – Clinical practice**
  - 1.1
  - 1.4
  - 1.5
  - 1.6
  - 1.8
  - 1.9
- **Pillar 2 – Leadership and management**
  - 2.1
  - 2.8
  - 2.10

Evidence to inform decision

- MSR
- MSF
- ACAT
- Evidence of completing discharge summaries

Generic Clinical CiPs

6. Manages end-of-life care and applies palliative care skills in the context of complexity and uncertainty

Descriptors

- Identifies patients with limited reversibility of their medical condition and, using their advanced communication skills, works with them to determine palliative and end-of-life care needs.
- Identifies the dying patient and develops an individualised care plan, utilising their advanced knowledge of anticipatory prescribing at end of life.
- Demonstrates safe and effective use of medication delivery devices in the palliative care population (within their scope of practice).
- Able to manage non-complex symptom control, including pain.
- Facilitates referrals to specialist palliative care across all settings, using their advanced clinical reasoning skills to articulate and justify the need for referral and anticipated intervention.
- Involves patients and those important to them in decision-making, and demonstrates advanced consultation and communication skills in challenging circumstances.
- Role models compassionate professional behaviour and clinical judgement
- Critically reflects on own ability to manage end-of-life care and use this process to identify development needs and seek out opportunities to address these.

Links to MPF

- **Pillar 1 – Clinical practice**
  - 1.1
  - 1.2
  - 1.3
  - 1.4
  - 1.5
  - 1.6
  - 1.7
  - 1.8
  - 1.9
  - 1.10
  - 1.11
- **Pillar 2 – Leadership and management**
  - 2.8

Evidence to inform decision

- MSR
- CBD
- Mini-CEX
- MSF
- Reflection
- Teaching attendance

Specialty Clinical CiPs: Acute Medicine

1. Actively engages in acute medical service development, delivery and evaluation, including as a leader and role-model.

Descriptors

- Maximises the effectiveness of the acute medical unit (AMU).
- Role models safe and effective handover in high pressured and challenging circumstances.
- Responds to patient feedback when managing change on the AMU.
- Uses advanced leadership skills to facilitate person-centred collaborative multi-disciplinary team-working.
- Critically reflects on service delivery within acute medicine, using this reflective process to identify the need to review existing and implement new protocols.
- Demonstrates an advanced ability to function well in highly pressurised situations with multiple and disparate demands on time.
- Uses advanced prioritisation and decision-making skills to make multiple decisions or manage the care of multiple patients progressing in one time period.
- Role models appropriate use of resources in cases of diagnostic uncertainty, and communicates uncertainty with patients and those important to them in a safe and effective way.
- Demonstrates ongoing critical analysis of the demands on the service, patient acuity, staffing levels and skill mix to ensure staffing and resources are optimal for delivery of care.
- Demonstrates an advanced understanding of bed capacity and patient flow across the organization.

Links to MPF

- **Pillar 1 – Clinical practice**
  - 1.1
  - 1.2
  - 1.3
  - 1.4
  - 1.5
  - 1.6

– 1.7
– 1.8
– 1.9
– 1.10
– 1.11

Evidence to inform decision

- Co-ordinating Educational Supervisors Report
- Patient feedback
- MSR
- MSF
- CBD
- ACAT
- Mini-CEX
- Reflection

Specialty Clinical CiPs: Acute Medicine

2. Develops, supervises and delivers alternative patient pathways including same-day emergency care.

Descriptors

- Educates the multi-professional team in the role of SDEC.
- Delivers SDEC procedures where appropriate.
- Uses advanced communication and leadership skills to facilitate a collaborativeapproach to patient care, liaising with community partners, the emergency department and radiology.
- Critically evaluates the evidence base, service and patient needs to develop, and critically review the effectiveness of, pathways to optimise patient flow, including SDEC pathways.
- Cohesively works alongside other specialities (Emergency Medicine) to promote and develop SDEC.
- Uses advanced assessment, decision-making skills and risk stratification tools to identify patients suitable for SDEC management.

Links to MPF

- **Pillar 1 – Clinical practice**

– 1.4
– 1.6
– 1.7
– 1.8
– 1.9
– 1.10
– 1.11

Evidence to inform decision

- Co-ordinating Educational Supervisors Report
- Patient feedback
- MSR
- MSF
- CBD
- ACAT
- Mini-CEX
- Reflection
- Regional teaching
- Audit or quality improvement project / QIPAT

Specialty Clinical CiPs: Acute Medicine

3. Prioritises and selects patients appropriately according to the severity of their illness, including making decisions about escalation of care.

Descriptors

- Understands and actively responds to issues that can compromise patient safety, taking responsibility for decision-making and escalating concerns.
- Uses advanced assessment, decision making and prognostication skills to identify the appropriate pathway for the management of the acutely unwell patientand the best place for initial and ongoing management of patients.
- Demonstrates advanced assessment, diagnostic and procedural skills, assessing and managing an acutely unwell medical patient in challenging and uncertain situations.
- Identifies patients who present in the terminal phase of illness, making individualised decisions to prevent unwanted or unnecessary interventions, and ensure that care is directed appropriately.
- Demonstrates awareness of limitations of scope of practice and escalates appropriately, and in a timely way, to other members of the multi-professional team. Critically reflects on their management of the unwell patient and uses this process to identify development needs and seek out opportunities to address these.

Links to MPF

- **Pillar 1 – Clinical practice**
  - 1.1
  - 1.2
  - 1.3
  - 1.6
  - 1.8
  - 1.10
  - 1.11

Evidence to inform decision

- Co-ordinating Educational Supervisors Report
- MSR
- MSF
- CBD
- ACAT
- Mini-CEX
- Reflection

Specialty Clinical CiPs: Acute Medicine

4. Integrates with other specialist services, including critical care.

Descriptors

- Role models effective, collaborative communication and develops resilient working relationships with emergency department, critical care and other specialties.
- Facilitates and enacts safe and prompt risk stratification.
- Demonstrates an advanced critical understanding and the safe, judicious deployment of:
  - advanced airway management skills.
  - various types of ventilatory support.
  - vasoactive and inotropic drugs.
  - monitoring (invasive and non-invasive) of the circulatory system.
  - advanced management for septic and critically unwell patients in first 72 hours of hospital stay.
- Formulates an appropriate treatment escalation plan, and discusses this with colleagues, as well as patients and those important to them.
- Uses advanced communication and leadership skills to work collaboratively with colleagues within critical care to coordinate the management of the acutely unwell medical patient.

Links to MPF

- **Pillar 1 – Clinical practice**
  - 1.2
  - 1.6
  - 1.8
  - 1.9
  - 1.11

Evidence to inform decision

- Co-ordinating Educational Supervisors Report
- MSR
- MSF CBD
- ACAT
- Mini-CEX
- Reflection
- Evidence of attendance at regional teaching ALS course
- DOPS

Specialty Clinical CiPs: Acute Medicine

5. Manages the interface with community services including complex discharge planning

Descriptors

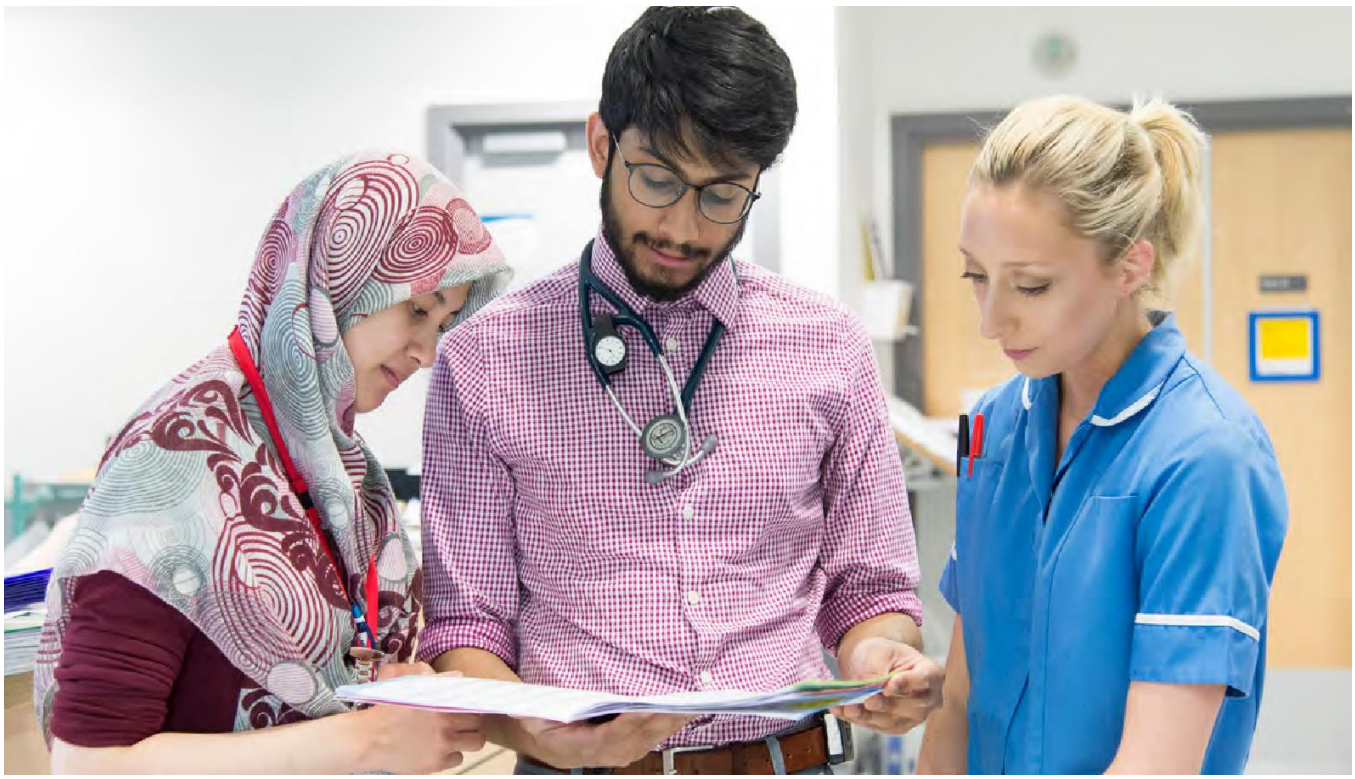
- Uses advanced communication and leadership skills to coordinate the roles and duties of multiple professionals working on the Acute Medical Unit to facilitate safe and effective discharge planning.
- Enables rapid resolution of clinical enquiries from primary care to facilitate patient flow, and reduce unnecessary investigations and admission to secondary care.
- Optimises patient flow from the community and emergency department into the AMU / SDEC and then to the downstream wards and back to the community.
- Role models a shared decision-making approach to discharge planning in collaboration with patients, families, carers and other agencies.
- Responds to patient feedback including from hard-to-reach groups such as adolescents and young adults, LGBTQ+, black, Asian and minority ethnic (BAME) groups and those with learning and neurodevelopmental difficulties.

Links to MPF

- **Pillar 1 – Clinical practice**
  - 1.4
  - 1.5
  - 1.7
  - 1.9
  - 1.10

Evidence to inform decision

- Co-ordinating Educational Supervisors Report
- Patient feedback
- MSR
- MSF
- CBD
- ACAT
- Mini-CEX Reflection
- Evidence of attendance at regional teaching



3.3 Presentations and Conditions for ACPs in Acute Medicine

The scope of acute medicine is broad and cannot be encapsulated by a finite list of presentations and conditions. Any attempt to list all relevant presentations, conditions and issues would be extensive but inevitably incomplete, and would rapidly become outdated.

The table ‘Presentations and conditions of acute medicine by system/specialty’ details the key presentations and conditions of acute medicine. Each of these should be regarded as a clinical context in which trainee ACPs should be able to demonstrate CiPs. The patient should always be at the centre of knowledge, learning and care.

Trainee ACPs must demonstrate core bedside skills, including information gathering through history and physical examination, and information sharing with patients, families and colleagues.

Treatment care and strategy covers how a trainee ACPs selects drug treatments (where legally able) or interventions (where appropriate and within scope of practice) for a patient. It includes

discussions and decisions as to whether treatment should be active or palliative, and also broader aspects of care, including involvement of other professionals or services.

Particular presentations, conditions and issues are listed either because they are common (and therefore the acute medicine ACP must be familiar with them) or serious (having high morbidity, mortality and/or serious implications for treatment or public health).

Some presentations may be related to more than one body system, and some diseases/conditions may cause multisystem dysfunction. The ACP must have an understanding of patients with multi-morbidity, as well as appreciating the wider determinants of health.

The table of systems/specialties, presentations and conditions of acute medicine is to be interpreted with common sense. Each condition and presentation appear once in the syllabus, or on a limited number of occasions, eg chest pain is listed as a cardiology or respiratory medicine presentation. The fact that chest pain is not listed as a rheumatological presentation does not mean that the ACP should not recognise that there can be musculoskeletal causes of chest pain.

It is not necessary to document the specific attributes of each presentation and condition with which ACPs need to be familiar as this will vary between conditions and presentations. However, for each condition/presentation, ACPs will need to be familiar with aspects such as aetiology, epidemiology, clinical features, investigation, management and prognosis.

Presentations and Conditions of Acute Medicine by System/Specialty

System/specialty and subspecialty	Presentations	Conditions/issues
Emergency presentations	Cardiorespiratory arrest Shocked patient Unconscious patient Anaphylaxis Peri-arrest presentations Hypothermia	Sepsis Massive/submassive pulmonary embolismHypovolaemia Myocardial infarctions / arrhythmias Poisoning
Allergy	Acute allergic symptoms Angioedema Nose and sinus symptoms Urticaria	Allergy – food, latex, transfusion Drug – allergy and intolerance Rhinitis/sinusitis/conjunctivitis Skin disorders Urticaria and angioedema

Cardiology	Breathlessness Chest pain Limb swelling Palpitations Syncope and pre-syncope	Cardiac arrhythmias Cardiac failure Cardiac involvement in infectious disease Congenital heart disease in the young person or adult Coronary heart disease Diseases of heart muscle Diseases of the arteries, including aortic dissection Diseases of the pulmonary circulation Heart valve disease Hypertension Oedema Pericardial disease Venous thromboembolism
Clinical genetics	Familial conditions Possibility of genetic diagnosis	Common single gene disorders in the young person or adult
Clinical pharmacology and therapeutics	Drug side effects Drug allergy Hypertension	Adverse drug reactions Practice of safe/rational prescribing and medicines optimisation including antimicrobial stewardship Use national or local guidelines on appropriate and safe prescribing
Dermatology	PruritusRash Skin lesions	Blood and lymphatic vessel disorders Cutaneous reactions to drugs Cutaneous vasculitis, connective tissue diseases and urticaria Dermatitis/eczema Infections of the skin and soft tissues Skin in systemic disease Tumours of the skin Blistering disorders

System/specialty and subspecialty	Presentations	Conditions/issues
Endocrinology and diabetes mellitus	Hyperglycaemia Hypoglycaemia Obesity Polydipsia Polyuria Sick day rules Weight loss Electrolyte disorders Ketoacidosis	Adrenal disorders Diabetes mellitus Diabetic emergencies Disorders of the anterior pituitary Disorders of the posterior pituitary Electrolyte disorders Pancreatic endocrine disorders (other) Parathyroid disorders Thyroid disorders

Gastroenterology and hepatology	Abdominal mass / hepatosplenomegaly Abdominal pain Abdominal swelling Anaemia Constipation Diarrhoea Haematemesis and melaena Jaundice Nausea and vomiting Rectal bleeding Swallowing difficulties Weight loss Nutrition and malnutrition	Acute abdominal pathologies Alcohol-related liver disease Chronic liver diseases Diet and nutritional support Diseases of the GI system Functional bowel disorders Gastrointestinal infections Inflammatory bowel disease Malabsorption Nutrition and malnutrition Refeeding syndrome Vascular disorders of the gastrointestinal tract
Genitourinary medicine	New presentations of HIV Acute presentations of sexually transmitted infections and systemic complications	HIV infection Reproductive health (including contraception)
Geriatric medicine	Delirium Deterioration in mobility Falls Frailty Incontinence Unsteadiness / balance disturbance	Continence – faecal and urinary Dementias Depression Malnutrition Movement disordersOsteoporosis Pressure ulcers

System/specialty and subspecialty	Presentations	Conditions/issues
Haematology	Anaemia Bruising and spontaneous bleeding Coagulation test abnormality Full blood count abnormality Lymphadenopathy Neutropenic fever Transfusion reactions	Anaemia Blood transfusion and alternatives Common haematological malignancies Bone marrow failure Haemoglobinopathies Haemolysis Thrombosis and anticoagulant therapy
Immunology	Angioedema Recurrent infections	Autoimmune systemic disorders Hereditary angioedema Primary immunodeficiency disorders
Infectious diseases	Fever Sepsis syndrome Weight loss Fever of unknown origin	Antimicrobial drug monitoring Antimicrobial resistance and stewardship Bacterial infections Evaluation of the unwell returning traveller Fever of unknown origin Fungal infections Infections in the immunocompromised host Viral infections Traveller and migrant health
Medical ophthalmology	Diplopia Optic disc swelling Painful eye Red eye Vision loss	Cranial nerve palsy Glaucoma Retinal vascular disease

System/specialty and subspecialty	Presentations	Conditions/issues
Neurology	Abnormal sensation (paraesthesia and numbness) Abnormal behaviour Acute confusion Bladder, bowel and sexual dysfunction Dizziness and vertigo Headache Involuntary movements Memory loss and intellectual decline Pain Seizures (epileptic and non-epileptic) Speech disturbance Swallowing difficulties Syncope and pre-syncope Unsteadiness Visual disturbance Weakness and paralysis Functional disorders	Acute stroke and transient ischaemic attacks Acute cranial nerve palsies Chronic neurological disability Dementia and cognitive disorders Delirium Epilepsy Functional illness Guillain–Barré syndrome Head injury Meningitis and encephalitis Migraine and other headache syndromes Motor neurone disease Multiple sclerosis Myasthenia gravis Myopathies (acute and chronic) Parkinson's disease and other movement disorders Peripheral neuropathy (acute and chronic) Subarachnoid haemorrhage and cerebral venous sinus thrombosis Tumours involving the brain and spinal cord
Oncology	Weight loss Neutropenic sepsis Spinal cord compression Venous distension of neck / upper limbs Hypercalcaemia	Common cancers Hypercalcaemia Neutropenic sepsis Paraneoplastic conditions Spinal cord compression Superior vena cava (SVC) obstruction Side effects of anticancer treatments
Palliative medicineand end-of-life care	Pain Physical symptoms other than pain Psychosocial concerns including spiritual care and care of family The dying patient	End-stage organ failure Frailty Multiple comorbidity Anticipatory care planning Care after death
Psychiatry	Aggressive or disturbed behaviour Alcohol and substance dependence Anxiety or panic Physical symptoms unexplained by organic disease Self-harm Treatment refusal	Anxiety disorders Bipolar disorder Delirium Depression Eating disorders Personality disorders Psychoses Schizophrenia Somatic symptom disorders Stress disorders Suicide and self-harm including non-adherence to treatment

System/specialty and subspecialty	Presentations	Conditions/issues
Renal medicine	Fluid balance abnormality Haematuria Hypertension Loin pain Micturition difficulties Polyuria Proteinuria Raised serum creatinine	Acute kidney injury Chronic kidney disease Fluid balance disorders Glomerular diseases Malignant disease of the urinary tract Nephrotic syndrome Renal replacement therapy including acute indicationsRenal tubular disorders Systemic disorders affecting the kidneys Tubulointerstitial diseases Urinary tract infection Urinary tract obstruction
Respiratory medicine	Breathlessness Pleuritic chest pain Cough Haemoptysis Hoarseness Stridor Pleural effusion Wheeze Sputum	Asthma Bronchiectasis Chronic obstructive pulmonary disease Cystic fibrosis Diseases of the pulmonary circulation Disorders of the thoracic cage and diaphragm Disorders of the upper respiratory tract Immune-mediated respiratory diseases Interstitial lung diseases Malignant diseases of the respiratory system Pleural diseases including pneumothorax Occupational lung diseases Pulmonary embolism Sleep-related breathing disorders Respiratory infections Respiratory failure Tuberculosis
Rheumatology	Back pain Joint pain and swelling Neck pain Rash and weakness Complications of immunosuppression	Multisystem rheumatic disorders Spinal pain and regional disorders Crystal-related arthropathies Infection and arthritis Monitoring and toxicity of immunosuppressive drugs including biologics and biosimilars Osteoarthritis Osteoporosis Rheumatoid arthritis Spondyloarthritides
Level 2 and Level 3 enhanced care	Acutely deteriorating patient Ventilatory failure Requirement for cardiovascular support Emergency renal support Airway compromise	Non-invasive ventilation, continuous positive airway pressure (CPAP) and other forms of respiratory supportSepsis syndromes Perioperative management Critical care outreach

System/specialty and subspecialty	Presentations	Conditions/issues
Toxicology	Overdose Poisoning Smoke inhalation Inadvertent exposure Recreational drug abuse Acute withdrawal states	Poisoning including intoxication Smoke inhalation Inadvertent exposure Acute withdrawal states
Pregnancy-related medical conditions (It is up to the individual ACP to understand and adhere to their own professional guidance and scope of practice when treating pregnant patients)	Breathlessness Chest pain Collapse Hyperglycaemia Vomiting Headache Palpitations Hypertension	Pregnancy-related venous thromboembolism (VTE) Peripartum cardiomyopathy Venous sinus thrombosis Pre-eclampsia and eclampsia Gestational diabetes Hyperemesis gravidarum Migraine Use of imaging techniques with respect to radiation exposure Use of medication
Other/all - clinical	Incidental findings Perioperative medicine	Chronic fatigue syndrome Incidentalomas on imaging Peri-operative arrhythmias Peri-operative abnormal neurology

3.4 Acute Medicine ACP Practical Procedures

Procedural proficiency is an integral part of this curriculum framework. The procedures in which you choose to develop competence will be defined by the requirements of your role (location, population needs, etc.) and the legal status of your profession, and should be agreed with your co-ordinating educational supervisor before embarking upon the ACP credential. Agreed practical procedures and the year in which the trainee ACP is expected to be competent to practice these unsupervised should be documented using the table in Appendix 1.

	Acute medicine ACP				
	Recommended Time Frame For Completion			Agreed Time Frame	Completed
Procedure	**Year 1**	**Year 2**	**Year 3**	**Or Indicate Not Applicable N/A in Relevant Box**	**Date & Sign in Relevant Box**
Venepuncture	Competent to perform unsupervised	Maintain	Maintain		
ECG interpretation	Competent to perform unsupervised	Maintain	Maintain		

Nasogastric tube insertion	Competent to perform unsupervised	Maintain	Maintain		
Peripheral venous cannulation	Competent to perform unsupervised	Maintain	Maintain		
Urethral urinary catheterisation	Competent to perform unsupervised	Maintain	Maintain		
Arterial blood gas sampling	Competent to perform unsupervised	Maintain	Maintain		
Setting up non-invasive ventilation	Competent to perform unsupervised	Maintain	Maintain		
Advanced cardiopulmonary resuscitation (CPR)	Competent to participate in CPR team	Maintain	Maintain		
Rectal Examination	Competent to perform unsupervised	Maintain	Maintain		
Femoral venous sampling		Competent to perform unsupervised	Maintain		
Intraosseus access to circulation for resuscitation		Competent to perform unsupervised	Maintain		
Joint aspiration		Competent to perform unsupervised	Maintain		
Lumbar puncture		Competent to perform unsupervised	Maintain		
Temporary cardiac pacing usingexternal device		Competent to perform unsupervised	Maintain		
Direct current (DC) cardioversion		Competent to perform unsupervised	Maintain		
Abdominal paracentesis		Competent to perform unsupervised	Maintain		
Level I thoracic ultrasound		Competent to perform unsupervised	Maintain		
Intercostal drain for pneumothorax			Competent to perform unsupervised		

Intercostal drain for effusion			Competent to perform unsupervised		
Pleural aspiration for fluid (diagnostic)			Competent to perform unsupervised		
Pleural aspiration (pneumothorax)			Competent to perform unsupervised		

Other Agreed Practical Procedures					
Procedure	**Recommended Time Frame For Completion**			**Agreed Time Frame**	**Completed**
	Year 1	**Year 2**	**Year 3**	**Or Indicate Not Applicable N/A in Relevant Box**	**Date & Sign in Relevant Box**

Notes: To prepare the trainee ACP to undertake the practical procedures, it is advised that theoretical knowledge acquisition and skills lab / simulation training are provided. The trainee ACP should have the opportunity to undertake procedures under supervision.

4. Teaching and Learning

The organisation and delivery of ACP training is the responsibility of the trainee ACP's employer. A local training lead will be responsible for coordinating the trainee ACP programme. This will require collaboration between higher education institutes responsible for MSc Advanced Practice programmes, local service providers, workplace supervisors and learners.

Trainee ACPs will be employed by local service providers who will retain full responsibility for all aspects of clinical governance in the workplace. Progression through the programme will be determined by an annual review process and the training requirements for each year of training are summarised in the ACP decision aid. Successful completion of training will be dependent on achieving the expected level of performance in all CiPs and procedural skills. The process of assessment will be used to monitor and evaluate progress throughout the programme.

Training must permit appropriate progression in responsibility and experience while being flexible enough to allow a trainee ACP to develop particular areas of specialist interest. Training must cover the breadth and depth of the CiPs and afford trainee ACPs the opportunity to gather the essential evidence towards demonstrating capability.

4.1 Teaching and Learning Methods

The curriculum framework should be delivered through a variety of different methods and learning experiences that enable the learner to achieve each CiP. There should be a balanced approach to learning, which is achieved through a combination of formal teaching and experiential learning.

Possible learning opportunities should include:

Work-based experiential learning

Work-based learning provides trainee ACPs with the opportunity to work alongside supervisors and other experienced clinicians to deliver advanced patient care. Trainee ACPs will work across a variety of settings to gain experience of other specialties, wider multidisciplinary teams, effective discharge planning, appropriate referral, follow up, and the wider healthcare landscape.

Independent self-directed learning

This may include:

- reading journals and other literature
- quality improvement, research, audit activities
- maintaining a reflective learning log
- online learning and other CPD
- participating in journal clubs
- peer-group support / study groups.

Simulation

Trainee ACPs can develop procedural competency through simulation training. Scenario-based and human factor-based simulation training should also be utilised to develop trainee ACPs' learning and understanding.

Formal teaching

The content of formal teaching should be based on the curriculum and delivered locally.

Examples include:

- case presentations
- grand rounds
- Schwartz rounds
- joint specialty meetings
- lectures and small group teaching
- clinical skills teaching
- participation in management and multidisciplinary meetings
- engagement in research, audit and quality improvement projects
- online learning

Formal study courses

Time should be made available for formal courses that meet local requirements for the trainee ACP's role. These may include courses such as safe prescribing, ultrasound, advanced communication, etc., and will be determined by the employer and the trainee ACP's supervisor and the legal status of their profession.

5. Assessment

Assessment of CiPs involves reviewing the full range of knowledge, skills and behaviours to make global decisions about a learner's suitability to take on responsibilities and tasks. Assessment will take place in a variety of settings. Where some of the trainee ACP's knowledge, skills or behaviors are assessed by a training provider (e.g. a higher education institute) this assessment will take place in line with the training provider's regulations.

In the workplace, co-ordinating educational supervisors and associate workplace supervisors will be involved in assessment through providing formative feedback to the trainee ACP on their performance throughout the training year. This feedback will include a global rating in order to indicate to the trainee ACP and their supervisor how they are progressing at that stage of training. To support this, workplace-based assessment forms and multiple supervisor reports will include global assessment anchor statements.

Global assessment anchor statements:

- Below expectations for the trainee ACP's stage of training; may not meet the requirements to pass end-of- year review.
- Meeting expectations for the trainee ACP's stage of training; expected to progress to next stage of training.
- Above expectations for the trainee ACP's stage of training; expected to progress to the next stage of training.

Towards the end of the training year, trainee ACPs will make a self-assessment of their progression for each CiP with signposting to the evidence within their training portfolio.

The co-ordinating educational supervisor will review the evidence in the trainee ACP's portfolio, including workplace-based assessments, feedback received from other supervising clinicians, and the trainee ACP's self-assessment, and then record their judgement on the trainee ACP's performance on a Co-ordinating educational supervisor report form, along with any additional commentary and feedback.

For core CiPs, the ACP Supervisor will indicate whether or not the trainee ACP is meeting expectations using the global assessment anchor statements. Trainee ACPs will need (as a minimum) to meet expectations for the stage of training to be judged satisfactory to progress to the next training year.

For generic clinical and specialty clinical CiPs, the co-ordinating educational supervisor will make an entrustment decision relevant to the level of practice for each CiP and record the indicative level of supervision required with detailed comments to justify their entrustment decision. The co-ordinating educational supervisor will also indicate the most appropriate global assessment anchor statement for overall performance.

Entrustability scales are behaviourally anchored ordinal scales based on progression to capability and reflect a judgement that has clinical meaning for assessors.

Level descriptors for generic clinical and specialty clinical CiPs

Level 1: Entrusted to observe only

Level 2: Entrusted to act with direct supervision

The trainee ACP may provide clinical care, but the supervising clinician is with the trainee ACP, or is physically within the hospital or other site of patient care and is immediately available if required to provide direct bedside supervision.

Level 3: Entrusted to act with indirect supervision.

The trainee ACP may provide clinical care when the supervising clinician is not physically present within the hospital or other site of patient care, but is available by means of telephone and/or electronic media to provide advice, and can attend at the bedside if required to provide direct supervision.

Level 4: Entrusted to act unsupervised

Essentially level 4 means that the co-ordinating educational supervisor, based on their judgement of the performance and other evidence is satisfied that the trainee ACP can act under supervision that is indirect and/or post hoc. Level 4 implies that the the trainee ACP could complete training and/or take on an ACP role. Of course, it is only when level 4 has been reached in all CiPs that a trainee ACP can complete their training. While they remain in a training programme, they are still under the oversight of their co-ordinating educational supervisor. A level 4 decision is a very important summative decision; the co-ordinating educational supervisor is saying that in their professional judgement they are now 'entrusted' to undertake this activity at the level of an ACP.

5.1 Assessment Methods

Individual training (education) providers are responsible for constructing their method of assessment and assessment tools to ensure that trainee ACPs' fulfilment of the capabilities set out in this framework is fully tested. Below are some examples of workplace-based assessments already in use for similar frameworks that can be used, either formatively or summatively, to assess capability.

Co-ordinating educational supervisor report (CESR)

This report is designed to detail the progress a trainee has made in a training year, based on a range of assessment, observations, reflections and experience. This report forms the basis of the annual review panel discussion.

Associate workplace supervisor report (AWSR)

This is designed to help capture the opinions of clinicians who have supervised the ACP trainee. They are asked to comment on clinical knowledge and skills and various important aspects of clinical performance.

Self-assessment (SA)

As part of the co-ordinating educational supervisor appraisal, the trainee ACP will conduct a self- assessment against each CiP, to assess their own progress and overall capability. Trainee ACPs are encouraged to link to relevant evidence within their portfolio to support their assessment at each CiP.

Multi-source feedback (MSF)

This is used to gather feedback from colleagues with whom they work, including their manager, doctors, peers, junior staff, administrators and other allied health professionals. Feedback assesses generic skills such as reliability, communication skills, leadership ability and team working. The trainee will not see
the individual responses, but a summary of feedback is shared through their co-ordinating educational supervisor.

Mini-clinical evaluation exercise (Mini – CEX)

A mini-clinical evaluation exercise assesses a clinical encounter with a patient, including history-taking (interpersonal skills), physical examination (clinical skills) and differential diagnosis (problem-solving skills), that lead to the development of a management plan. Feedback is provided to enable learning and development.

Case-based discussion (CbD)

A case-based discussion assesses knowledge, clinical reasoning and decision-making focused on written case records. It enables documentation of trainee ACP's case presentations and records conversations around the relevant issues that have been raised.

Direct observation of procedural skills (DOPS)

The direct observation of procedural skills is used to assess clinical and professional skills when performing a range of diagnostic and interventional procedures. The assessor does not have to be the co-ordinating educational supervisor. The assessor provides written feedback for the trainee ACP's portfolio, as well as verbal developmental feedback. A trainee ACP may already be proficient in the procedural skill being observed, but this must be recorded in the portfolio and approved by a suitably qualified/competent assessor.

Teaching observation (TO)

Teaching observation is designed to provide structured feedback to trainee ACPs on their role as an educator. The teaching observation must be carried out on observed practice during a formal teaching event.

Quality improvement project assessment tool (QIPAT)

The quality improvement assessment tool is designed to assess a trainee ACP's competence in completing quality improvement projects. It looks at each stage of the project from design to implementation to consider areas of strength and areas that require further development.

Patient survey (PS)

The patient survey is aimed at providing feedback from a patient perspective, in the way the trainee ACP undertakes an episode of care. It considers clinical, interpersonal and professional skills, including behaviours and attitudes, to ensure any episode of care is patient-centred.

5.2 Annual Review

Training (education) providers that take responsibility for delivering this framework should enact annual review arrangements (including through appropriate oversight arrangements) to make the final summative judgement on whether individual trainee ACPs have achieved the outcomes at the appropriate level of supervision for each CiP, and thus can progress to the next year of training. The process should be informed by individual trainee ACPs' co-ordinating educational supervisor report and the evidence presented in their ACP portfolio. Annual reviews of trainee ACPs' progress should be held at the end of each training year. It is good practice for arrangements to involve lay representatives to ensure and advise on the fairness and consistency of process.

The ACP decision aid (see 5.3) sets out the minimum requirements for satisfactory progress in each training year. It should guide trainee ACPs, co-ordinating education supervisors and others involved in the annual review process. If individual trainee ACPs' satisfactory progression against the decision aid is confirmed, they should progress to the next year of training. If individual trainee ACPs make unsatisfactory progress, arrangements should be in put place to support them to meet these minimum requirements.

If a trainee ACP wishes to appeal an annual review decision, they should communicate this to their training provider, with the appeal managed in line with the training provider's regulations.

5.3 ACP Decision Aid – Acute Medicine

Evidence/ requirement	Notes	Year 1	Year 2	Year 3
Co-ordinating educational supervisor's report	One per year to cover the entirety of the training year to be sent to the trainee ACP and the training provider	Confirms trainee is at least meeting expectations and no concerns	Confirms trainee is at least meeting expectations and no concerns	Confirms trainee will meet the critical progression point criteria and will complete ACP training
Generic ACP capabilities in practice (CiPs)	Mapped to multi-professional frameworkfor advanced practice in England and assessed using global ratings. Trainee ACPs should record self-rating to facilitate discussion with co-ordinating educational supervisor. Co-ordinating educational supervisor's report will record rating for each generic CiP	Co-ordinating educational Supervisor to confirm trainee meets expectations for level of training	Co-ordinating educational Supervisor to confirm trainee meets expectations for level of training	S Co-ordinating educational upervisorto confirm trainee meets expectations for level of training
Clinical ACP capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainee ACPs must complete self-rating to facilitate discussion with Co-ordinating educational supervisor. Supervisor report will confirm entrustment level for each individual CiP and overall global rating of progression	Co-ordinating educational supervisorto confirm trainee is performing at or above the level expected for all CiPs	Co-ordinating educational supervisorto confirm trainee is performing at or above the level expected for all CiPs	Co-ordinating educational supervisorto confirm expected levels achieved for critical progression point at end of ACP training
Specialty Acute Medicine ACP capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainee ACPs must complete self-rating to facilitate discussion with Co-ordinating educational supervisor. Supervisor's report will confirm entrustment level for each individual CiP and overall global rating of progression	Co-ordinating educational supervisorto confirm trainee is performing at or above the level expected for all CiPs	Co-ordinating educational supervisorto confirm trainee is performing at or above the level expected for all CiPs	Co-ordinating educational supervisorto confirm expected levels achieved for critical progression point at end of ACP training
Multiple supervisor report (MSR)	Minimum number. Each AWSR is completed by a supervisor who has supervised the trainee ACP's clinical work. The Co-ordinating educational supervisor should not complete an MSR for their own trainee	4	4	4

Evidence/ requirement	Notes	Year 1	Year 2	Year 3
Multi-source feedback (MSF)	In line with trainee ACP's local policy MSF must be obtained from a variety of professional backgrounds (e.g. Doctors, nurses, pharmacist, allied health professionals, social care staff, and those who do not provide direct patient care). Replies should be receivedwithin 3 months (ideally within the same placement). MSF report must be discussed by the Co-ordinating educational supervisor and the trainee ACP before the annual review meeting. If significant concerns are raised, then arrangements should be made for a repeat MSF	1	1	1
Supervised learning events (SLEs): Acute care assessment tool (ACAT)	Minimum number to be carried out by supervising clinicians. Trainee ACPs areencouraged to undertake more, and supervisors may require additional SLEs if concerns are identified. Each ACAT must include a minimum of five cases. ACATs should be used to demonstrate global assessment of trainee ACP's performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (eg prioritisation, working with the team). Itis not for comment on the management of individual cases. Each ACAT must be kept in the trainee ACP's portfolio	4	4	4
Supervised learning events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX)	Minimum number to be carried out by supervising clinicians. Trainee ACPs areencouraged to undertake more, and supervisors may require additional SLEsif concerns are identified. SLEs should be undertaken throughout the trainingyear by a range of assessors. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee. Each SLE must be kept in the trainee ACP's portfolio.	4	4	4

Advanced/immediate/basic life support (ALS/ILS/BLS)	Level required for role will be agreed between the ACP and their employer	Valid	Valid	Valid
Quality improvement(QI) project	QI project plan and report to be completed. Evidence must be kept in the trainee ACP's portfolio.	Participating inQI activity (eg project plan)	One project completed withQIPAT	Demonstrating leadership in QI activity (eg supervising another healthcare professional)
Simulation	All practical procedures should be taught by simulation initially. Refresher training in procedural skills should be completed if required	Evidence of simulation training (minimum 1 day) including procedural skills	Evidence of simulation training (minimum 1 day) including procedural skills	Evidence of simulation training (minimum 1 day) including procedural skills
Teaching attendance	Minimum hours per training year to be specified at induction. Summary of teaching attendance to be recorded in training portfolio	Evidence of satisfactory attendance at teaching	Evidence of satisfactory attendance at teaching	Evidence of satisfactory attendance at teaching

Practical Procedural Skills

For each practical procedure agreed as required by the trainee ACP and their employer (see section 3.4), trainee ACPs must be able to outline the indications for the procedures, and recognise the importance of valid consent, aseptic technique, minimisation of patient discomfort, requesting for help when appropriate, and where appropriate the safe use of analgesia and local anaesthesia. For all practical procedures the trainee ACP must be able to appreciate and recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. The trainee ACP must be competent to perform all agreed practical procedures unsupervised in line with the time frames agreed by the trainee ACP and their employer in appendix 1.

Levels to be achieved by the end of each training year and at critical progression points for acute medicine ACP clinical and specialty CiPs

Level descriptors:

- **Level 1:** Observation but no execution, even with direct supervision
- **Level 2:** Execution with direct, proactive supervision
- **Level 3:** Execution with reactive supervision, ie on request and quickly available
- **Level 4:** Supervision at a distance and/or post hoc

Generic clinical CiP	Year I	Year 2	Year 3
Undertakes an advanced clinical assessment in the face of uncertainty, and utilises critical thinking to inform diagnosis and decision-making	2	3	4
Leads acute intervention for patients, recognising the acutely deteriorating patient and delivering resuscitation	2	3	4
Manages the assessment, diagnosis and future management of patients in an outpatient clinic, ambulatory or community setting, including management of long-term conditions, in the context of complexity and uncertainty	2	3	4
Managing problems in patients in special cases and other specialties	2	3	4
Manages a multi-professional team, including the planning and management of effective discharge planning in complex, dynamic situations.	2	3	4
Manages end-of-life care and applies palliative care skills in the context of complexity and uncertainty	2	3	4

Specialty CiPs	Year 1	Year 2	Year 3
Actively engages in acute medical service development, delivery and evaluation, including as a leader and role-model	2	3	4
Develops, supervises and delivers alternative patient pathways including same day emergency care (SDEC)	2	3	4
Prioritising and selecting patients appropriately according to the severity of their illness, including making decisions about escalation of care	2	3	4
Integrate with other specialist services – including critical care	2	3	4
Managing the interface with community services including complex discharge planning	2	3	4

6. Supervision and Feedback

This section describes how trainee ACPs will be supervised and how supervision feeds into progression towards capability. All aspects of work carried out by trainee ACPs must be adequately supervised. The level of supervision will vary depending on the experience and expertise of the trainee and their overall level of capability.

High-quality supervision (i.e., that which supports trainee's progression and provides constructive feedback) is an essential aspect of this curriculum framework. Co-ordinating education supervisors and associate workplace supervisors should be appropriately trained to conduct this important role effectively in line with HEE's Workplace Supervision for Advanced Clinical Practice5 guidance. It is the trainee ACP employer's responsibility to ensure a suitable co-ordinating educational supervisor is appointed.

Co-ordinating Educational Supervisor

Co-ordinating educational supervisors are responsible for the overall supervision and management of a trainee ACP educational progress. They will regularly meet with the trainee ACP to discuss progress and plan training opportunities, as well as creating individualised learning plans to support progression as part of regular appraisal meetings. The co-ordinating educational supervisor is responsible for completing the co-ordinating educational supervisor's report at the end of each training year, which provides a summative judgement about progression based on evidence in the trainee's portfolio, and observations from associate workplace supervisors.

The co-ordinating educational supervisor must have relevant professional registration and be in good standing with their regulatory body. They can either be an experienced ACP (in post 2 or more years), a consultant practitioner or a doctor (either a Specialty and Associate Specialist (SAS) doctor, a specialist registrar (SpR) or consultant). It is essential that the co-ordinating educational supervisor has a detailed understanding of the MPF for advanced clinical practice in England[1] and of the advanced practice older people curriculum framework. The co-ordinating educational supervisor must be able to meet regularly with the trainee ACP; a minimum of an hour or 0.25 PA/week (or 4 hrs/month) is expected. They will also need to provide Ad Hoc support as needed.

Associate Workplace Supervisor

Associate workplace supervisors will be involved in supporting the development of a trainee ACP. These supervisors may conduct workplace-based assessments, observe practice, and offer informal coaching and mentoring to support development. They will also complete the associate workplace supervisors report and provide vital information on progression to the co-ordinating educational supervisor to ensure that summative capability decisions are accurate and appropriate.

Associate workplace supervisors must have relevant professional registration and be in good standing with their regulatory body. Associate workplace supervisors must have an understanding of the MPF for advanced clinical practice in England[1] and of the advanced practice older people curriculum framework. To reflect the multidisciplinary nature of healthcare it is anticipated that a trainee ACP will have several associate workplace supervisors from a variety of different professional backgrounds during their training. An associate workplace supervisor can be any of the following:

- Experienced registered health care professional educated to level 7 (or equivalent work-based experience), in post in their specialty 2 or more years, with expertise in one of the 4 pillars of advanced practice
- ACP (in post 2 or more years)
- Consultant practitioner
- Doctor- either an SAS, SpR or consultant

Trainee ACPs

Trainee ACPs are responsible for gathering evidence on their progress within their portfolio. This includes assessments, reflections, appraisal meeting notes, and other records of training. They are also responsible for completing their own self-assessment ratings against each CiP.

7. Quality Management

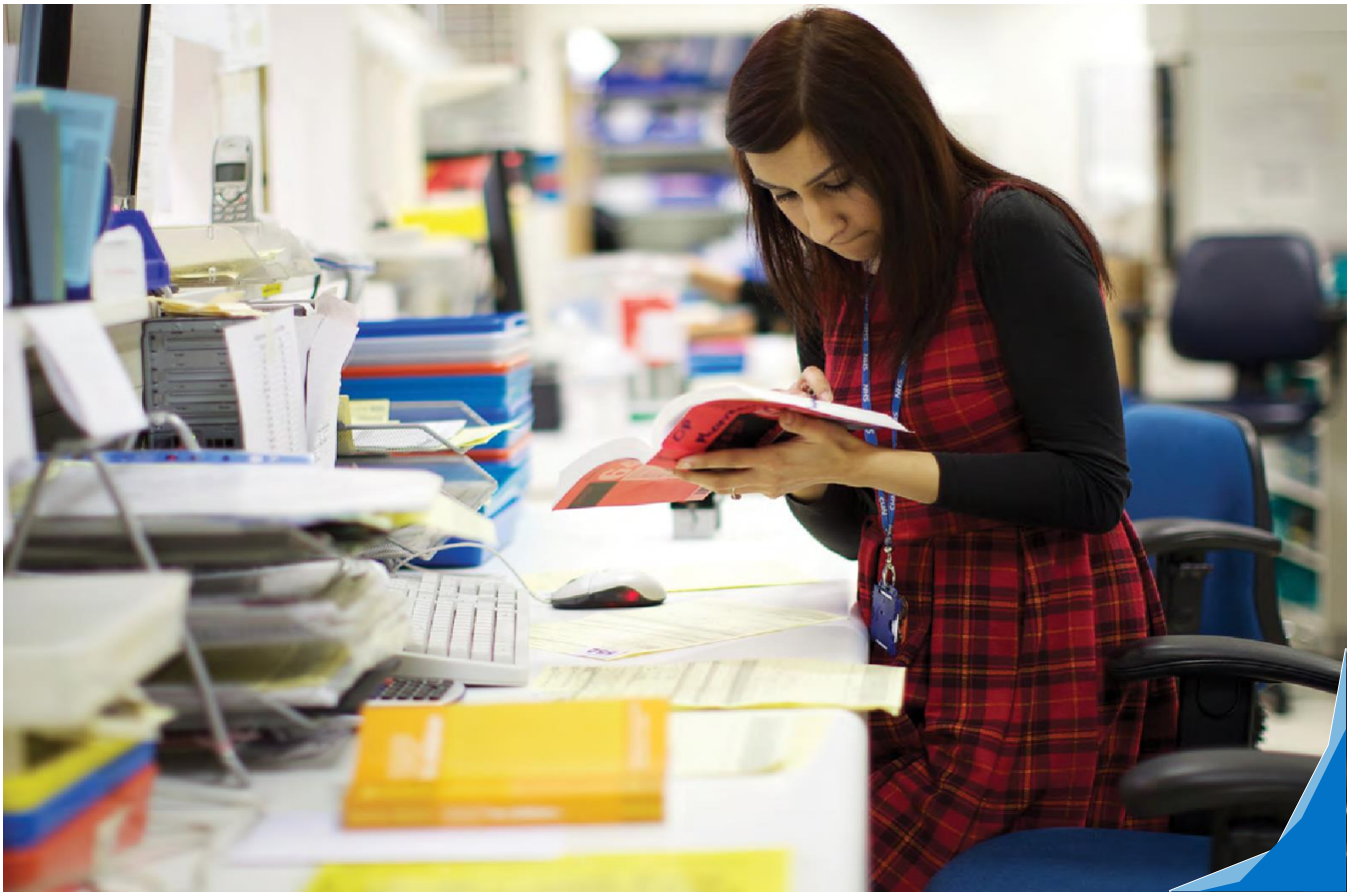
While the Centre for Advancing Practice and the Royal College of Physicians provide this curriculum framework, individual training (education) providers and trainee ACPs' employers are responsible for all practical and governance arrangements for the framework's delivery. This includes for the training provided (to trainee ACPs and their co-ordinating educational supervisors), the assessment of trainee ACPs and the outcomes of their assessment.

The Centre and the Royal College of Physicians will conduct arrangements to assure the quality of the framework's delivery by individual education/training providers. They are also responsible

for the periodic review of the framework to ensure that it remains up-to-date and responsive to need. External evaluation may be sought by these organisations to inform the quality management and review processes.

8. Equality, Diversity and Inclusion

Employers must ensure that they comply with the requirements of equality diversity legislation set out in the Equality Act of 2010. Employers must be compliant with anti-discriminatory practices from recruitment through to completion of training. As part of this, employers should actively monitor equality, diversity, inclusion and differential attainment.



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10. References

1. NHS. Multi-professional framework for advanced clinical practice in England. NHS, 2017. **www. hee.nhs.uk/sites/default/files/documents/Multi-**professional%20framework%20for%20**advanced%20clinical%20practice%20in%20England.pdf** [Accessed November 2020].
2. General Medical Council. Shape of Training review. www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/shape-of-training-review [Accessed November 2020].
3. NHS. The NHS Long-Term Plan. NHS, 2019. **www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf** [Accessed November 2020].
4. Ten Cate O. Nuts and bolts of entrustable professional activities. J Grad Med Ed

2013;5(1):157–8.

Appendix 1 - Agreed Practical Procedures

	Acute medicine ACP				
	Recommended Time Frame For Completion			Agreed Time Frame	Completed
Procedure	Year 1	Year 2	Year 3	Or Indicate Not Applicable N/A in Relevant Box	Date & Sign in Relevant Box
Venepuncture	Competent to perform unsupervised	Maintain	Maintain		
ECG interpretation	Competent to perform unsupervised	Maintain	Maintain		
Nasogastric tube insertion	Competent to perform unsupervised	Maintain	Maintain		
Peripheral venous cannulation	Competent to perform unsupervised	Maintain	Maintain		
Urethral urinary catheterisation	Competent to perform unsupervised	Maintain	Maintain		
Arterial blood gas sampling	Competent to perform unsupervised	Maintain	Maintain		
Setting up non-invasive ventilation	Competent to perform unsupervised	Maintain	Maintain		
Advanced cardiopulmonary resuscitation (CPR)	Competent to participate in CPR team	Maintain	Maintain		
Rectal Examination	Competent to perform unsupervised	Maintain	Maintain		
Femoral venous sampling		Competent to perform unsupervised	Maintain		
Intraosseus access to circulation for resuscitation		Competent to perform unsupervised	Maintain		
Joint aspiration		Competent to perform unsupervised	Maintain		
Lumbar puncture		Competent to perform	Maintain		

		unsupervised			
Temporary cardiac pacing usingexternal device		Competent to perform unsupervised	Maintain		
Direct current (DC) cardioversion		Competent to perform unsupervised	Maintain		
Abdominal paracentesis		Competent to perform unsupervised	Maintain		
Level I thoracic ultrasound		Competent to perform unsupervised	Maintain		
Intercostal drain for pneumothorax			Competent to perform unsupervised		
Intercostal drain for effusion			Competent to perform unsupervised		
Pleural aspiration for fluid (diagnostic)			Competent to perform unsupervised		
Pleural aspiration (pneumothorax)			Competent to perform unsupervised		

Other Agreed Practical Procedures					
Procedure	**Recommended Time Frame For Completion**			**Agreed Time Frame**	**Completed**
	Year I	**Year 2**	**Year 3**	**Or Indicate Not Applicable N/A in Relevant Box**	**Date & Sign in Relevant Box**

Appendix 2 - Assessment Tools

It will be the responsibility of the training provider to construct their assessment tools. ACPs, employers and training providers should refer to the Centre for Advancing Practice's e-portfolio for the most up to date assessment tools. For reference, below are examples of workplace-based assessment forms already in use for similar frameworks:

Acute Care Assessment Tool (ACAT)
https://www.jrcptb.org.uk/sites/default/files/ACAT%202020%20FINAL.docx

Case Based Discussion (CbD)
https://www.jrcptb.org.uk/sites/default/files/CbD%20CMT%20SLE%20August%202014.docx

Direct Observation of Procedural Skills (DOPS):
Formative routine
https://www.jrcptb.org.uk/sites/default/files/DOPS%20formative%20routine.docx
Summative routine
https://www.jrcptb.org.uk/sites/default/files/DOPS%20summative%20routine.docx

Formative life threatening -
https://www.jrcptb.org.uk/sites/default/files/DOPS%20formative%20life%20threatening.docx

Summative life threatening
https://www.jrcptb.org.uk/sites/default/files/DOPS%20summative%20life%20threatening.docx

Mini-Clinical Evaluation Exercise (mini-CEX)
https://www.jrcptb.org.uk/sites/default/files/mini-CEX%20CMT%20SLE%20August%202014.docx

Multi-Course Feedback (MSF)
https://www.jrcptb.org.uk/sites/default/files/MSF%20August%202014.docx

Outpatient Care Assessment Tool (OPCAT)
https://www.jrcptb.org.uk/sites/default/files/OPCAT%20FINAL.doc

Patient Survey:
Patient Survey form
https://www.jrcptb.org.uk/sites/default/files/Patient%20survey%20form%202021.pdf

Patient Survey summary form
https://www.jrcptb.org.uk/sites/default/files/Patient%20survey%20summary%20form%202021.pdf

Quality Improvement Project Assessment Tool (QIPAT
https://www.jrcptb.org.uk/sites/default/files/QIPAT%20May%202017.docx

Teaching Observation:
Teaching Observation form
https://www.jrcptb.org.uk/sites/default/files/Teaching%20Observation%20August%202014.docx

Teaching Observation guidance
https://www.jrcptb.org.uk/sites/default/files/Teaching%20Observation%20Guidance%202015.pdf