NHS England

The Centre for Advancing Practice

Respiratory advanced practice area specific capability and curriculum framework

Endorsed 2024

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Endorsement by NHS England's Centre for Advancing Practice

This framework has met the Centre for Advancing Practice's criteria for endorsement as a multi-professional area specific capability and curriculum framework and is ready for delivery.

It will be kept under regular periodic review to ensure that it remains current and responsive to changing population, patient, service delivery and workforce needs.

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

Note:

This document has been branded in line with NHS England branding guidelines.

Minor amendment in language since endorsement; from Credential to area specific capability.

No other changes to this document have been made.

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Royal College of Physicians

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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. The education and training of established professional and clinical groups has adapted over recent years to meet the changing needs of employers, patients, and the public and to optimise workforce development and deployment. As part of this, new roles have emerged and gained increasing currency within multidisciplinary teams. These include advanced practice roles, undertaken by members of the regulated health and care professions.

The NHS England Multi-professional framework for advanced practice in England (2025)describes the broad multi-professional advanced practice capabilities required to ensure quality, safety and effectiveness.

The Multi-professional framework for advanced practice in England (2025) sets out an agreed definition of advanced practice in England for all health and care professionals. It articulates what it means for individual practitioners to practise at a higher level from that which they achieved on initial registration. It therefore indicates the broad skills, knowledge, and behaviours that all practitioners, regardless of profession, role, specialty and practice environment should hold to operate at advanced practice level. It has a particular emphasis on the capabilities required to undertake clinical decision-making and manage clinical complexity, uncertainty and risk. As part of this, it includes a strong emphasis on the pillars of practice: clinical, leadership and management, education and research.

This Framework is focused on advanced practice in respiratory care. It defines the specific learning outcomes and capabilities in practice required for advanced-level practice in this area. In support of this, it defines the approaches to supervision, learning and assessment to that are required to enable the development and demonstration of advanced practice capabilities to meet patient care and service delivery needs within a respiratory context.

2. Purpose of the Framework

2.1 Purpose statement

This Framework has been developed to provide a standardised national structure for advanced practice education and training in respiratory in England. Its purpose is to inform the design and delivery of education and training provision. This is across academic and workplace-based settings. It therefore has a strong emphasis on the required collaboration between higher education institutions, employers and practitioners.

The Framework is designed to develop advanced practitioners who have the capabilities required within respiratory services to meet patient needs safely, effectively and efficiently. To achieve this, it is written to be used within the design and delivery of Master's level or equivalent advanced practice education.

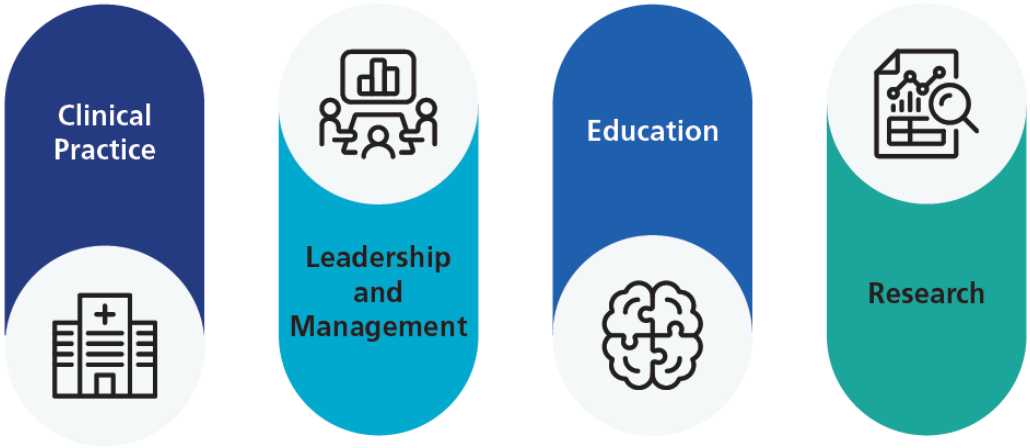
On successful completion of the Framework as an integral part of their advanced practice education, practitioners should be able to demonstrate to employers and their colleagues that they have demonstrated the capabilities to the required entrustment level, within their scope of practice and service environment to meet the needs of the patients to whom they deliver care.

The Framework focuses on the capabilities in practice that practitioners from different regulated professions practising in respiratory need to hold and demonstrate to practise at advanced practice level. The capabilities are inclusive of professions working across the system in respiratory in a variety of settings, including community outreach. The Framework is designed to be applied flexibly. This is to enable employers, coordinating educational supervisors and trainee advanced practitioners (trainees) to agree how achievement of the capabilities should be demonstrated to meet the needs of their respiratory patients and fulfil their service requirements. As part of this, the same parties need to agree the specific procedures in which individual trainees need to develop and demonstrate proficiency (See 3.4)

The Framework does not meet the needs of trainees preparing for broader, or differently focused, advanced practice roles.

The Multi-professional framework for advanced practice in England (2025) provides a national definition of advanced practice. This includes the four pillars that form integral components of advanced practice. The pillars are as follows:

- Clinical practice
- Leadership and management
- Education
- Research



The Multi-professional framework for advanced practice in England (2025) sets out the broad capabilities required within advanced-level practice across all specialty areas and healthcare settings in England, including primary and secondary care, and in the community.

The capabilities include the following:

- Advanced history-taking and assessment skills
- The synthesis of information, using clinical-reasoning and judgement, to diagnose
- The formulation of a shared management plan and provision of personalised care in the context of uncertainty and complexity

On achieving the capabilities and working in an advanced practice role, individuals will usually be entrusted to exercise such capabilities with indirect supervision.

The capabilities in practice within this respiratory Framework have been mapped to the Multi-professional framework for advanced practice in England (2025). They are divided into three groups:

- Core
- Generic clinical
- Specialty clinical

The core and generic clinical capabilities in practice are standard across the advanced practice frameworks that have been developed with oversight from the Advanced Clinical Practice Development Committee (ADC) of the Royal College of Physicians (RCP). This approach is designed to facilitate the four frameworks' delivery across different areas of practice and to reduce the burden of assessment for all parties. In turn, this should maximise opportunities for advanced practice workforce development to meet service, system-level and patient care needs.

The Framework capabilities in practice must be demonstrated through the successful completion of trainees' advanced practice education. This is to support the holistic development of responsible clinicians across the regulated healthcare professions. Trainees'

progression through the Framework should involve their learning and development in a variety of settings and through use of a range of learning and assessment approaches. These include the integration of workplace-based supervision, learning and assessment and simulation within the academic components of their learning. This is to ensure trainees are enabled to:

- Engage fully with the demands of advanced practice learning including across the four pillars of practice
- Develop their capabilities in ways that uphold patient safety and contribute to meeting service delivery needs

An essential part of this Framework is achieving procedural proficiency. Section 3.4 below outlines the possible procedures in which advanced practitioners in respiratory need to have developed proficiency. However, the specific procedures required will depend on the context and setting in which individual advanced practitioners are working. Before embarking on this Framework, the particular procedures for which individual trainees need to gain proficiency should be agreed with their coordinating educational supervisor.

2.2 Rationale for the Framework

The 2019 NHS Long Term Plan outlined the importance of workforce planning and the need to do more to provide development and career progression opportunities for existing staff. The plan set out an expansion of multi-professional credentialing to enable clinicians to develop new, formally recognised capabilities in specific areas of practice. This was both as a contribution to meeting patient care and service delivery needs and to improve staff retention by increasing practitioners' opportunities for development and progression.

The 2019 plan also highlighted the burden of respiratory disease in England and therefore the importance of developing advanced practice in this area.

"Respiratory disease affects one in five people in England and is the third biggest cause of death" and **"Hospital admissions for lung disease have risen over the past seven years at three times the rate of all admissions generally and remain a major factor in the winter pressures faced by the NHS"** (NHS Long Term Plan, 2019, p.66).

In response to this, the rationale of this Framework is to optimise opportunities for advanced practice in respiratory by defining national capabilities in practice and curriculum guidance. Practitioners' successful completion of training developed and delivered in line with this Framework will enable them to demonstrate the essential knowledge, skills, and behaviours required of advanced practice in respiratory.

2.3 Eligibility criteria

It is important to ensure trainees are sufficiently prepared to develop their knowledge, skills and behaviours to advanced practice level. Prospective trainees need a sound depth and breadth of clinical experience to engage with the Framework requirements. It is recommended that trainees have been qualified for a minimum of five years (whole-time equivalent) and have had a minimum of two years' (whole-time equivalent) experience within respiratory before commencing their advanced practice training.

The eligibility criteria also apply. These are set out below.

Trainees should:

- Hold current registration with the regulator for the practice of their profession
- Be in good standing with their regulator, with no restrictions on their practice
- Be in a trainee advanced practitioner post, or already be in an advanced practitioner role
- Have the support of their employer to engage with the full requirements of this Framework
- Have a coordinating education 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 degree level
    - Be registered on a master's degree (MSc) in advanced practice
- Or
    - Have successfully completed an MSc in advanced practice
- Or
- Have successfully completed the Centre for Advancing Practice's ePortfolio (supported) Route
- Additional criteria may be set by higher education institutions delivering the Framework, in line with their academic regulations and programme requirements, as well as by individual trainees' employer

2.4 Duration of training

The successful completion of this Framework should normally take between two and three years. It must be undertaken as an integral part of, or after the successful completion of, an MSc programme in advanced practice (or after having demonstrated the educational equivalence of this through successful completion of the ePortfolio (supported) route offered by the Centre for Advancing Practice). This approach ensures that all practitioners demonstrate their achievement of the defined capabilities in practice as an integral part of their advanced practice education.

Trainees should be enabled to opt for less-than-full-time training to engage with the Framework. This will mean that the duration of their training will be longer, pro rata. The appropriate training period should be agreed between individual trainees, their coordinating educational supervisor, their education provider (university) and their employer. Given the Framework will normally be completed as an integral part of completing an MSc in advanced practice (i.e. unless this or its equivalent has already been attained), trainees' completion of the Framework should fit within the maximum time limit (usually five years) set by the university at which they are enrolled.

Recognition and accreditation of prior (certified or experiential) learning for practitioners who already hold an MSc in advanced practice, or who have experience of working at advanced practice level in respiratory, is at the discretion of their education provider and that provider's academic regulations. As a given, practitioners need to demonstrate the currency of their learning and its direct relevance to demonstrating fulfilment of the capabilities set out in this Framework.

2.5 Flexibility

The Multi-professional framework for advanced practice in England (2025) provides flexibility in advanced practice education and training. It forms common structure for learning and capability development across different advanced practice settings and specialties and across the regulated health and care professions.

In addition, each of the advanced practice frameworks that have been constructed by the Advanced Training Development Committee of the Royal College of Physicians share the same core and generic clinical capabilities in practice (CiPs). This approach is designed to:

- Facilitate flexibility for individual practitioners to move between specialties, where this fits with service needs
- Support safe and effective workforce development and deployment
- Achieve efficiencies in the learning and development process for all parties, averting the need for individual practitioners to repeat aspects of learning where they have already demonstrated their fulfilment of the generic and core clinical capabilities in practice

3. Learning content

3.1 High-level learning outcomes

The high-level learning outcomes of the Framework are outlined in the capabilities in practice (CiPs). These describe the professional activities required of advanced-level practice within respiratory. Successful completion of the capabilities in practice draws on the professional judgement of experienced and appropriately trained assessors to form global judgements about trainees' professional performance, in a valid and defensible way. The decisions made about trainees' capability in practice as they progress through the Framework reflect confidence to entrust individual trainees to practise with a defined type of supervision. To complete the Framework successfully, trainees must demonstrate that they meet the minimum performance level defined for each capability in practice.

In this Framework, the capabilities in practice reflect the advanced-practice capabilities set out in the Multi-professional framework for advanced practice in England (2025), as well as being drawn from the medical training curricula defined for Internal Medicine Training and Higher Specialty Training levels. For more information, see Curriculum for Respiratory Medicine Specialist Training (August 2022). The capabilities reflect the work that advanced practitioners already do and what is required of safe, effective and efficient service delivery and patient care at advanced practice level.

3.1.1 Capabilities in practice

The capabilities in practice are grouped into three categories:

- The core capabilities in practice cover advanced practice requirements across acute clinical specialties and largely focus on the wider professional skills, knowledge and behaviours required to deliver advanced practice
- The generic clinical capabilities in practice largely focus on the clinical aspects of advanced practice that are common across acute specialties
- The specialty clinical capabilities in practice cover the requirements for advanced practice within a particular specialty

Each capability in practice is underpinned by a set of descriptors. These define the minimum level of knowledge, skill and behaviours that trainees need to demonstrate. The descriptors are not intended to be exhaustive and should not be seen or used as a 'tick-list'. Rather, they should be used by supervisors and trainees as the minimum requirements for entrustment. There may be many more examples, in addition to the descriptors, that would provide equally valid evidence of performance.

Trainees should use the capabilities in practice to evidence how their performance meets or exceeds the minimum expected entrustment levels for their year of training.

The capabilities in practice are presented in the following ways:

- They are mapped to the capabilities listed in the Multi-professional framework for advanced practice in England (2025)They are aligned to the relevant pillar(s) of practice
- They are supported by examples of the kinds of evidence that can be used to demonstrate their achievement and to inform supervisors' entrustment decisions about individual trainees' performance and progression

To complete the Framework successfully, trainees must demonstrate that they meet the minimum performance level defined for each capability in practice, as set out in the decision aid.

3.1.2 Capabilities in practice in summary

The capabilities in practice form the learning outcomes that trainees need to achieve to demonstrate their successful completion of this Framework. They are set out in their three groups below.

Core capabilities in practice

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

Generic clinical capabilities in practice

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 capabilities in practice – respiratory

1. Maximises the effectiveness of the respiratory support unit through exercising clinical leadership.
2. Leads the appropriate prioritisation of patients Prioritises patients appropriately according to the severity of their illness, underpinned by an understanding of disease trajectory and the ability to undertake appropriate symptom management and liaise between services.
3. Demonstrates high-quality care and management of patients with long-term respiratory conditions and potentially other co-morbidities.
4. Manages and advocates for the needs of respiratory patients across the interface between primary and secondary care.

3.2 The capabilities in practice with their descriptors

The core, generic clinical, and specialty clinical capabilities in practice with their descriptors are set out below. They are mapped to the capabilities in the Multi-professional framework for advanced practice in England (2025). Examples of evidence are indicated that can 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 of knowledge and understanding of the range of services available in leading, planning and delivering patient-centred 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 Multi-professional framework

Clinical Practice	Leadership and Management	Education	Research
1.1 1.2 1.5 1.6 1.8 1.9	2.2 2.3 2.8 2.9	3.4	

Evidence to inform decision:

- Co-ordinating educational supervisor's report
- Multi-source 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

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 and governance procedures to manage risk and uphold safety in complex and uncertain situations
- Leads critical decision-making, with awareness of and adherence to, national legislation and legal responsibilities, including for 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
- Demonstrates advanced leadership skills within the clinical team by ensuring that legal factors and ethical principles are considered openly and consistently in complex and uncertain situations, escalating where appropriate
- Critically reflects on their involvement in situations where the legal or ethical issues are challenging or complex and uses their reflections to further develop their own and others' practice

Links to Multi-professional framework

Clinical Practice	Leadership and Management	Education	Research
1.3 1.8			

Evidence to inform decision:

- Associate workplace supervisor report (AWSR)
- Co-ordinating educational supervisor's report CBD
- Multi-source feedback (MSF)
- Multiple supervisor report (MSR)
- Reflective diary (for example, on complaints, coroner reports etc)
- Assessment of clinical effectiveness (ACE)

- Evidence of attendance at relevant training

3. Selects and uses advanced communication skills to articulate and share 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 (e.g., 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 explain 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 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 Multi-professional framework

Clinical Practice	Leadership and Management	Education	Research
1.1 1.3 1.4 1.5 1.6 1.8 1.9 1.10	2.1 2.2 2.6 2.8 2.10	3.5 3.8	4.7

Evidence to inform decision

- Co-ordinating educational supervisor's report
- Associate workplace supervisor report (AWSR)
- Multiple supervisor report (MSR)
- Multi-source feedback (MSF)
- Patient survey

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 others' 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 appraises 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 Multi-professional framework

Clinical Practice	Leadership and Management	Education	Research
1.1 1.5 1.6 1.8 1.9 1.10	2.1 2.2 2.3 2.4 2.5 2.6 2.7 2.8 2.9 2.10	3.1 3.2 3.4 3.5 3.8	4.4 4

Evidence to inform decision:

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

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
- Critically evaluates and audits own and others' clinical practice, selecting and applying valid, reliable methods, and then acting on the findings
- Demonstrates an advanced level of understanding 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
- Critically appraises 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 (e.g., 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 Multi-professional framework

Clinical Practice	Leadership and Management	Education	Research
1.9 1.11	2.3 2.4 2.5 2.6 2.9		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)
- Multiple supervisor report (MSR)
- Multi-source feedback (MSF)
- GCP certificate (if involved in clinical research)
- Quality improvement project assessment tool (QIPAT)
- Audit assessment (AA)
- Evidence of literature search and critical appraisal of research involvement in the development of clinical guidelines
- Evidence of research activity

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' levels 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
- Leads 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
- Supervises 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 Multi-professional framework

Clinical Practice	Leadership and Management	Education	Research
1.3 1.5 1.8 1.10	2.1 2.2 2.3 2.4 2.6 2.7 2.8 2.10 2.11	3.1 3.2 3.3 3.4 3.5 3.6 3.7	

Evidence to inform decision

- Associate workplace supervisor report (AWSR)
- Multiple supervisor report (MSR)
- Multi-source feedback (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 uses 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 uses 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 Multi-professional framework

Clinical Practice	Leadership and Management	Education	Research
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)
- Case-based discussion (CBD)
- Multi-source feedback (MSF)
- Reflective log
- CPD activities
- Learning needs assessment
- Professional development plan (PDP)

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)
- Uses advanced communication skills to participate sensitively and effectively in conversations relating to cardiopulmonary resuscitation (CPR), including decisions not to 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 Multi-professional framework

Clinical Practice	Leadership and Management	Education	Research
1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 1.10 1.11	2.8		4.6

Evidence to inform decision:

- Advanced life support training (ALS)
- Direct observation of procedural skills (DOPS)
- Acute care assessment tool (ACAT)
- Mini clinical evaluation exercise (Mini-CEX)
- Case-based discussion (CBD)
- CPD activity
- Reflection
- Multi-source feedback (MSF)
- Quality improvement project assessment tool (QIPAT)
- Involvement in debriefs
- Patient survey
- Advanced communication skills training

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

- Demonstrates professional behaviour with patients, carers, colleagues and others in challenging circumstances
- 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 account of individual patient preferences
- Draws on their advanced clinical-reasoning skills to explain the rationale behind their diagnostic and clinical management decisions to patients/carers/guardians and other colleagues
- Appropriately manages comorbidities as part of a multidisciplinary team in an outpatient clinic, ambulatory or community setting
- 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 Multi-professional framework

Clinical Practice	Leadership and Management	Education	Research
1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 1.10 1.11	2.1 2.2 2.3 2.8		4.6

Evidence to inform decision:

- Letters generated at outpatient clinics
- Multiple supervisor report (MSR)
- Mini clinical evaluation exercise (Mini-CEX)
- Patient surveys
- Acute care assessment tool (ACAT)

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

Descriptors

- Demonstrates advanced consultation skills, including in challenging circumstances
- Demonstrates the management of medical problems in inpatients who are 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 the limits of their 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 specialties and uses this reflective process to identify and address their development needs

Links to Multi-professional framework

Clinical Practice	Leadership and Management	Education	Research
1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9	2.1 2.2 2.8		

Evidence to inform decision:

- Associate workplace supervisor report (AWSR)
- Acute care assessment tool (ACAT)
- Case-based discussion (CBD)
- Multi-source feedback (MSF)

5. Manages a multi-professional team, including managing effective discharge planning in complex, dynamic situations.

Descriptors

- Applies advanced leadership, management and teamworking 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 coordinate its delivery
- Critically reflects on their ability to manage a multidisciplinary team and uses this reflective process to identify their development needs and to seek out opportunities to address them

Links to Multi-professional framework

Clinical Practice	Leadership and Management	Education	Research
1.1 1.4 1.5 1.6 1.8 1.9	2.1 2.8 2.10		

Evidence to inform decision:

- Multiple supervisor report (MSR)
- Multi-source feedback (MSF)
- Acute care assessment tool (ACAT)
- Evidence of completing discharge summaries

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, using 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)
- Manages 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, demonstrating advanced consultation and communication skills in challenging circumstances.
- Role models compassionate professional behaviour and how they exercise their clinical judgement
- Critically reflects on own ability to manage end-of-life care and uses this process to identify their development needs and to seek out opportunities to address them

Links to Multi-professional framework

Clinical Practice	Leadership and Management	Education	Research
1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 1.10 1.11	2.8		

Evidence to inform decision:

- Multiple supervisor report (MSR)
- Case-based discussion (CBD)
- Mini clinical evaluation exercise (Mini-CEX)
- Multi-source feedback (MSF)
- Reflection
- Teaching activity

Specialty clinical capabilities in practice: Respiratory

1. Maximises the effectiveness of the Respiratory Support Unit through exercising clinical leadership.

Descriptors

- Holds and exercises an advanced understanding of the role of critical care outreach services to work with colleagues and manage the patient flow, including the interaction between the intensive care team and respiratory team managing the respiratory support unit (RSU), critical care and other wards and departments across the organisation
- Manages the safe transfer of critically ill patients to secondary care (if working in primary care) or to the respiratory support unit (RSU) or critical care (if working in secondary care)
- Recognises respiratory deterioration in patients and critically appraises whether appropriate respiratory support is necessary
- Manages acutely ill respiratory patients with a variety of presentations and conditions
- Provides effective leadership within the respiratory support unit (RSU) to facilitate effective, patient-centred partnership-working across the multidisciplinary team
- Plans patient escalation-of-care decisions with patients/carers and colleagues
- Manages change on the respiratory support unit (RSU) in response to patient feedback and other drivers
- Engages in and guides protocol development as part of the multidisciplinary team
- Demonstrates the ability to lead and function within highly-pressured situations and multiple and disparate demands on their time
- Manages the care of patients with diagnostic uncertainty
- Demonstrates their ongoing critical analysis of service demands, patient acuity, staffing levels and skills mix to ensure staffing and resources are optimal for the delivery of safe, effective and evidence-based care

Links to Multi-professional framework

Clinical Practice	Leadership and Management	Education	Research
1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 1.10 1.11	2.1 2.2 2.3 2.5 2.6 2.8 2.9 2.10 2.11	3.7	4.6 4.7

Evidence to inform decision:

- Coordinating educational supervisor reports
- Multi-source feedback (MSF)
- Case-based discussion (CBD)
- Associate workplace supervisor report (AWSR)
- Contribution to development of local guidelines, care pathways and standard operating procedures (SOPs)
- Acute care assessment tool (ACAT)
- Critical reflections
- Patient and carer feedback
- Mini-clinical evaluation exercise (Mini-CEX)

2. Prioritises patients appropriately according to the severity of their illness, underpinned by an understanding of disease trajectory and the ability to undertake appropriate symptom management and liaise between services.

Descriptors

- Assesses patients, differentiating between acute illness, acute exacerbation of chronic respiratory disease presentation, and a new condition
- Uses and develops risk stratification tools to identify the best place for the initial and ongoing management of individual respiratory patients
- Applies an advanced, in-depth knowledge of the pathophysiology of respiratory conditions to enable effective patient management
- Coordinates and leads patients' timely referral to appropriate services for further investigation and management when a new condition such as malignancy is suspected, using designated referral pathways
- Assesses the psychological impact of a respiratory condition on individual patients and creates an appropriate management plan for them

Links to Multi-professional framework

 Clinical Practice	 Leadership and Management	 Education	 Research
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:

- Coordinating educational supervisor reports
- Patient and carer feedback
- Multi-source feedback (MSF)
- Associate workplace supervisor report (AWSR)
- Case-based discussion (CBD)

- Academic learning and engagement
- Critical reflection on how learning and teaching has enabled fulfilment of a capability in practice and informed clinical practice
- Acute care assessment tool (ACAT)
- Evidence of attendance at local and regional teaching and reflection on learning
- Multidisciplinary team (MDT) referral and contribution to patient pathway
- Attendance and critical reflection on advanced communication training

3. Demonstrates high-quality care and management of patients with long- term respiratory conditions and potentially other co-morbidities.

Descriptors

- Demonstrates expertise in working with respiratory patients to recognise when the involvement of other specialties or services is required
- Develops care between specialties and services to ensure optimum patient outcomes
- Demonstrates understanding of primary and secondary prevention interventions for patients with (or at risk of developing) long-term respiratory conditions
- Takes an active role in health promotion
- Participates in advance care planning based on individual patient assessments and with understanding of disease trajectory
- Demonstrates advanced understanding of respiratory disease epidemiology
- Undertakes thorough reviews of patients and makes appropriate recommendations (e.g., pharmacological and non-pharmacological interventions) dependent on findings and informed by guidelines, policies and evidence
- Critically appraises current evidence and uses professional judgement to assess, diagnose and manage complexity and uncertainty in presentations in respiratory patients using a wide range of potential intervention options
- Undertakes and/or interprets diagnostic tests for respiratory-related clinical pathways (e.g., breathlessness) where required, ensuring appropriate multi-disciplinary referrals as required

Links to Multi-professional framework

Clinical Practice	Leadership and Management	Education	Research
1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 1.10 1.11	2.1 2.3 2.5 2.11	3.3	4.6 4.7

Evidence to inform decision:

- Coordinating educational supervisor reports
- Patient and carer feedback
- Multi-source feedback (MSF)
- Associate workplace supervisor report (AWSR)
- Case-based discussion (CBD)
- Acute care assessment tool (ACAT)/Outpatient care assessment tool (OPCAT)
- Critical reflection
- Academic learning and engagement
- Attendance and critical reflection on advanced communication training

4. Manages and advocates for the needs of respiratory patients across the interface between primary and secondary care.

Descriptors

- Manages the integrated care of respiratory patients underpinned by an in-depth knowledge of patient pathways
- Implements and evaluates integrated respiratory services as part of a multidisciplinary team
- Critically reflects on the impact of long-term respiratory conditions on patients and their families and carers
- Exemplifies shared decision-making by respecting the role of family and carers in the management of patients' long-term respiratory conditions
- Uses advanced communication skills effectively to advice on the trajectory of patients' care and treatment across the system within primary and secondary care
- Functions as a source of information and guidance for those involved in managing chronic respiratory illness
- Uses a system-wide approach to respiratory patients' care incorporating 'hospital at home' and 'virtual wards'
- Critically reflects on and demonstrates the importance of pulmonary rehabilitation in chronic disease management

Links to Multi-professional framework

Clinical Practice	Leadership and Management	Education	Research
1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 1.10 1.11	2.1 2.2 2.3 2.5 2.6 2.7 2.9		

Evidence to inform decision:

- Coordinating supervisor reports
- Patient and carer feedback
- Multi-source feedback (MSF)
- Associate workplace supervisor report (AWSR)
- Case-based discussion (CBD)
- Critical reflection
- Direct observation of procedural skills (DOPS)
- Delivery of education to other health care professionals
- Contribution to service development and relevant quality improvement (QI) projects

3.3 Presentations and conditions in respiratory

The scope of respiratory care is broad. It 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 would inevitably be incomplete and quickly become outdated.

The table below lists key respiratory presentations and conditions. The patient must always be at the centre of trainees' learning and development and contribution to patient care. Trainees must demonstrate the following core skills in how they engage with patient presentations and conditions:

- Information-gathering through history and physical examination
- Information-sharing with patients and their families/carers and with colleagues

Treatment care and strategy covers how trainees select drug treatments (where legally able) or interventions (where appropriate and within scope of practice) for individual patients. It includes discussions and decisions on whether treatment should be active or palliative and whether and how care should involve other professionals and services.

The specific presentations, conditions and issues are listed below because they meet the following criteria:

- They are common within patient care and service delivery
- They are serious, presenting the risk of high morbidity, mortality and/or serious implications for patients' treatment and/or for public health

Some presentations may relate to more than one body system, while some diseases/conditions may cause multisystem dysfunction. Trainees must develop and demonstrate their understanding of patients with multi-morbidity and an appreciation of the wider determinants of health.

It is not necessary to document the specific attributes of each presentation and condition with which trainees need to be familiar. This is because they will vary between conditions and presentations. However, for each condition/presentation, trainees need to develop and demonstrate their familiarity with its specific attributes. These include those which relate to its aetiology, epidemiology, clinical features, investigation, management and prognosis.

The list below has been informed by the list of presentations and conditions in the Royal College of Physicians' Curriculum for Respiratory Medicine Specialist Training (August 2022).

Presentations	Conditions
Abnormal sleepiness	Asthma
Allergy	Allergy (pulmonary manifestations)
Chest pain	Breathing pattern disorders
Cough	Bronchiectasis
Dyspnoea	Chronic obstructive pulmonary disease
Fatigue	Cystic fibrosis
Fever	Diseases of the pulmonary circulation
Fragmented sleep	Disorders of the thoracic cage and diaphragm (associated manifestations)
Haemoptysis	Disorders of the upper respiratory tract Immune-mediated respiratory diseases
Night sweats	Interstitial lung diseases
Nocturnal hypoventilation	Malignant diseases of the respiratory system
Respiratory failure	Occupational lung diseases
Sputum	Pleural diseases
Stridor	Pneumothorax
Symptoms related to occupation	Pulmonary embolism
Symptoms related to environment	Respiratory disease in pregnancy and puerperium
Weight loss	Respiratory failure type 1 and type 2
Wheeze	Respiratory infections
	Sleep-related breathing disorders
	Tuberculosis

3.4 Procedures within advanced practice in respiratory care

Trainees' achievement of procedural proficiency is an integral part of their engagement with this Framework. The specific procedures in which individual trainees need to develop and demonstrate proficiency should be defined by the requirements of their role. The exercise to do this should take account of the following factors for individual trainees:

- Their practice location
- The population health and patient care needs that they serve
- The scope of practice of their profession

Arrangements for progressing procedural proficiency should include the following:

- Trainees should agree with their coordinating educational supervisor the procedures in which need to develop proficiency before they engage formally with the Framework
- Trainees should agree with their coordinating educational supervisor the year of their training in which they should achieve proficiency in each identified procedure
- The above should be documented in trainees' personal development plans; Appendix 1 provides a template for this purpose

Procedures	Procedural knowledge
Arterial blood gas (ABG) results interpretation	Bronchoscopy
Arterial blood gas sampling	Cardiopulmonary exercise test
Chest-drain management	EBUS-TBNA
Chest X-ray interpretation	Skin test to demonstrate allergy
Computed tomography (CT) chest/Computed tomography pulmonary angiogram (CTPA) interpretation	Thoracic surgical procedures
Ear lobe blood-gas sampling	Thoracoscopy
ECG interpretation	
Femoral venous sampling (optional to area)	
Focused pleural ultrasound (See British Thoracic Society (BTS) thoracic ultrasound documentation)	
Indwelling pleural catheter (IPC) trouble shooting	
Intercostal drain for effusion (dependent on area)	
Intercostal drain for pneumothorax (dependent on area)	
Lung function testing	
Nasogastric tube insertion	
Peripheral venous cannulation	
Pleural aspiration (diagnostic/therapeutic)	
Providing advanced life support (ALS)	
Setting up non-invasive ventilation (NIV) and continuous positive airway pressures (CPAP)	
Sleep study interpretation	
Spirometry results interpretation	
Urinary catheterisation (male and female) Venepuncture	

4. Procedures within advanced practice in respiratory

Local responsibility must be taken for coordinating individual trainees' learning experience in line with this Framework. This requires collaboration between trainees' education provider, their employer and local service providers, workplace supervisors and with trainees themselves. The employer of individual trainees should take responsibility for the organisation and delivery of their workplace-based components of advanced practice education. Employers should do this in collaboration with the higher education institution assuring the quality of trainees' learning and assessment and the integration of their learning within their advanced practice education.

Trainees should be employed by local service providers, with the latter retaining full responsibility for all aspects of clinical governance in the workplace. Trainees' progression through the Framework should be determined by an annual review process and the training requirements for each year of training summarised in use of the entrustable professional decision-aid.

Trainees' successful completion of the Framework should depend on their achieving the expected level of performance in all the capabilities in practice and proficiency in the procedural skills that have been identified as being relevant to their scope of practice, role and contribution to service delivery and patient care. The assessment process should monitor, evaluate and affirm (as appropriate) trainees' progress and performance against the full requirements of the Framework.

Arrangements for trainees' engagement with the Framework must uphold patient safety and high-quality patient care. While doing this, they should enable trainees to

- Progress by taking on more responsibility.
- Broaden their learning experience.
- Fully meet, demonstrate and evidence their fulfilment of all the capabilities in practice.
- Develop and pursue their particular areas of interest, while meeting service needs.

4.1 Teaching and learning methods

This Framework should be delivered through a variety of methods and learning approaches to enable trainees to gain the experience and opportunities to develop and achieve each of the capabilities in practice. A balance should be achieved in the approach to individual trainees' learning. This should combine formal teaching, experiential learning, and self-directed learning. The whole should do the following:

- Integrate academic and workplace-based supervision, learning and assessment
- Support individual trainees to integrate both their academic and workplace learning and their learning across the four pillars of practice
- Promote, support and require trainees to engage in critical reflection on their learning and practice

- Be recorded in trainees' portfolio of evidence

Examples of different types of learning opportunities are outlined below.

Workplace-based experiential learning

Workplace-based learning is essential for providing trainees with the opportunity to work alongside their supervisors and other experienced clinicians to develop the capabilities required to provide respiratory care at advanced practice level.

Trainees should gain experiential learning in a variety of settings. This is to gain experience and insights relating to the following:

- Other specialties
- Different multidisciplinary teams
- Effective discharge planning
- Appropriate referral and follow-up
- The wider healthcare landscape

Independent self-directed learning

Independent, self-directed learning may include the following:

- Reading journals and other literature
- quality improvement, research, audit activities
- Maintaining a reflective learning log
- Online learning and other forms of CPD
- Participating in journal clubs
- Engaging with peer-group support and study groups

Trainees should focus their self-directed activities on learning that will help them to achieve the capabilities in practice. In doing this, they should plan and map their activities to the capabilities in practice, paying particular attention to addressing their areas of learning need that have been identified and discussed in their regular discussions with their coordinating educational supervisor and that have been recorded in their personal development plan. As part of this, they should ensure that they articulate how their self-directed activities inform their academic learning and record their reflections on their learning from their activities within their portfolio of evidence.

Simulation

Trainees should be enabled to develop their procedural proficiency through simulation training. Scenario-based and human factor-based simulation training should also be used to develop their learning and understanding. Access to simulation resources should be supported, discussed and secured with the involvement of their coordinating educational supervisor, their employer and their education provider.

Formal teaching

The content of formal teaching should be based on the requirements set out in this Framework. It should be delivered locally to contribute to trainees' workplace-based learning with an area-specific focus and to complement their academic learning opportunities.

Examples of activities are as follows:

- Case-based 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

Short courses

Trainees should be supported (including through having the time) to undertake formal short courses that meet local requirements relating to their role. Examples of course topics include safe prescribing, ultrasound, and advanced communication skills. Trainees' coordinating educational supervisor, employer and education provider should discuss with them which courses they should undertake. Their ongoing specific training needs should be discussed in regular meetings that involve all parties concerned.

5. Assessment

Assessment of trainees' achievement of the capabilities in practice needs to involve the review of their full range of knowledge, skills and behaviours and their integration of these. This is to make global decisions about individual trainees' performance and their readiness to take on specific responsibilities and tasks with different levels of supervision or entrustment. Assessments should take place in a variety of settings. This is to ensure the depth, breadth and integration of individual trainees' advanced practice learning and that their capability is appropriately and sufficiently evidenced and demonstrated.

Academic assessment

Where trainees' knowledge, skills and behaviours are assessed directly by their education provider (the higher education institution overseeing the delivery and take-up of this Framework), the assessment must be conducted in line with that provider's academic regulations and assessment processes. This includes the specific requirements set for the assessment of advanced practice learning and the advanced clinical practitioner (ACP) apprenticeship, where the latter is relevant to trainees' mode of study.

Workplace-based assessment

Individual trainees' coordinating educational supervisor and associate workplace supervisors must be involved in workplace assessments. This includes through trainees' supervisors providing formative feedback on their performance throughout the training year. Supervisors' feedback should include a global rating to indicate to trainees and their coordinating educational supervisor how they are progressing at that stage of training.

Supervisors' workplace-based assessment forms and reports should use the global assessment anchor statements indicated below.

Global assessment anchor statements

A trainee's performance is:

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

Entrustability scale

Entrustability scales are behaviourally-anchored ordinal scales. They focus on indicating trainees' progression to achieving the capabilities in practice. They reflect a judgement about individual trainees' performance that has clinical meaning for assessors.

The level descriptors to be used in assessing trainees' progress towards the generic clinical and specialty clinical capabilities in practice are provided below.

Level 1: Entrusted to observe only

Level 2: Entrusted to act with direct supervision

The trainee may provide clinical care relating to the capability in practice, but the supervising clinician is with the trainee 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 may provide clinical care relating to the capability in practice when the supervising clinician is not physically present within the hospital or other site of patient care. However, the supervising clinician needs to be available by means of telephone and/or electronic media to provide advice and to attend at the bedside, if required, in order to provide direct supervision.

Level 4: Entrusted to act unsupervised

Essentially level 4 means that the coordinating educational supervisor, based on their judgement of the trainee's performance and other evidence relating to this, is satisfied that the trainee can act under supervision that is indirect and/or post hoc.

Attainment of level 4 indicates that the trainee is ready to complete their training and to practise at advanced practice level. Only when the trainee has reached level 4 for all the capabilities in practice should they complete their training. Before this, they must remain under the oversight of their coordinating educational supervisor.

A level 4 decision is a very important summative decision. It means that the educational supervisor is saying that, in their professional judgement, the trainee is now 'entrusted' to undertake activity at the level of an advanced practitioner.

Trainee self-assessment

Trainees should complete a self-assessment of their progression for each of the capabilities in practice towards the end of each training year. Their self-assessment should include signposting to relevant evidence of their progress and achievement in their training portfolio.

Trainees' coordinating educational supervisor should review the following evidence in their portfolio:

- Workplace-based assessments
- Feedback received from other supervising clinicians
- Trainees' own self-assessment

Assessment of trainees

Coordinating education supervisors should record their judgement on trainees' performance on the basis of the above evidence. This should be done using a coordinating education supervisor report form. Any additional commentary and feedback should be provided.

For the core capabilities in practice, the coordinating educational supervisor should indicate whether the trainee is meeting expectations using the global assessment anchor statements. As a minimum, trainees need to meet the expectations for the stage of training to be judged satisfactory to progress to the next training year.

For the generic clinical and specialty clinical capabilities in practice (CiPs), the coordinating educational supervisor should do the following, using the entrustment scale above:

- Make an entrustment decision relevant to the level of practice for each capability
- Record the indicative level of supervision required
- Provide detailed comments to justify their entrustment decision
- Indicate the most appropriate global assessment anchor statement for the trainee's overall performance

5.1 Assessment methods

Individual education providers are responsible for constructing their method of assessment and assessment tools to ensure that trainee's fulfilment of the capabilities set out in this Framework is fully tested. Below are examples of workplace-based assessments already in use for similar frameworks. These can be used either formatively or summatively to assess trainees' capability. Careful consideration should be given to the appropriateness of different assessment methods for testing and evidencing the different capabilities in practice. A range of assessment methods should be used. This is to avoid an over-reliance on a few methods that could distort the accuracy and thoroughness of the assessment process and reduce its educational value.

Acute care assessment tool (ACAT)

Designed to be used on the acute medical take, this assesses trainees' clinical assessment and management, decision-making, teamworking, time management, record keeping and handover.

Associate workplace supervisor report (AWSR)

The report is designed to help capture the opinions of clinicians who have supervised trainees. Clinicians are asked to comment on trainees' clinical knowledge and skills and various important aspects of their clinical performance.

Case-based discussion (CbD)

This assesses trainees' knowledge, clinical reasoning and decision-making focused on written case records. It enables the documentation of trainees' case presentations and records conversations around relevant issues that have been raised.

Coordinating educational supervisor report

This details trainees' progress in a training year, based on a range of assessments, observations, reflections and experience. It forms the basis for reviewing and discussing trainees' annual progress.

Direct observation of procedural skills (DOPS)

This is used to assess trainees' clinical and professional skills when performing a range of diagnostic and interventional procedures. The assessor does not have to be the trainee's coordinating educational supervisor. The assessor provides written feedback for the trainee's portfolio, as well as giving verbal developmental feedback. Trainees may already be proficient in the procedural skill being observed. The assessment must be recorded in the portfolio and completed/approved by a suitably qualified/competent assessor.

Mini-clinical evaluation exercise (Mini – CEX)

This assesses a trainee's clinical encounter with a patient. This includes their history -taking (interpersonal skills), physical examination (clinical skills) and differential diagnosis (problem-solving skills) that lead to their development of a management plan. Feedback is provided to enable the trainee's learning and development.

Multi-source feedback (MSF)

This is used to gather feedback from colleagues with whom the trainee works, including their manager, doctors, peers, junior staff, administrators, and other health professionals. The feedback assesses their generic skills such as reliability, communication skills, leadership ability and teamworking. The trainee does not see individual responses. Rather, they receive a summary of the feedback via their coordinating educational supervisor.

Outpatient care assessment tool (OPCAT)

This is designed to be used in a single clinic (either virtual or face-to-face). It assesses the key processes in an outpatient encounter, including history-taking, investigation, management planning and communication skills. It can be used either as a direct observation (if a supervisor is present) or at the end of a clinic assessment.

Patient survey (PS)

This is aimed at providing feedback from a patient perspective on how the trainee undertakes an episode of care. It considers clinical, interpersonal and professional skills. This includes their behaviours and attitudes and to ensure the episode of care is patient-centred.

Quality improvement project assessment tool (QIPAT)

This is designed to assess trainee ability to complete a quality improvement project. It looks at each stage of the project from design to implementation. It considers areas of strength in the trainee's approach and areas that require further development.

Self-assessment (SA)

The trainee should conduct a self-assessment against each capability in practice to review their own progress and overall capability and to feed into their coordinating education

supervisor's appraisal of their progress. The trainee should link their self-assessment against each capability in practice to relevant evidence in their portfolio. They should critically reflect on their learning, development and practice and demonstrate their critical engagement with the evidence base.

Teaching observation (TO)

This provides structured feedback to the trainee on their role as an educator. It should the direct observation of the trainee's practice during a formal teaching event.

5.2 Annual review

Education providers that deliver this Framework should oversee the annual review arrangements to make a final summative judgement on whether individual trainees have achieved the outcomes at the appropriate level of supervision for each capability in practice (CiP) and should therefore progress to the next year of training. The process should be informed by individual trainees' coordinating educational supervisor report and the evidence presented in their trainees' portfolio. Annual reviews of trainees' 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 the process.

The decision aid below sets out the minimum requirements for trainees' satisfactory progress in each training year. This should guide trainees, coordinating education supervisors and others involved in the annual review process.

If trainees' satisfactory progression against the decision aid is confirmed, they should progress to the next year of training.

If trainees' progress has not been satisfactory, arrangements should be made to support them to meet the minimum requirements before they progress to the next year of training.

If trainees wish to appeal an annual review decision, they should communicate this to their education provider, with the appeal managed in line with the provider's regulations.

5.3 Advanced practitioner decision aid: respiratory

Evidence/ requirements	Notes	Year 1	Year 2	Year 3
Coordinating educational supervisor's report	One per year to cover the entirety of the training year to be sent to the trainee and the education provider.	Confirms the trainee is at least meeting expectations and there are no concerns.	Confirms the trainee is at least meeting expectations and there are no concerns.	Confirms the trainee will meet the critical progression point criteria and will complete advanced practitioner training.
Generic advanced practitioner capabilities in practice (CiPs)	Mapped to multi-professional framework for advanced practice in England and assessed using global ratings. Trainee should record their self-rating to facilitate discussion with their coordinating educational supervisor. Coordinating educational supervisor report should record the trainee's rating for each generic capability in practice (CiP).	Coordinating educational supervisor to confirm the trainee meets expectations for their stage of training.	Coordinating educational supervisor to confirm the trainee meets expectations for their stage of training.	Coordinating educational supervisor to confirm the trainee meets expectations for their stage of training.
Clinical capabilities in practice (CiPs)	See grid below of levels expected for each year of training. The trainee should complete self-rating to facilitate discussion with their coordinating educational supervisor.	Coordinating educational supervisor to confirm the trainee is	Coordinating educational supervisor to confirm the trainee is	Coordinating educational supervisor to confirm the expected

	The coordinating educational supervisor's report should confirm the entrustment level for each individual capability in practice and the overall global rating of progression.	performing at or above the expected entrustment level for all the capabilities in practice.	performing at or above the expected entrustment level for all the capabilities in practice.	trainee has achieved all the capabilities in practice at the required entrustment level, with this forming the critical progression point at end of the trainee's advanced practitioner training.
Specialty capabilities in practice (CiPs)	See grid below of levels expected for each year of training. The trainee should complete their self-rating to facilitate discussion with their coordinating educational supervisor. The coordinating educational supervisor's report should confirm the trainee's entrustment level for each individual capability in practice and overall global rating of progression.	Coordinating educational supervisor to confirm the trainee is performing at or above the expected entrustment level for all the capabilities in practice.	Coordinating educational supervisor to confirm the trainee is performing at or above the expected entrustment level for all the capabilities in practice.	Coordinating educational supervisor to confirm the trainee has achieved all the capabilities in practice at the required entrustment level, with this forming the critical

				progression point at end of advanced practitioner training.
Multiple supervisor report (MSR)	Minimum number. Each associate workplace supervisor report should be completed by a supervisor who has supervised the trainee's clinical work. The coordinating educational supervisor should not complete a multiple supervisor report for their own trainee.	4	4	4

Evidence/ requirements	Notes	Year 1	Year 2	Year 3
Multi-source feedback (MSF)	In line with local policy, the trainee's multi-source feedback must be obtained from a number of staff 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 received within three months (ideally within the same placement). The report must be discussed by the coordinating educational supervisor and trainee before the annual review meeting.	1	1	1

	If significant concerns are raised, then arrangements should be made to repeat the multi-source feedback exercise.			
Supervised learning events (SLEs): Acute care assessment tool (ACAT) and/or outpatient assessment tool OPCAT)	Minimum number to be carried out by supervising clinicians. The trainee should be encouraged to undertake more supervised learning events, while their supervisor may require additional ones if concerns are identified. Each use of the acute care assessment tool must include a minimum of five cases. Acute care assessment tools should be used to demonstrate the global assessment of the trainee's performance on take or on presenting new patients on ward rounds, encompassing both individual cases and overall performance (e.g., regarding prioritisation, working with the team). It is not for use to comment on their management of individual cases. Outpatient assessment tools should be used to demonstrate the global assessment of the trainee's performance in the outpatient clinic (whether virtual or in person). Each use of the acute care or outpatient assessment tools must be kept in the trainee's portfolio.	4	4	4
Supervised learning events (SLEs): Case-based discussion (CbD) and/or	Minimum number to be carried out by supervising clinicians. The trainee should be encouraged to undertake more, while supervisors may require them to undertake additional supervised learning events if concerns are identified.	4	4	4

mini-clinical evaluation exercise (mini-CEX)	Supervised learning events should be undertaken throughout the training year by a range of assessors. Structured feedback should be given to aid the trainee's development and to support their critical reflection. The record of each supervised learning event must be kept in the trainee's portfolio.			
Advanced/ immediate/ basic life support (ALS/ILS/BLS)	The level required for the trainee's role should be agreed between the trainee and their employer.	Valid	Valid	Valid
Quality improvement (QI) project	A quality improvement project plan and report should be completed. The plan and report must be stored as evidence in the trainee's portfolio.	The trainee should participate in a quality improvement activity (e.g., to produce a project plan).	The trainee should complete a quality improvement project using the quality improvement assessment tool.	The trainee should demonstrate leadership in qualify improvement activity (e.g., by supervising another healthcare professional's project activity).
Simulation	The trainee should be taught all practical procedures by simulation initially.	Evidence of the trainee's simulation	Evidence of the trainee's simulation	Evidence of the trainee's simulation

	The trainee should complete refresher training in procedural skills, if required.	training (minimum 1 day), including procedural skills.	training (minimum 1 day), including procedural skills.	training (minimum 1 day), including procedural skills.
Teaching attendance	The trainee's minimum number of hours per training year should be specified at induction. A summary of the trainee's teaching attendance must be recorded in the trainee's portfolio.	Evidence of the trainee's satisfactory teaching attendance.	Evidence of the trainee's satisfactory teaching attendance.	Evidence of the trainee's satisfactory teaching attendance.

1. Practical procedural skills

Trainees must be able to do the following for each practical procedure that it is agreed is relevant to their scope of practice, role and service contribution (see section 3.4):

- Outline the indications for the procedures
- Recognise the importance of:
    - Valid consent
    - Aseptic technique
    - Minimisation of patient discomfort
    - Requesting help, when appropriate
    - The safe use of analgesia and local anaesthesia, when appropriate
- Appreciate and recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary
- Perform them at level 4 supervision (see below) in line with the timeframes agreed with their employer (see Appendix 1)

Levels to be achieved by the end of each training year and at critical progression points for respiratory trainees and specialty capabilities in practice

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; i.e., on request and quickly available
- Level 4: Supervision at a distance and/or post hoc.

Generic clinical capability in practice	Year 1	Year 2	Year 3
Undertakes an advanced clinical assessment in the face of uncertainty, using 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, and in the context of complexity and uncertainty.	2	3	4
Manages problems in patients in special cases and other specialties.	2	3	4
Manages a multi-professional team, including to manage 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

Generic clinical capabilities in practice	Year 1	Year 2	Year 3
Maximises the effectiveness of the respiratory support unit (RSU) through exercising clinical leadership	2	3	4
Prioritises patients appropriately according to the severity of their illness, underpinned by an understanding of disease trajectory and the ability to undertake appropriate symptom management and liaise between services.	2	3	4
Demonstrates high-quality care and manages patients with long-term respiratory conditions and potentially other co-morbidities.	2	3	4
Manages and advocates for the needs of respiratory patients across the interface between primary and secondary care.	2	3	4

6. Supervision and feedback

All aspects of activity carried out by trainees as they progress to achieving all the capabilities in practice must be adequately supervised. The level of supervision should vary depending on the experience and expertise of trainees and their overall level of capability.

High-quality supervision (i.e., that which supports trainees' progression and provides constructive feedback) is an essential part of this Framework. Coordinating education supervisors and associate workplace supervisors should be appropriately trained to conduct this important role effectively in line with the Centre for Advancing Practice's Workplace Supervision for Advanced Practice guidance. It is a shared responsibility to ensure a suitable coordinating educational supervisor is appointed for trainees.

Coordinating educational supervisor

Coordinating educational supervisors are responsible for the overall supervision and management of their trainee's progress. They should create an individualised learning plan to support the trainee's learning and development. They should meet with their trainee on a regular basis to review and discuss the trainee's progress against the plan and to agree plans for their ongoing learning and development activity.

Coordinating educational supervisors must meet the following requirements to fulfil the role:

- Hold relevant professional registration and be in good standing with their regulatory body.
- Be an experienced advanced practitioner (in post two or more years), a consultant practitioner or a doctor (a specialty and associate Specialist (SAS) doctor, a specialist registrar (SpR), or a consultant).
- Have a detailed understanding both of the Multi-professional framework for advanced practice in England (2025) and this Framework.
- Be able to meet regularly with their trainee for a minimum of an hour or 0.25 PA/week, or for four hours per month.
- Be able to provide ad hoc support to the trainee, as needed.

Coordinating educational supervisors are responsible for completing a report on their trainee at the end of each training year. This provides a summative judgement of the trainee's progress, based on evidence in the trainee's portfolio and observations from the trainee's associate workplace supervisors.

Associate workplace supervisor

Associate workplace supervisors are involved in supporting the development of trainees. They conduct workplace-based assessments, observe trainees' practice, and offer informal coaching and mentoring to support their development.

Associate workplace supervisors must meet the following requirements to fulfil the role:

- Hold relevant professional registration and be in good standing with their regulatory body
- Be an experienced registered health care professional educated to level 7 (or equivalent work-based experience), in post in their specialty for two or more years, with expertise in one of the four pillars of advanced practice
- Be an advanced practitioner (in post for two or more years), a consultant practitioner, or a doctor (a specialty and associate specialist (SAS) doctor, a specialist registrar (SpR) or a consultant)
- Have an understanding of the Multi-professional framework for advanced practice in England (2025) and this Framework

It is anticipated that trainees will have several associate workplace supervisors from a variety of different professional backgrounds during their training to optimise the exposure to multidisciplinary working in healthcare.

Associate workplace supervisors complete reports on trainees' progress. These provide vital information to trainees' coordinating educational supervisor. They contribute to ensuring that summative assessment decisions on trainees' performance are accurate and appropriate.

Trainees

Trainees 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 capability in practice.

7. Quality management

Individual education providers and trainees' employers are responsible for all practical and governance arrangements for this Framework's delivery. This includes responsibility for:

- The education and training provided to trainees and their coordinating educational supervisors
- The assessment of trainees
- The outcomes of the assessment.

The Framework will be kept under review by the Centre for Advancing Practice and the Royal College of Physicians. This is to ensure that it remains current, responsive to changing needs and fit for purpose. This will be done in line with the arrangements set and enacted by Centre arrangements for all documents that it has endorsed. External evaluation may also be sought to inform the quality management and review processes.

8. Equality, diversity and inclusion

Employers must ensure that they comply, and ensure compliance, 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 and inclusion and differential attainment, with attention paid to potential differences arising from professional background, practice environment and work pattern.

Appendix 1: Agreed practical procedures

The list of practical procedures below, and the time frame by which they should be completed, are indicative. As outlined in section 3.4 above, the procedures in which trainee advanced practitioners need to develop competence will be defined by the requirements of their role (location, population needs, etc.) and the legal status of their profession, and should be agreed with their educational supervisor before embarking upon the advanced practitioner credential. The focus of training is on safe, effective and efficient practice that is appropriate for the role, and the emphasis at all times must be on the advanced practitioner's demonstration of broad advanced practice capabilities (i.e. critical thinking, complex clinical reasoning and management of high levels of risk).

Agreed Practical Procedures

Procedures	Recommended Time Frame for Completion			Agreed Time Frame	
	Year 1	Year 2	Year 3	Or Indicate Not Applicable N/A	Date & Sign in Relevant Box
ABG results interpretation	Competent to perform unsupervised	Maintain	Maintain		
Arterial blood gas sampling	Competent to perform unsupervised	Maintain	Maintain		
Chest drain management		Competent to perform unsupervised	Maintain		
Chest X-ray interpretation			Competent to perform unsupervised		
CT Chest / CTPA interpretation			Competent to perform unsupervised		
Ear lobe blood gas sampling	Competent to perform unsupervised	Maintain	Maintain		
ECG interpretation	Competent to perform unsupervised	Maintain	Maintain		
Femoral venous sampling (optional to area)		Competent to perform unsupervised	Maintain		
Focused pleural ultrasound			Attended recognised level 1 US course		
Indwelling pleural			Competent to		

catheter troubleshooting			perform unsupervised		
Intercostal drain for effusion			Begin completing supervised practice log		
Intercostal drain for pneumothorax			Competent to perform unsupervised		
Lung function test interpretation			Competent to perform unsupervised		
Nasogastric tube insertion	Competent to perform unsupervised	Maintain	Maintain		
Peripheral venous cannulation	Competent to perform unsupervised	Maintain	Maintain		
Pleural aspiration			Begin completing supervised practice log		
Providing ALS	Competent to perform unsupervised	Maintain	Maintain		
Setting up NIV & CPAP	Competent to perform unsupervised	Maintain	Maintain		
Sleep study interpretation			Competent to perform unsupervised		
Spirometry results interpretation (basic)		Competent to perform unsupervised	Maintain		
Urinary catheterisation (male and female)	Competent to perform unsupervised	Maintain	Maintain		
Venepuncture	Competent to perform unsupervised	Maintain	Maintain		

Other Agreed Practical Procedures

Procedures	Recommended Time Frame for Completion			Agreed Time Frame	
	Year 1	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 to ensure that trainees can demonstrate that they have fulfilled the outcomes and capabilities of the framework. There should be a focus on workplace-based assessment and the assessment of trainees' integration of their academic and clinical knowledge, skills and behaviours in line with the demands of level 7 learning and advanced-level practice.

For reference, below are examples of types of workplace-based assessments already in use for similar frameworks.

Acute Care Assessment Tool (ACAT)

Case Based Discussion (CbD)

Direct Observation of Procedural Skills (DOPS)

- **Formative routine**
- **Summative routine**
- **Formative life threatening**
- **Summative life threatening**

Mini-Clinical Evaluation Exercise (mini-CEX)

Multi-Course Feedback (MSF)

Outpatient Care Assessment Tool (OPCAT)

Patient Survey

- **Patient Survey form**
- **Patient Survey summary form**

Quality Improvement Project Assessment Tool (QIPAT)

Teaching Observation

- **Teaching Observation form**
- **Teaching Observation guidance**

Appendix 3: References

NHS England (2025). Multi-professional framework for advanced practice in England.

General Medical Council (2023). Shape of Training review.

NHS (2019). The NHS Long-Term Plan.

Ten Cate O. (2013). Nuts and bolts of entrustable professional activities. J Grad Med Ed 2013;5(1):157–8.

JRCPTB (2022). Curriculum for Respiratory Medicine Specialist Training.

NHS England (2021). Workplace Supervision for Advanced Clinical Practice.

Appendix 4: Development of the Framework

The Framework was developed by the Advanced Clinical Practice (ACP) Development Committee (ADC) of the Royal College of Physicians (RCP) and its sub-groups. This was done on behalf of NHS England.

The membership of the Committee for the Framework had broad representation. This included from involved in their teaching and training. It also included representatives from the following:

- Clinical leads for advanced practice
- Current advanced practitioners
- Medical consultants
- Chartered Society of Physiotherapy
- Royal College of Nursing
- Royal College of Occupational Therapists
- Specialist respiratory societies (the British Thoracic Society, Primary Care Respiratory Society)
- Patient and Carer Network representatives
- Association of Advanced Practice Educators UK (AAPE UK)
- Higher education institutions advanced practice leads
- Joint Royal Colleges of Physicians Training Board (JRCPTB) specialist advisory committees.
- Postgraduate deans
- NHS England leads
- Employers
- Education fellows and educationalists

The Framework development group met regularly. This was to ensure that the document's development was informed by a continuous feedback process and regular discussions about its required content. The Framework was reviewed by representatives of the development group members' networks in late 2022. This enabled the involvement of a broad range of professions. The feedback provided informed the final revisions of the document before it was taken through the Centre for Advancing Practice's independent review process to secure Centre endorsement.

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