

How to Sign-off Procedural Skills (SLO6)

As described in both the adult and children ACP curriculum (section 3.2.5), there are three categories of procedural skills:

1. Foundation procedures (see tables 2 and 3 below)

These are procedures that an ACP would be expected to be competent in to perform independently, early in their training. They are foundation emergency care procedures and, therefore, it is likely that many trainee ACPs (tACPs) will already be proficient in these, for example if they were previously an emergency nurse. However, those from other backgrounds, such as ambulance paramedics, may not have trained in all of these procedures in their previous role and hence may need additional focused time to acquire these skills before moving to core procedural skills in the curriculum..

The Foundation sign-off therefore supports a mixed approach to sign-off of these procedures, dependent on previous experience.

In the first few weeks of entering the programme, tACPs should meet with their Educational Supervisor to discuss the foundation procedures.

- **tACPs competent in all foundation procedures listed and able to demonstrate ongoing utilisation of these procedures (competence is observable, self-reported or demonstrated by teaching others)**

For these tACPs, the **ACP Adult [or Children] Foundation Sign-off** form available within the ePortfolio should be completed by the RCEM ACP Educational Supervisor and signed off at entrustment level 4 for all procedures (see table 1 below). This form is only available to Educational Supervisors who have attended RCEM ACP Supervisor Training (2022 curriculum). Ideally, sign-off should take place within 3 months of the tACP starting the programme but ACPs who transition in 2022 or 2023 will not be penalised where it has not been possible for an ACP ES to complete the required training within this timescale to access the form.

- **tACPs who are not independently competent in the foundation procedures at the start of training**

For these tACPs, a plan should be formulated to address the additional skills required. This may involve shop floor teaching, formal clinical skills courses within the workplace or a blended approach of e-learning, supervision, and formative and summative assessment. Some Trusts will have local sign-off processes for these procedures that may be used. Alternatively, for procedures which are new to the tACP, it is recommended that ePortfolio **Foundation DOPS** forms are utilised to demonstrate progression in any new procedure and, subsequently, an **ACP Adult [or Children] Foundation Sign-off** form should be completed for the tACP signed off at entrustment level 4 for all procedures (see above).

The procedural log can also be used to demonstrate ongoing proficiency of any new or existing skills but there is no expectation that established foundation clinical skills are recorded on a regular basis.

2. Core procedural skills (see tables 2 and 3 below)

A number of skills in which an ACP must be proficient at entrustment level 3 on submission for credentialing. This means that they are confirmed as independent with supervisor 'on call' from home (see table 1 below). A planned approach must be used to achieve this competence, including workplace-based learning and assessment, simulation and e-learning. The Educational Supervisor must be confident that the tACP could perform any of these core procedures, safely and competently, on a real patient with a supervisor available on call from home.

3. Additional procedural skills (see tables 2 and 3 below)

It is recognised that some procedures are not undertaken regularly in all departments and, therefore, the credentialed ACP would not be expected to demonstrate independent competence in these. There is also variation in governance arrangements and the expectations of ACPs for some emergency procedures. Therefore, there is flexibility within the additional procedural skills to allow tACPs to demonstrate these competences where departmental arrangements require it, but to avoid disadvantaging tACPs who will not be able to develop these skills in their current place of work.

Educational supervisors and local ACP Faculties should meet and agree which procedures ACPs will be expected to perform at entrustment level 2b (see table 1 below) for credentialing and which they will need to have an understanding of, but not perform independently (entrustment level 1). The ES must declare this in the comments within the SLO6 area of the portfolio and the tACP will need to provide adequate evidence for sign-off at either entrustment level 1 or 2b as required locally.

The tACP must have an understanding of all of the additional procedures, including indications and how to access support, to ensure these procedures are carried out in a timely and safe fashion when required.

Table 1: RCEM entrustment scale

RCEM entrustment scale	
1	Direct supervisor observation/involvement, able to provide immediate direction/assistance
2a	Supervisor on the 'shop-floor' (e.g. ED, theatres, AMU, ICU), monitoring at regular intervals
2b	Supervisor within hospital for queries, able to provide prompt direction or assistance and tACP knows reliably when to ask for help
3	Supervisor 'on call' from home for queries, able to provide directions via phone and able to attend the bedside if required to provide direct supervision
4	Would be able to manage with no supervisor involvement (all tACPs practice with a consultant taking overall clinical responsibility)

Table 2: Procedural skills (adult)

<p>Foundation Procedures (entrustment level 4)</p>	<p>Within 3 months of start of training, tACPs will be able to competently and independently perform the following procedures:</p> <ul style="list-style-type: none"> • Venepuncture and IV cannulation • Prepare and administer IV medications and injections, including infusion of blood products • Take blood cultures from peripheral sites • Injection of local anaesthetic to skin • Use a range of techniques for wound closure (simple dressing, suturing, skin adhesive, steristrips) • Injection – subcutaneous and intramuscular • Perform a 12-lead ECG • Perform peak flow measurement • Urethral catheterisation (male and female) • Airway care including simple adjuncts • Aseptic technique
<p>Core Procedural Skills (entrustment level 3)</p> <p>by DOPS and real patient except for those marked ^ which can be in sim situation (1:1) but must still be DOPS</p> <p>Those marked * can be assessed by a non-consultant assessor</p>	<ul style="list-style-type: none"> • Arterial blood gas sampling* • Pleural aspiration of air • Manipulation of fracture/dislocation • Plastering* • Vascular access in emergency – IO*^ • External pacing^ • DC cardioversion* • Non-invasive ventilation* • ED Management of life-threatening haemorrhage^ • Airway management (including iGEL/LMA) without drugs
<p>Additional Procedural Skills (minimum entrustment level 1) and can be assessed by CbD</p> <p>If the ACP is expected to perform these in practice, they must be at entrustment level 2b as evidenced by a DOPS and on a real patient with a consultant assessor</p>	<ul style="list-style-type: none"> • Chest drain: Seldinger and open technique • Establish invasive monitoring CVP • Establish invasive monitoring arterial line • Vascular access in emergency – femoral vein • POCUS Fascia iliaca block • POCUS vascular access • Lumbar puncture • Procedural sedation in adults • Resuscitative thoracotomy • Lateral canthotomy • Emergency delivery

Table 3: Procedural skills (children)

<p>Foundation Procedures (entrustment level 4)</p>	<p>Within 3 months of start of training, tACPs in paediatrics will be able to competently and independently perform the following procedures in children:</p> <ul style="list-style-type: none"> • Venepuncture and IV cannulation • Prepare and administer IV medications and injections, including infusion of blood products • Take blood cultures from peripheral sites • Injection of local anaesthetic to skin • Use a range of techniques for wound closure (simple dressing, suturing, skin adhesive, steristrips) • Injection – subcutaneous and intramuscular • Perform a 12-lead ECG • Perform peak flow measurement • Aseptic technique
<p>Core Procedural Skills (entrustment level 3)</p> <p>by DOPS and real patient except for those marked ^ which can be in sim situation (1:1) but must still be DOPS</p> <p>Those marked * can be assessed by a non-consultant assessor</p>	<ul style="list-style-type: none"> • Manipulation of fracture/dislocation • Plastering* • Vascular access in emergency – IO*^ • ED Management of life-threatening haemorrhage^
<p>Additional Procedural Skills (minimum entrustment level 1) and can be assessed by CbD</p> <p>If the ACP is expected to perform these in practice, they must be at entrustment level 2b as evidenced by a DOPS and on a real patient with a consultant assessor</p>	<ul style="list-style-type: none"> • Urethral catheterisation (male and female) • Chest drain: Seldinger and open technique • Establish invasive monitoring CVP • Establish invasive monitoring arterial line • Vascular access in emergency – femoral vein • POCUS vascular access • Lumbar puncture • Procedural sedation in children • Airway management (including iGEL/LMA) without drugs • Pleural aspiration of air