THE ROYAL COLLEGE OF EMERGENCY MEDICINE

Emergency Care

Advanced Clinical Practitioner

Curriculum and Assessment

Adult Only

Version 2.0

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Contents

1. Acknowledgments

The Advanced Clinical Practitioner (ACP) Curriculum has been developed by a working party with representatives from Health Education England, the Royal College of Emergency Medicine and specialists in Emergency Care.

Version 2 of the curriculum has been developed by a sub group of the Curriculum Development Group. The Royal College of Emergency Medicines acknowledges the contribution of the following individuals:

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2. Introduction

Emergency Medicine (EM) is a field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It further encompasses an understanding of the development of pre-hospital and in-hospital emergency medical systems and the skills necessary for this development.

The Emergency Department (ED) is at the heart of EM and care is delivered in a number of different facilities:

- the resuscitation room,
- assessment area,
- 'Majors' area
- an area to provide care for the less severely ill and injured.

Departments have dedicated facilities and staff for children. Some EDs also have observation wards/clinical decision units/ambulatory care units where further care and testing take place under the guidance of the Emergency Physician, in order to determine which patients may be safely discharged and those that need further in-patient care.

The role of the Advanced Clinical Practitioner (ACP) in Emergency Care is relatively new. Working as part of the multidisciplinary team they make an important contribution to EM. ACPs in Emergency Care may work only in the adult area, in the children's area or throughout the department.

Emergency Care ACPs (EC-ACPs) are able to look after patients with a wide range of pathologies from the life-threatening to the self-limiting.

- They are able to identify the critically ill and injured, providing safe and effective immediate care.
- They have expertise in resuscitation and are skilled in the practical procedures needed.
- They establish the diagnosis and differential diagnosis rapidly and initiate or plan for definitive care.
- They work with all the in-patient and supporting specialties as well as primary care and pre-hospital services.
- They are able to correctly identify who needs admission and who can be safely discharged.

The standard of practice they are expected to reach at the end of their training is at the level of the CT3 trainee in Emergency Medicine. The scope of practice is defined in this curriculum and essentially mirrors the Medical ACCS plus EM curriculum (with changes mainly in the Anaesthetic and ICM competences in the medical curriculum). It should be noted that senior experienced EM- ACPs may work within a broader scope of practice.

Purpose of the curriculum and credentialing

This curriculum defines the competences that the EC-ACP is expected to demonstrate for the College to credential the EC-ACP and describes the standard expected.

Credentialing itself confirms that the standard of clinical practice has been demonstrated by the EC-ACP. This is achieved by presentation of evidence from the EC-ACP to a panel of expert emergency physicians and experienced senior practitioners.

3. Development of the curriculum

This second edition of the curriculum has been developed following a pilot programme in 2015-2017. This pilot utilized the first edition of the curriculum to assess feasibility and validity of the contents of the curriculum. With feedback from trainers, trainee ACPs and experienced ACPs, this edition has been refined to meet the needs of the service, the training programme and the professional scope of practice. For consistency, the term tACP is used for the learner who is preparing for credentialing within this document. However, the same standards and requirements apply to experienced EC-ACPs who are also preparing for credentialing.

Amendments include:

- changes to the number of assessments required (reduction in total number),
- change to the number and nature of procedural skills expected and their assessment
- a refinement in the definitions of the supervisors, assessors and their required competence and qualifications.

It should be noted that some procedural skills can now be assessed by a case based discussion (CbD) rather than observation of practical demonstration of the skill, where this is appropriate for the department or nature of the team in which the EC-ACP works.

4. Programme of learning

Healthcare professionals may choose to enter ACP training from a variety of backgrounds. The College believes that the professional training for nursing or paramedic professions provides a foundation most likely to support advanced training and practice that will then lead to successful credentialing with the RCEM. However, other healthcare professionals from different professional backgrounds may wish to study at advanced practice level, participate in local training and development and are welcome to utilize the curriculum structure, portfolio and assessment tools provided by the RCEM to demonstrate their competence.

There must be a strong foundation of clinical experience before considering developing skills at an advanced level. It is currently recommended that a suitable ***entry point*** to begin EC-ACP training would be 5 years post registration with a minimum of 3 years emergency care experience. All tACPs and EC-ACPs must be registered with either the NMC, HCPC or GPC. All time periods contained within this document refer to full-time equivalent.

The EC-ACP training program would normally be expected to take a ***minimum*** of 3 years based on whole time equivalence (37.5 hours a week including academic study time) and is made up of two key components:

1. Educational preparation in advanced practice at Masters Level:
Successful completion of an educational programme at Masters (Level 7) in advanced practice with a minimum award of Post Graduate Diploma (PGDip). This must include modules which contain:

- History taking and physical assessment
- Pharmacology
- Clinical decision making and diagnostics

For those professions that can prescribe:

- Independent prescribing (Level 6 or 7) must be held at submission for credentialing

It is recognized that the educational preparation in advanced practice will vary between Higher Education Institutes. The College does not accredit or formally recognise any specific Masters in

Advance Practice programmes but the ACP is expected to demonstrate the learning outcomes in their Masters level study that meet the requirements above.

2. Successful demonstration of appropriate evidence against all elements of the relevant EC-ACP curriculum:

- At least level 2 competence in all common competences and associated specific evidence stated
- All the major and acute competences
- All practical procedures
- All required assessments (including by consultants where specified)
- Completion of relevant mandatory life support courses

Recognizing that tACPs may work in adult, paediatric or combined units, there are three curriculum for credentialing:

- Trainee ACP (tACP) – Adult (this document)
- Trainee ACP (tACP) - Paediatric
- Trainee (tACP) - Adult and Paediatric

4.1. tACP - Adult pathway

For tACPs who are expected to see adult patients only, successful completion of the curriculum must include (see appendix 1):

- All common competences (CC1 – CC25) to at least level 2 descriptor
- All major presentations (CMP1 – CMP6)
- All acute presentations (CAP1 – CAP38)
- All procedural competences (PP1 – PP46)
- Airway management competency
- All additional acute presentations (C3AP1a – C3AP9)

May include:

Optional anaesthetic competences:

- O3 – Procedural sedation
- O4 – Aspects of regional anaesthesia

5. Teaching and learning methods

The curriculum will be delivered through a variety of learning situations ranging from formal teaching programmes to experiential learning.

5.1. Learning with peers

Working alongside peers, discussing cases, small group teaching and examination preparation.

5.2. Workplace based experiential learning

This is where the majority of learning takes place, with senior clinician supervised care (review of patients, note keeping, initial management, investigation and referral), with progressive increase in responsibility as competence and experience is gained. Such learning can occur across the following settings:

- The Resuscitation room
- The Majors area with trolley bound patients
- The facility for less severely ill and injured patients (normally ambulant)
- The Observation Ward/ Clinical Decision Unit
- The Paediatric area
- Follow-up of patients on in-patient wards/ ICU
- Liaison and discussion of cases with other specialists
- Working closely with multidisciplinary teams e.g. mental health, discharge support teams
- Ambulatory Care
- Within management teams

5.3. Simulation

RCEM recognises that some presentations and procedures are relatively infrequent but very important (i.e. anaphylaxis) and therefore simulation may be utilised for both learning opportunities but also for the assessment of competence. In addition simulation is excellent for learning and developing common competences, and non-technical skills. The use of simulation allows reflection on actual behaviours, interaction with others and safety awareness by video review and debriefing. Faculty must be trained in debriefing and tACPs are expected to understand the principles of learning through simulation and to fully participate.

Where simulation is used for assessment, only the tACP "leading" the scenario can be summatively assessed although other participants may have formative assessment and feedback recorded – both for clinical and non-technical skills. In practice only anaphylaxis (CMP1) and temporary Pacing (PP15) are normally attained with simulation.

5.4. Formal post graduate teaching

The content of the advanced practice Masters Level programme will be determined by the provider institution. In addition the tACP should actively seek out further opportunities in the work place such as:

- A programme of regular teaching sessions to cohorts of medical trainees or tACPs (organized in a given hospital or within a region) designed to cover aspects of the curriculum.
- Case presentations
- M&M meetings
- Journal clubs
- Research and audit projects

- Lectures and small group teaching
- Clinical skills - use of simulation
- Critical appraisal exercises
- Joint specialty meetings
- Life support courses
- Participation in management meetings

5.5. Independent self-directed learning

- Reading, including the use of web-based materials such as the RCEM Learning platform.
- Maintenance of personal portfolio (self-assessment, reflective writing, personal development plan)
- Audit and research projects
- Reading journals

5.6. RCEM Learning

RCEMLearning is the RCEM's e-learning platform. It is predicated on self-directed learning principles but it also seeks to encourage reflective thinking, collaboration and the development of communities of practice. RCEMLearning hosts a conventional Virtual Learning Environment (VLE) alongside its Free Open Access Medical Education (FOAMed) site which embraces emerging educational philosophies and learning styles.

All content on RCEMLearning is mapped to the RCEM curriculum, which enables individuals to map learning pathways; it also allows trainers to develop blended educational programmes which are directly aligned with the RCEM curriculum. Content with interactive components (i.e. anything with MCQs, SAQs etc.) generates a certificate, which records scores, comparison with gold standard answers (for SAQs) and relevant curriculum codes. Users are also able to enter reflective narrative notes in their profile to records their progress.
This is available to all tACPs who are members of the RCEM. www.rcemlearning.co.uk

5.7. Formal study courses

tACPs should attend management, leadership and communication courses. tACPs are also required to have up to date provider certificates in relevant life support courses.

6. The e-portfolio and enrolment into the RCEM

The RCEM electronic portfolio provides a platform for collection of evidence and personal reflection as well as assessment tools. At the time of publication the platform is hosted and maintained by NHS Scotland (NES).

There is a tACP specific RCEM ePortfolio which is central to the ACP training programme and is a **mandatory** component of the training and credentialing programme. It enables tACPs to record and log all of their training, education and competency assessments on one electronic record. Senior EM colleagues, many of which will supervise and support tACPs, are already familiar with the ePortfolio system from interaction with their medical trainees. This shared platform approach eliminates the need for supervisors to learn and gets to grips with an entirely new system.

tACPs are required to join the RCEM as an 'associate member (ACP)' which will enable access to the ePortfolio system. Once registered onto the system the individual will be able to assign their post as a tACP and allocate an educational supervisor.

7. The assessment system

7.1. The Assessment System

This section should be read in conjunction with the Guide to RCEM Emergency Care ACP credentialing on the RCEM website.

The purpose of the assessment system is to enhance learning by:

- Using workplace based assessments and knowledge/skills-based assessments (e.g. MSc University based educational programme) supported by structured feedback
- Supporting assessors to make reliable judgments
- Providing robust evidence that tACPs are meeting the curriculum standards during the training programme
- Being blueprinted to the curriculum including common competences as well as specialty competences
- Encouraging a structured approach to learning and making it clear what is required of the tACP and motivating them to ensure they receive appropriate training and experience
- Having a proportionate assessment burden
- Including summative and formative assessments to inform progression towards as well as attainment of competence
- Encouraging formative feedback enabling tACPs to receive immediate feedback, measure their own performance and identify areas for development
- Assessing tACP's actual performance in the workplace
- Ensuring that tACPs possess the essential underlying knowledge required
- Informing the tACP's annual appraisal, identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme
- Identify tACPs who should be advised to consider changes in career direction

Workplace based assessments (WPBAs) will take place throughout the training programme, allowing tACPs to gather evidence of learning and to provide formative feedback. They provide evidence of progress, ultimately towards independent practice. Such evidence is used to support trainee development where this is needed. It is also used to ensure tACPs are ready for the responsibilities that come with advancement. By providing feedback trainers are also sharing their hard-won expertise, thereby providing insights that can allow tACPs to surpass their current performance and, in turn, help them aspire to excellence.

Linking on ePortfolio – each item on the curriculum should have sufficient evidence which is usually 2-3 items. Most items of evidence should be used for no more than 2 or occasionally 3 curriculum items. Some of the common competencies may have more items linked to them, but this should be kept within a manageable number.
More common presentations may have more linked items. The tACP is reminded that at credentialing, they will need to identify the single piece of evidence for each competence that they wish the panel to consider as evidence of their performance at the required standard.

The tACP may attempt any number of formative assessments on a topic before presenting themselves for a summative assessment.

All assessments provide evidence that contributes to the practitioners' professional development appraisal and revalidation process and can be used for that purpose locally.

7.2. Assessment blueprint

Throughout the ACP curriculum the most appropriate tools for WPBA are shown in the 'Assessment Methods' column. It is not expected that all competences within each presentation will be assessed formally and that, where the competence is assessed formally, not every method will be used.

7.3. Assessment methods

7.3.1. Mandatory life support courses

Adult Only ACP

- Advanced Life Support
- Paediatric Basic Life Support (e.g. Trust-based training)
- European Trauma Course/ Advanced Trauma Life Support (as a full candidate not observer)

7.3.2. Work place based assessments (WPBA)

An assessment should take the form of formal observation of clinical activity with feedback from the supervisor/assessor and reflection.

We would suggest consultants should usually use ***summative*** assessment forms as these clearly identify whether satisfactory performance is displayed. There are specific presentations that MUST be assessed by a consultant on a summative form – these are clearly identified in the assessment blueprint. Those completing summative assessments should have undertaken appropriate training to do so which should include an understanding of the assessment methodology and giving feedback. Some specific presentations have specific summative assessment forms which must be used.

The ***formative*** forms can be used by consultants and other assessors and these are useful to indicate where any weaknesses are or suggestions for further development.

It should be noted that only RCEM forms are accepted for consultant assessments as they define the domains of competence and standards required.

tACPs are also required to complete at least 1 ACAT–EM where they are observed over a period of time with a number of patients – we recommend up to three ACAT–EMs may be useful as demonstrating multi-tasking with multiple patients. tACPs are also required to complete an ESLE.

7.3.3. Mandatory Consultant assessments

There are a minimum number of assessments that MUST be completed by a consultant on a summative assessment form. These are Mini-CEX, CbDs and where applicable ACAT-EMs/ESLE.

Summative assessments are assessments of performance and are there to set a standard for practice that must be achieved. They are therefore "pass/fail", but can be repeated. The presentations that must be sampled in this way are clearly outlined in the ACP curriculum and below. Both parties (trainer and tACP) need to know that the assessment is being used in this way.

In order to be clear as to what is expected, detailed content has been developed for these assessments, enabling the trainer to more easily identify those areas that need improvement. This content is not intended to limit the trainer, but to provide a framework to which trainers can add additional detail. Descriptors of unsatisfactory practice have also been developed to facilitate more precise feedback.

7.3.4. Multi-source feedback (M or MSF)

This tool is a method of assessing generic skills such as communication, leadership, team working, reliability etc. This provides objective systematic collection and feedback of performance data on a tACP, derived from a minimum of 15 colleagues. 'Raters' are individuals with whom the trainee works, and includes doctors, administration staff, and other allied professionals. The trainee will not see the individual responses by raters, feedback is given to the tACP by the Educational Supervisor.

The MSF should include feedback from the following staff groups (a minimum of 15 respondents):

- Line manager
- 2 consultants
- Senior nursing/AHP staff
- Junior doctors, junior nurses and support staff.

7.4. Descriptions of the tools

Mini-CEX

This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The tACP receives immediate feedback to aid learning. The Mini-CEX can be used at any time and in any setting when there is a tACP and patient interaction and an assessor is available. The Mini-CEX can be used in a summative or formative manner.

In order to facilitate assessment the curriculum has:

- Provided descriptors for satisfactory performance in the Mini-CEX for the majority of areas chosen for assessment. These detailed descriptors are available in the e-portfolio and on the RCEM website.
- Provided descriptors of unsatisfactory performance that can be used in feeding back to the trainee.

Not all of the summative assessments that require a Mini-CEX evaluation have detailed descriptors; where that is the case use must be made of the generic summative Mini-CEX form.

Case Based Discussions - CbD

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

The CbD tool can be used for summative or formative assessment. We have not provided detailed descriptors of performance for each clinical topic that could be covered using CbD. Instead more generic descriptors in each competency domain have been provided and the assessor should rate the trainee as below, at or above the expected level for their stage of training and experience and make an overall satisfactory/unsatisfactory judgment.

Acute Care Assessment Tool (ACAT-EM)

The ACAT is designed to assess and facilitate feedback on a tACP's performance across a number of domains. This tool provides the opportunity to assess the tACP working over a longer period of time, over a number of important domains, with a number of cases, interacting with a larger number of staff in a busy ED environment with all that that entails.

Testing of this tool in the ED has indicated that:

- The assessment may take more than 1 shift as not all the domains may be observed by the assessor on 1 shift. The assessor should ensure that as many domains are covered as possible.
- The assessor should seek the views of the other members of the ED teams when judging performance.
- The tACP should be aware when the ACAT-EM in being undertaken.
- Each ACAT-EM can be used to assess up to 5 acute presentations. For each acute presentation the case notes and management plan should be reviewed by the assessor before it is signed off on the ACAT.

The Extended Supervised Learning Event (ESLE)
The main focus of this workplace-based assessment is the development of non-technical skills. This will be facilitated by the ESLE. This is an extended event of observation in the workplace across cases. It covers interactions, decision making, management and leadership, as well as the tACPs individual caseload.

The event will characteristically be 3 hours in length, with around 2 hours of observation followed by 1 hour of feedback. The tACP will be observed during their usual work on shift, but the consultant observer will be supernumerary, i.e. 'not in the clinical numbers'. Feedback will take place in a debrief using the RCEM non-technical skills feedback tool. This is derived from a validated instrument1, and is used to guide feedback across all observed domains of practice. tACPs are given a rating aligned to independence in each domain observed by the consultant supervisor. The purpose of doing so it to provide expert opinion on development against expectation and to generate learning outcomes for further work in the ED and future ESLEs. [1]

Direct Observation of Procedural Skills (D or DOPS)
A DOPS is an assessment tool designed to evaluate the performance of a tACP in undertaking a practical procedure, against a structured checklist. The trainee receives immediate feedback to identify strengths and areas for development.

It is recognised that many practitioners will already have achieved competence in some of these procedural skills in the course of their professional career. These must be recorded in e-Portfolio and approved by an assessor. There are procedures that can be assessed by a trained assessor who is themselves proficient in that procedure.

All other procedures must be assessed by a consultant using a generic DOPS tool or CbD where specified. RCEM has written detailed descriptors of expected trainee performance to assist in assessment and feedback. The tools are not summative but the assessor should indicate if the ACP needs to repeat the assessment.

[1] Flowerdew, et al. Development and Validation of a Tool to Assess Emergency Physicians' Nontechnical Skills. *Annals of Emergency Medicine*; Volume 59: Issue 5, pages 376-375.e4, May 2012

7.4.1. Table of procedural skills assessment methods

Consultant assessment using DOPS	Consultant assessment using CbD or DOPS	Trained assessor (not necessarily a consultant)
PP11 Airway protection*	**PP1** Arterial cannulation (CbD)	**PP2** Peripheral venous cannulation (completed by an assessor)
PP13 DC cardioversion	**PP3** Central venous cannulation (CbD)	**PP4** Arterial blood gas sampling
PP16 Reduction of dislocation/fracture*	**PP5** Lumbar puncture (CbD)	**PP12** Basic and advanced life support (completed by an assessor)
PP17 Large joint examination	**PP6** Pleural tap and aspiration (CbD)	**PP15** Temporary pacing (external) (completed in sim by an assessor)
PP18 Wound management*	**PP7** Intercostal drain – Seldinger (CbD)	**PP46** Intra-osseous access (CbD/simulation)
PP19 Trauma primary survey*	**PP8** Intercostal drain – Open (CbD)	
PP20 Initial assessment of the acutely unwell	**PP14** Knee aspiration (CbD)	
PP21 Secondary assessment of the acutely unwell		

*For these procedures RCEM have developed specific descriptors which are available in the Guide to RCEM Emergency Care ACP credentialing.

7.5. Additional Formative assessment tools

In addition to the tools described above (mini-CEX, CbD, DOPs, ACAT-EM and ELSE) there are a number of other assessment tools:

- Patient Survey (PS)
- Audit Assessment (AA)
- Teaching Observation (TO)

Details of these are given below and further information is available on the e-portfolio tACP section.

Patient Survey (PS)
Patient Survey addresses issues, including behaviour of the tACP and effectiveness of the consultation, which are important to patients. It is intended to assess the tACP's performance in areas such as interpersonal skills, communication skills and professionalism by concentrating solely on their performance during one consultation.

Audit Assessment Tool (AA)
The Audit Assessment Tool is designed to assess a tACP's competence in completing an audit. The Audit Assessment can be based on review of audit documentation or on a presentation of the audit at a meeting. If possible the tACP should be assessed on the same audit by more than one assessor.

Teaching Observation (TO)
The Teaching Observation form is designed to provide structured, formative feedback to tACPs on teaching competence. The Teaching Observation can be based on any formal teaching by the tACP, which has been observed by the assessor. The process should be trainee-led (identifying appropriate teaching sessions and assessors). The assessment form for TO is available in the e-portfolio and RCEM website.

It is also acceptable to demonstrate that the curriculum has been sampled using a reflective log. However, this will only be permissible for sampling a percentage of the EM curriculum and will be used in conjunction with other evidence of competency achievement. Reflective log entries will be reviewed as part of the structured training report and will only be valid if they are accompanied by learning outcomes.

7.6. Assessment frequency
The assessment regime described below is a **suggested** framework. There are some key assumptions which should be noted here:

- The following is based on the tACP practicing full time in an ED alongside their HEI based studies. This would approximate to 30 hours of clinical practice a week.
- For tACPs working part-time or where they have reduced clinical exposure to that set out above, it is expected the programme will take longer to complete.
- Organizations must consider what the minimum clinical hour's requirement should be.
- tACPs will have many years of experience in their base profession working with patients. It is acknowledged that tACPs may already possess many of the competences set out in the curriculum, in particular the common competences and acute presentations related to minor injuries and illness. The tACP must still ensure that these competences are completed on e-portfolio and approved by a suitable consultant supervisor.

For each period of training there are suggested curricula content and they will be identified and assessed in the following ways:

- **Major and acute** presentations that must be assessed by a consultant using the EM Mini-CEX or CbD successful/unsuccessful tool. A selection of acute and additional acute presentations may be assessed by a consultant using an ACAT-EM as detailed.
- **Acute** presentations that must be assessed by a consultant using either ACAT-EM (which can be used to cover up to 5 acute presentations in one assessment), or Mini-CEX/CbD.
- The **remaining acute presentations** that may be covered using: successful completion of e-learning modules, reflective diary entries in the e-portfolio (with clear learning outcomes), audit and teaching assessments that relate to acute presentations, or additional ACAT-EMs.
- **Practical procedures**, which are assessed in EM using the DOPS EM tool and CbD for specific procedures as detailed. These are not summative assessments although descriptors of expected performance are provided in the e-portfolio and RCEM website.
- The 25 **common competences**, each of which is described by levels 1-4. tACPs must reach level 2 in all areas. Consultant assessment is required for CC4 and CC8 by CbD, ACAT-EM or ESLE. Many of the competences are an integral part of clinical practice and as such will be assessed concurrently with the clinical presentations and procedures assessments. tACPs should use these assessments to provide evidence that they have achieved the appropriate level. For a small number of common competences alternative evidence should be used e.g. assessments of audit and teaching, completion of courses. For CC19, Adult and children (as relevant) safeguarding certificates must be provided
- Multisource Feedback, the tACP should complete one MSF per-year.
- A minimum of one in the last three years Audit or quality improvement project, there must be evidence of leadership and implementation of actions from audit or quality improvement project with reflection.
- Mandatory life support courses should be completed by the end of the training period and in date, appropriate to the clinician's area of work (i.e. adult only, paed only, adult and paed)

7.7. Recommended Adult tACP training framework

tACP1 – Adult, year 1:

Major presentations (CMPs)

Three of the major presentations must be covered summatively using Mini-CEX or CbD.

It is essential that all summative assessments are completed by consultant level assessors.

Departments may wish to explore the opportunity of using simulation to assess anaphylaxis given its low frequency.

Cardiorespiratory arrest can be covered with ALS.

Core acute presentations (CAPs)

The trainee should be assessed by a consultant using a summative Mini-CEX or CbD for the following 5 acute presentations. Alternatively an ACAT (by a consultant) may be utilised which covers 3 or more presentations:

- Chest pain
- Abdominal pain
- Breathlessness
- Mental health
- Head injury

Acute

APs – A further 5 APs should be covered formatively using an ACAT-EM (or Mini-CEX or CbD if the opportunity arises).

Remaining acute presentations

During the year the tACP should aim to sample a further 9 APs by successful completion of:

- E-learning modules
- Teaching and audit assessments
- Reflective entries that had a recorded learning outcome into the e-portfolio
- Additional ACAT-EMs

tACPs at the end the end of each year should seek a summary description of the number and location of patients they have seen which are available from ED computerised records (i.e. total number seen, number aged <16, number seen in resuscitation area, major side and minors/UCC).

Practical Procedures

The tACP should aim to complete 1/3rd of the practical procedures per year.

It is recognised that many practitioners will already have achieved competence in some of these procedural skills in the course of their professional career. These must be recorded in e-Portfolio and approved by an assessor.

The summative assessments will be completed using the generic DOPS tool or CbD where specified. RCEM has written detailed descriptors of expected trainee performance to assist in assessment and feedback. Whilst these DOPS are not summative assessments the assessor should indicate however if the DOPS should be repeated.

If the opportunity arises, additional practical procedures may be completed in EM using the generic DOPS tool provided and available on the trainee's e-portfolio. Some procedures may not be routinely carried out in the department where the tACP is based. Those marked in the following list may be covered by CbD. All other procedures should be a consultant-led DOPs except where indicated that it can be completed by an assessor as detailed in section 7.4:

- Arterial cannulation (CbD) – PP1
- Peripheral venous cannulation (completed by an assessor - PP2
- Central venous cannulation (CbD) – PP3
- Arterial blood gas sampling (completed by an assessor) – PP4
- Lumbar puncture (CbD) – PP5
- Pleural tap and aspiration (CbD) – PP6
- Intercostal drain – Seldinger (CbD) – PP7
- Intercostal drain – Open (CbD) – PP8
- Airway protection* - PP11
- Basic and advanced life support (completed by an assessor) – PP12
- DC cardioversion – PP13
- Knee aspiration (CbD) – PP14
- Temporary pacing (external) (completed in practice or sim by an assessor) – PP15

- Reduction of dislocation/fracture* - PP16
- Large joint examination – PP17
- Wound management* - PP18
- Trauma primary survey* - PP19
- Initial assessment of the acutely unwell – PP20
- Secondary assessment of the acutely unwell – PP21
- Intra-osseous access (CbD/simulation) – PP46

Common competences

tACPs should seek evidence of level 2 competence for 1/3rd of the common competences in the 1st year.

tACP2 – Adult, year 2:

Core major presentations (CMPs)

Remaining three major presentations must be covered by consultant assessment using summative Mini-CEX or CbD.

It is essential that all summative assessments are completed by consultant level assessors.

Departments may wish to explore the opportunity of using simulation to assess anaphylaxis given its low frequency.

Cardiorespiratory arrest could be covered by ALS.

Acute

APs – A further 10 APs should be covered formatively using ACAT-EM (or Mini-CEX or CbD if the opportunity arises).

Remaining acute presentations

During the year the tACP should aim to sample a further 9 APs by successful completion of:

- E-learning modules
- Teaching and audit assessments
- Reflective entries that had a recorded learning outcome into the e-portfolio
- Additional ACAT-EMs

Practical Procedures

The tACP should aim to complete a further 1/3rd of the practical procedures.

It is recognised that many practitioners will already have achieved competence in some of these procedural skills in the course of their professional career. These must be recorded in ePortfolio and approved by an assessor.

Common competences

tACPs should seek evidence of level 2 competence for 2/3rd of the common competences by the end of the 2nd year.

tACP3 – Adult, year 3:

Additional acute presentations

The 5 major trauma competences, C3AP1a – C3AP1e, will be covered summatively using Mini-CEX or CbD.

For the remaining additional acute presentations the tACP should be assessed summatively using Mini-CEX or CbD or if the opportunity occurs an ACAT-EM for the following 3 acute presentations:

- Traumatic limb and joint injuries (Lower and Upper)
- Interpretation of abnormal blood gas results in the ED
- Abnormal blood glucose

Airway management

If not already completed the tACP must complete the airway management competency. The tACP should be assessed summatively using Mini-CEX or CbD.

Remaining acute presentations

It is recommended that the remaining 6 additional acute presentations are sampled by completing either:

- E-learning modules
- Teaching and audit assessments
- Reflective entries that had a recorded learning outcome into the e-portfolio

Practical Procedures

The tACP should aim to complete the remaining practical procedures.

Common competences

tACPs should seek evidence of level 2 competence for all of the common competences by the end of the 3rd year. Summative assessment with the use of ACAT-EM/ESLE is required for CC4 and CC8.

Optional anaesthetic competences:

- O3 – Procedural sedation
- O4 – Aspects of regional anaesthesia

Should be assessed as deemed appropriate to local policy and procedure.

7.8. Summary table of consultant assessments, life support courses, MSFs and evidence of audit required by end of programme for the Adult ACP

Note that this table is a guide for maximising time with consultants and supervisors and is not to be confused with the checklist of procedures at the end of this document.

Area of curriculum	Evidence required
Common competences	Level 2 for all CCs – confirmation by consultant and by self. ACAT-EM or ESLE led by consultant for: CC4 - Time and workload management CC8 - team working and patient safety CC19 requires certificate for adult safeguarding CC20 requires GCP certification
Major presentations	Consultant assessment for: • Anaphylaxis • Cardiac arrest (or ALS) • Major Trauma • Sepsis • Shocked patient • Unconscious patient *tACP's must use either the generic summative CBD, or the specific Mini-CEX for each presentation (i.e Mini-CEX – Unconscious Patient)*
Acute presentations	Consultant assessment for: • Chest pain • Abdominal pain • Breathlessness • Mental health • Head injury *tACP's must use the generic summative CBD, or the specific Mini-CEX for each presentation (i.e Mini-CEX – Mental Health)* *Alternatively an ACAT (by a consultant) may be utilised which covers 3 or more presentations.*

Additional acute presentations	Consultant assessments for: • Major trauma chest • Major trauma abdominal injury • Major trauma spine • Major trauma maxfax • Major trauma burns *For major trauma presentations above, use 'Mini-CEX – Major Trauma' and describe the case, or use a summative CBD. One patient – two injuries may be appropriate* • Traumatic limb& joint injuries • Blood gas interpretation • Patient with abnormal blood glucose *For the remaining presentations, use a generic summative Mini-CEX.* *Alternatively an ACAT may be utilised which covers 3 or more presentations.*
Airway management	Consultant assessment required
Practical procedures	Where the department or work environment does not offer the opportunity for the ACP to personally undertake or practice procedures, a CbD with a consultant is sufficient (one per procedure) for those marked (CbD). • Arterial cannulation (CbD) – PP1 • Central venous cannulation (CbD) – PP3 • Lumbar puncture (CbD) – PP5 • Pleural tap and aspiration (CbD) – PP6 • Intercostal drain – Seldinger (CbD) – PP7 • Intercostal drain – Open (CbD) – PP8 • Airway protection* (Basic Airway Management DOPS) - PP11 • DC cardioversion – PP13 • Knee aspiration (CbD) – PP14 • Reduction of dislocation/fracture* - PP16 • Large joint examination – PP17 • Wound management* - PP18 • Trauma primary survey* - PP19 • Initial assessment of the acutely unwell – PP20 • Secondary assessment of the acutely unwell – PP21 *For these procedures RCEM have developed specific descriptors which are available in the Guide to RCEM Emergency Care credentialing. *Use the specific DOPs form referred to, and otherwise use the generic DOPs form.*
Multisource feedback	1 MSF per year with at least 15 respondents, including 2 consultants

Life support courses	Advanced Life Support Paediatric Basic Life Support (e.g. Trust-based training) European Trauma Course/ATLS (as a full candidate not observer)
Audit	Evidence of leadership and implementation of actions from audit or quality improvement project with reflection.

8. Supervision and feedback

8.1. Supervision and definitions of supervisors

All elements of work in training must be supervised with the level of supervision depending on the experience of the tACP, case mix and workload. The duties, working hours and supervision of tACPs must be consistent with the delivery of high quality safe patient care.

Initially there should be close supervision of the tACP with opportunities to discuss each case if required. As training progresses the tACP is expected to work with increasing independence, consistent with safe and effective care for the patient. It is important to establish that the tACP's knowledge, skills, behaviours and professional conduct are developing appropriately.

The RCEM recommends that educational supervisors should be allocated at least 0.25 educational PAs per week per tACP (1 hour) in order to deliver this standard of supervision.

In addition the College recommends Consultant Practitioners and Senior ACPs acting as clinical supervisors should also be allocated 1 hour per week, per tACP. This is to support the professional development of the tACP as they transition to autonomous practitioners working in the medical model.

Each department must ensure:

- tACPs have access to on-line learning facilities and libraries
- tACPs have adequate induction to local policies, procedures and arrangements in the same way as junior doctors undergo local induction.
- Access to electronic patient records (EPR) on the same basis as medical staff to allow the tACP to record their clinical findings, they should be allocated the role on the Electronic patient record (EPR) consistent with their training level
- Adequate accommodation for trainers and tACPs in which to prepare their audit, teaching, or quality management work.
- A private area where confidential activities such as assessment, appraisal, counselling and mentoring can occur
- A secure storage facility for confidential training records
- A reference library where tACPs have ready access to bench books (or electronic equivalent) and where they can access information at any time
- Access for tACPs to IT equipment such that they can carry out basic tasks on computer including the preparation of audio-visual presentations. Access to the internet is recognised as an essential adjunct to learning
- A suitably equipped teaching area and access to local training suitable for tACPs – this may be provided by integration with the FY2 or core ACCS EM training
- A private study area
- An appropriate rest area whilst on duty

Trainee ACPs will at all times have a named Educational Supervisor and Clinical Supervisor responsible for overseeing their education.

At least one individual involved in assessing trainee and established ACPs at the local department must have completed the RCEM mandatory Emergency Care ACP supervisor training. Dates are on the RCEM website.

Educational Supervisor
A Fellow of the RCEM and a substantive consultant in Emergency Medicine who is selected and appropriately trained, meeting the GMC framework standards, and who is responsible for the overall supervision and management of a tACP's educational progress during training. The educational supervisor is responsible for agreeing and ensuring the trainee's educational agreement is fulfilled and for completing the structured training report (STR) each year.
The Educational supervisor has responsibility for confirming the checklist is complete prior to credentialing, that the evidence required is present and clearly visible and that in their opinion the tACP is ready for credentialing. This will also require them to have spoken to the entire faculty involved in training the tACP and to ensure that the standard of performance expected is understood and maintained particularly during the tACP assessments.
The Educational Supervisor has responsibility for the safety of the patients and the tACP. Therefore, the educational supervisor should discuss issues of clinical governance risk management and any report of untoward clinical incidents involving the tACP. The Educational Supervisor should be contacted if there are any concerns identified by any member of the extended faculty and clinical team regarding their tACP.

Clinical Supervisor
A trainer, usually a consultant but may be a consultant practitioner or senior advanced clinical practitioner, who is selected and appropriately trained to be responsible for overseeing a specified tACP's clinical work and providing constructive feedback during their training. The clinical supervisor must be familiar with the assessment tools, the standard required and have undergone training for their role. This may be a consultant in another specialty who will also have undergone training to the GMC framework.

Assessors
Assessors may be medical doctors, or advanced clinical practitioners or other senior healthcare professionals. All assessors for both summative and formative assessments need to be aware of the standards required and have been trained in assessment. Assessors must be competent themselves in the area being assessed.

It should be noted that all consultant assessments must be completed by a substantive consultant in the appropriate specialty. In the majority of cases this will be a Fellow of the Royal College of Emergency Medicine.

8.2. Appraisal

A formal process of appraisal and review underpins training. This process ensures adequate supervision during training provides continuity and is one of the main ways of providing feedback to tACPs.

All appraisals should be recorded in the e-portfolio for the purposes of credentialing. Whilst these appraisals relate specifically to the progress made in the tACP training programme it is acknowledged that the tACP's line manager may need to be involved and/or kept informed of this process.

tACPs will be undertaking a Masters level programme in conjunction with completing this curriculum. It is therefore advised that appraisals should be undertaken with their HEI clinical practice tutor. In this way themes and work plans across both the ACP curriculum and the Masters programme can be drawn together to ensure a robust and effective plan for the year ahead can be developed.

The tACP, clinical practice tutor and the Educational Supervisor should have a meeting at the beginning of each year. They should review the tACP's progress so far, agree learning objectives for the next year and identify the learning opportunities.

Reviewing progress through the curriculum will help tACPs develop an effective Personal Development Plan (PDP) of objectives for the coming period. Both the tACP and supervisor should

sign the educational agreement in the e-portfolio at this time recording their commitment to the training plan.

There should be a faculty governance statement for the tACP to which all supervisors and assessors are asked to contribute. This provides a confirmation of the standards met and the overall competence as well as non-technical skills of team working and leadership. This faculty statement allows the responsibility for the confirmation of competence to be shared amongst the team.

It is recommended that there is an annual review of competence progression (ARCP). An example of an appropriate tool is provided in the Guide to RCEM Emergency Care credentialing.

8.3. Intended use of the curriculum by trainers and tACPs

The curriculum and e-portfolio are web-based documents available from the RCEM website.

The educational supervisors and tACPs can access the up to date curriculum and will be expected to have a good knowledge of the curriculum and should use it as a guide for their training programme and trainee discussions.

Each tACP will engage with the curriculum by maintaining their e-portfolio. The tACP will use the curriculum to develop personal learning objectives and reflect on learning experiences.
The College recommends using the curriculum **proactively** both to confirm coverage and identify areas to be covered by new evidence. This ensures more thoughtful learning and ensures cases are valuable learning experiences. The curriculum is also key to the planning of tutorials and assessments.

Established ACPs will need to provide evidence that covers the entire curriculum. Naturally, some evidence may be retrospective.

Experienced ACPS may use evidence of their teaching to cover the curriculum. However, there must be evidence of clinical contact for the majority of the presentations and a suitable case mix and appropriate workload as evidence of that clinical experience.

It should be noted that, given the requirement to use RCEM forms for consultant assessments, and the time limit on currency of evidence, it will take time for established ACPs to ensure the full range of required evidence is collected and appropriate. Revisiting previously demonstrated competences requires appropriate reflection on the personal development and progression since that evidence. For more advice please see the Guide to RCEM Emergency Care credentialing

8.4. Recording progress in the e-portfolio

On enrolment with the RCEM, tACPs will be given access to the e-portfolio. The e-portfolio allows evidence to be built up to inform decisions on a tACP's progress and provides tools to support the trainee's education and development.

The tACP's responsibilities are to:

- Keep their e-portfolio up to date
- Request assessments (WPBAs, MSF) and ensure they are recorded
- Maintain their personal development plan
- Record their reflections on learning and record their progress through the curriculum

The supervisor's responsibilities are to:

- Provide guidance on the standard required

- Provide feedback to enable the tACP to meet that standard and to continue to develop professionally
- Communicate with the entire faculty to provide comprehensive feedback to the tACP
- Highlight areas of deficiency and make recommendations for improvement
- Agree the personal development plan and learning objectives for each year
- Regularly review the portfolio to ensure progress is being made

For further guidance please see the Guide to RCEM Emergency Care credentialing.

8.5. Continuing Professional Development (CPD) and revalidation

In line with professional requirements, all tACPs and ACPs should engage in CPD and maintain a portfolio to ensure that they meet requirements for professional revalidation.

It should be noted that professional revalidation is required for the whole scope of practice but is not affected by credentialing. Revalidation will be with the relevant regulator.

9. The Syllabus

9.1. Common Competencies

Common competences for Emergency Care Advanced Clinical Practitioners:
The common competences are those that should be acquired by all ACPs during their training period.

Assessment of acquisition of the common competences
At the end of training, tACPs are expected to demonstrate competence to at least level two descriptors prior to credentialing as an ACP. Some ACPs may demonstrate competence at level 3 or 4 gained during their prior experience.

Emergency Department context:
This section of the curriculum also gives specific examples or contexts for the competences in the Emergency Department at different levels from tACP1 (level 1) to senior ACP (some at level 4).

Additionally, examples of leadership competences in each domain for ACPs are given – tACPs would be expected to have competences in all domains of leadership. These lists of examples are not exhaustive but are meant to indicate where there are specific behaviours that will illustrate the tACP's acquisition of the competences described in the main section.

CC1 History taking

To progressively develop the ability to obtain a relevant focused history from increasingly complex patients and challenging circumstances. To record accurately and synthesise history with clinical examination and formulation of management plan according to likely clinical evolution	
Knowledge	**Assessment Methods**
Recognise the importance of different elements of history	Mi
Recognise the importance of clinical, psychological, social, cultural and nutritional factors particularly those relating to ethnicity, race, cultural or religious beliefs and preferences, sexual orientation, gender and disability	Mi
Recognise that patients do not present history in structured fashion,	Mi, ACAT
Know likely causes and risk factors for conditions relevant to mode of presentation	Mi, C, ACAT
Recognise that history should inform examination, investigation and management	Mi, C, ACAT
Skills	
Identify and overcome possible barriers to effective communication	Mi, C, ACAT
Manage time and draw consultation to a close appropriately	Mi, C, ACAT
Supplement history with standardised instruments or questionnaires when relevant	Mi, C, ACAT
Manage alternative and conflicting views from family, carers and friends	Mi, C, ACAT
Assimilate history from the available information from patient and other sources	Mi, C, ACAT
Recognise and interpret the use of non-verbal communication from patients and carers	Mi, C, ACAT
Focus on relevant aspects of history	Mi, C, ACAT
Behaviours	
Show respect and behavior in accordance with the Good Medical Practice, allows time for patient to consider answer.	Mi, C, ACAT

Level Descriptor	
1	Obtains, records and presents accurate clinical history relevant to the clinical presentation Elicits most important positive and negative indicators of diagnosis Starts to ignore irrelevant information
2	Demonstrates ability to obtain relevant focused clinical history in the context of limited time e.g. outpatients, ward referral Demonstrates ability to target history to discriminate between likely clinical diagnoses Records patient relevant information in most informative fashion
3	Demonstrates ability to rapidly obtain relevant history in context of severely ill patients Demonstrates ability to obtain history in difficult circumstances e.g. from angry or distressed patient / relatives Demonstrates ability to keep interview focused on most important clinical issues
4	Able to quickly focus questioning to establish working diagnosis and relate to relevant examination, investigation and management plan in most acute and common chronic conditions in almost any environment
Emergency Department Context	
1	Obtains history (including the elderly) in all common emergencies Identifies when to focus history to immediate life-threatening symptoms Starts to focus history to relevant items for emergency management
2	Demonstrates focused history taking in all emergency situations Recognises common symptom patterns and red flag symptoms in all emergency situations
3	Develops the skill of incremental history taking over the period of a resuscitation Able to take a history and complete immediate resuscitation Further defines skills of information gathering in the following circumstances: • Mechanism of injury in major trauma, multiple re-attendances, multiple patients with serious injuries, • Avoids bias in multiple re-attenders
4	Able to take competent history in adult patients of all ages, through an interpreter or through third parties (e.g. GP, ambulance service) Supports the development and refinement of history skills in tACPs and other healthcare practitioners

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Is prepared to return for further clarification in the light of unexpected variance or lack of clinical progress
Working with others	Promotes effective history taking as a means of diagnosis in the emergency department Provides role modeling for history taking within the ED Participates in notes review with colleagues to reflect on history taking skills
Managing the service	Adapts history taking style in response to surges in activity or acuity of patients
Improving services	Uses board rounds and other situational learning opportunities to encourage reflection on information gathered and relevance to clinical care
Setting direction	Uses notes review to improve patient care, uses notes review to develop departmental proforma to maximise information

CC2 Clinical examination

To progressively develop the ability to perform focused and accurate clinical examination in increasingly complex patients and challenging circumstances To relate physical findings to history in order to establish diagnosis and formulate a management plan	
Knowledge	**Assessment Methods**
Understand the need for a valid clinical examination	Mi, C, ACAT
Understand the basis for clinical signs and the relevance of positive and negative physical signs	Mi, C, ACAT
Recognise constraints to performing physical examination and strategies that may be used to overcome them	Mi, C, ACAT
Recognise the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnosis	Mi, C, ACAT
Skills	
Perform an examination relevant to the presentation and risk factors that is valid, targeted and time-efficient	Mi, C, ACAT
Recognise the possibility of deliberate harm in vulnerable patients and report to appropriate agencies	Mi, C, ACAT
Interpret findings from the history, physical examination and mental state examination, appreciating the importance of clinical, psychological, religious, social and cultural factors	Mi, C
Actively elicit important clinical findings	Mi, C, ACAT
Perform relevant adjunctive examinations	Mi, C, ACAT
Behaviours	
Show respect and behave in accordance with professional standards, allows time for patient to consider answer	Mi. C, PS

Level Descriptor	
1	Performs, accurately records and describes findings from basic physical examination Elicits most important physical signs Uses and interprets findings adjuncts to basic examination e.g. internal examination, blood pressure measurement, pulse oximetry, peak flow

2	Performs focused clinical examination directed to presenting complaint Actively seeks and elicits relevant positive and negative signs Uses and interprets findings from adjuncts to basic examination e.g. electrocardiography, spirometry
3	Performs and interprets relevance advanced focused clinical examination. Elicits subtle findings Uses and interprets findings of advanced adjuncts to basic examination e.g. sigmoidoscopy, FAST ultrasound
4	Rapidly and accurately performs and interprets focused clinical examination in challenging circumstances e.g. acute medical or surgical emergency
Emergency Department Context	
1	Able to effectively examine patients in all non-critical situations
2	Adapts examination technique to the clinical situation Recognise common examination findings that confirm the diagnosis in common emergency situations
3	Able to examine patients whilst undertaking resuscitation
4	Able to examine adult patients of all ages, and to conduct examination of patients with language or other communication difficulties Support the development and refinement of examination skills in tACPs and other healthcare practitioners

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Conducts examination sympathetically, respecting the privacy and culture of others
Working with others	Provides role modeling for complete examination within the ED Participates in notes review with colleagues to reflect on examination skills
Managing the service	Adapts examination style in response to surges in activity or acuity of patients
Improving services	Conducts Mini-CEX and provides feedback to enhance the skills of others
Setting direction	Ensures adequate equipment to provide adjuncts to clinical examination – including auroscopes, ophthalmoscopes, etc. Develops processes for ensuring equipment is available and in working condition

CC3 Therapeutics and safe prescribing/Use of PGDs

To progressively develop your ability to review and monitor appropriate medication relevant to clinical practice including therapeutic and preventative indications.	
Knowledge	**Assessment Methods**
Recall indications, contraindications, side effects, drug interactions and dosage of commonly used drugs	Mi, C, ACAT
Recall range of adverse drug reactions to commonly used drugs, including complementary medicines	Mi, C, ACAT
Recall drugs requiring therapeutic drug monitoring and interpret results	Mi, C, ACAT
Outline tools to promote patient safety and prescribing, including IT systems	Mi, C, ACAT
Define the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism relevant to the trainee's practice	Mi, C, ACAT
Recognise the roles of regulatory agencies involved in drug use, monitoring and licensing (e.g. National Institute for Health and Clinical Excellence (NICE), Committee on Safety of Medicines (CSM), and Healthcare Products Regulatory Agency and hospital formulary committees)	Mi, C, ACAT
Skills	
Review the continuing need for long term medications relevant to the trainee's clinical practice	Mi, C, ACAT
Anticipate and avoid defined drug interactions, including complementary medicines	Mi, C, ACAT
Advise patients (and carers) about important interactions and adverse drug effects	Mi, C, ACAT
In line with scope of practice, independent prescribing/use of PGDs, make appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)	Mi, C, ACAT
Use IT prescribing tools where available to improve safety	Mi, C, ACAT
Employ validated methods to improve patient concordance with prescribed medication	Mi, C, ACAT
Provide comprehensible explanations to the patient and carers when relevant, for the use of medicines	Mi, C, ACAT
Behaviours	

Recognise the benefit of minimising number of medications taken by a patient	Mi, C, ACAT
Appreciate the role of medical and non-medical prescribers and the use of PGDs	Mi, C, ACAT
Remain open to advice from other health professionals on medication issues	Mi, C, ACAT
Recognise the importance of resources when prescribing/administering medicines, including the role of a drug formulary	Mi, C, ACAT
Ensure prescribing information is shared promptly and accurately between a patient's health providers, including between primary and secondary care	C, ACAT
Remain up to date with therapeutic alerts, and respond appropriately	C, ACAT

Level Descriptor	
1	Understands the importance of patient compliance with prescribed medication Outlines the adverse effects of commonly prescribed medicines Uses reference works to ensure accurate, precise prescribing
2	Takes advice on the most appropriate medicine in all but the most common situations Makes sure an accurate record of prescribed medication is transmitted promptly to relevant others involved in an individual's care Knows indications for commonly used drugs that require monitoring to avoid adverse effects Maximises patient compliance by minimising the number of medicines required that is compatible with optimal patient care Maximises patient compliance by providing full explanations of the need for the medicines prescribed Is aware of the precise indications, dosages, adverse effects and modes of administration of the drugs used commonly within their specialty Uses databases and other reference works to ensure knowledge of new therapies and adverse effects is up to date Knows how to report adverse effects and takes part in this mechanism
3 / 4	Modifies patient's prescriptions to ensure the most appropriate medicines are used for any specific condition Is aware of the regulatory bodies relevant to prescribed medicines both locally and nationally Ensures that resources are used in the most effective way for patient benefit

Emergency Department Context	
1	Completes comprehensive and accurate drug history for all patients in the ED Considers drug interactions and side effects as cause or contributing factors in all presentations in the ED Follows departmental or hospital guidelines in prescribing in the ED Ensures primary care informed of any changes or additions to medications for a given patient
2	Reports adverse effects where responsible for acute presentation Gives appropriate advice and documents advice given for take home medication Uses Toxbase, and electronic BNF for advice where necessary to inform decisions on drug related presentations
3	Is able to identify medications from overseas and translate to relevant UK equivalent Able to prescribe or administer methadone safely for drug users who are admitted to the hospital
4	Ensures non-proprietary drugs are prescribed where possible and within scope of practice Takes the opportunity to review poly-pharmacy and discuss with the GP

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Avoids judgmental behaviours in prescribing for drug users Empathic to patients in pain regardless of perceived level of stimulus
Working with others	Supports colleagues in prescribing dilemmas and difficulties Supports the development of PGDs where relevant
Managing the service	Undertakes audits of drug prescribing against Trust or departmental guidelines
Improving services	Reviews stock and makes suggestions for appropriate stock lists and levels
Setting direction	Introduces new drugs with evidence-based rationale and business plan

This part of the generic competences relates to direct clinical practice; the importance of placing patient needs at the centre of care and of promotion of patient safety, team working, and high quality infection control. Many of these competences will have been acquired earlier in the ACP's career; these competences will become more finely honed and all tACPs should be able to demonstrate progression to higher level competencies.

CC4 Time management and decision making

To become increasingly able to prioritise and organise clinical and administrative duties in order to optimise patient care. To become increasingly able to make appropriate clinical and clerical decisions in order to optimise the effectiveness of the clinical team	
Knowledge	**Assessment Methods**
Understand that organisation is key to time management	C, ACAT/ESLE
Understand that some tasks are more urgent or more important than others	Mi, C, ACAT/ESLE
Understand the need to prioritise work according to urgency and importance	Mi, C, ACAT/ESLE
Understand that some tasks may have to wait or be delegated to others	C, ACAT/ESLE
Outline techniques for improving time management	C, ACAT/ESLE
Understand the importance of prompt investigation, diagnosis and treatment in disease management	Mi, C, ACAT/ESLE
Skills	
Identify clinical and clerical tasks requiring attention or predicted to arise	Mi, C, ACAT/ESLE
Estimate the time likely to be required for essential tasks and plan accordingly	Mi, C, ACAT/ESLE
Group together tasks when this will be the most effective way of working	Mi, C, ACAT/ESLE
Recognise the most urgent / important tasks and ensure that they are managed expediently	Mi, C, ACAT/ESLE
Regularly review and re-prioritise personal and team workload	Mi, C, ACAT/ESLE
Organise and manage workload effectively	Mi, C, ACAT/ESLE

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

Level Descriptor	
1	Recognises the need to identify work and compiles a list of tasks Works systematically through tasks with little attempt to prioritise Needs direction to identify most important tasks Sometimes slow to perform important work Does not use other members of the clinical team Finds high workload very stressful
2	Organises work appropriately but does not always respond to or anticipate when priorities should be changed Starting to recognise which tasks are most urgent Starting to utilise other members of the clinical team but not yet able to organise their work Requires some direction to ensure that all tasks completed in a timely fashion
3	Recognises the most important tasks and responds appropriately Anticipates when priorities should be changed Starting to lead and direct the clinical team in an effective fashion Supports others who are falling behind Requires minimal organisational supervision
4	Automatically prioritises and manages workload effectively Communicates and delegates rapidly and clearly Automatically responsible for organising the clinical team Calm leadership in stressful situations

Emergency Department Context	
1	Can manage more than one patient at a time in the ED Able to prioritise sick patients
2	Ensures all discharge summaries/diagnoses are completed during the shift Makes disposal decisions within 30 minutes of completion of examination or seeks help to make decision Able to recognise need to commence resuscitation before full history and examination Able to complete additional audit/research at suggested points in year
3	Delegates some tasks or adopts teamwork strategy to complete tasks where appropriate Offers to help others where deadlines slipping Allocates staff appropriately to deal with surges in demand
4	Manages whole team to meet demand with minimal delays Responds to staffing shortages with appropriate actions to minimise risk to patient flow Changes pace and approach to patients in queue during periods of maximal demand Adopts more teaching style during periods of low demand

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Remains calm during resuscitation Remains calm during periods of maximal demand Maintains same level of safe assessment and management regardless of demand
Working with others	Recognises signs of stress in others and takes action to support including re-allocation of tasks, and delegation
Managing the service	Maintains an overview of work streams in department Maximises use of other professions to reduce waits in a safe and appropriate way
Improving services	Undertakes review of rotas and patient attendances, matching demand with staffing Reviews decision making by audit of unexpected events, missed diagnoses and delays in patient care, and develops actions plans for improvement
Setting direction	Develops business case for additional staff Is proactive in reviewing high risk patients for tACPs

CC5 Decision making and clinical reasoning

To progressively develop the ability to formulate a diagnostic and therapeutic plan for a patient according to the clinical information available. To progressively develop the ability to prioritise the diagnostic and therapeutic plan. To be able to communicate the diagnostic and therapeutic plan appropriately.	
Knowledge	**Assessment Methods**
Define the steps of diagnostic reasoning	Mi, C, ACAT
Interpret history and clinical signs	Mi, C, ACAT
Conceptualise clinical problem	Mi, C, ACAT
Generate hypothesis within context of clinical likelihood	Mi, C, ACAT
Test, refine and verify hypotheses	Mi, C, ACAT
Develop problem list and action plan	Mi, C, ACAT
Recognise how to use expert advice, clinical guidelines and algorithms	Mi, C, ACAT
Recognises the need to determine the best value and most effective treatment both for the individual patient and for a patient cohort	Mi, C, ACAT
Define the concepts of disease natural history and assessment of risk	Mi, C, ACAT
Recall methods and associated problems of quantifying risk e.g. cohort studies	Mi, C, ACAT
Outline the concepts and drawbacks of quantitative assessment of risk or benefit e.g. numbers needed to treat	Mi, C, ACAT
Describe commonly used statistical methodology	Mi, C, ACAT
Know how relative and absolute risks are derived and the meaning of the terms predictive value, sensitivity and specificity in relation to diagnostic tests	Mi, C, ACAT

Skills	
Interpret clinical features, their reliability and relevance to clinical scenarios including recognition of the breadth of presentation of common disorders	C, ACAT
Recognise critical illness and respond with due urgency	C, ACAT
Generate plausible hypothesis(es) following patient assessment	C, ACAT
Construct a concise and applicable problem list using available information	C, ACAT
Construct an appropriate management plan and communicate this effectively to the patient, parents and carers where relevant	C, ACAT
Define the relevance of an estimated risk of a future event to an individual patient	C, ACAT
Use risk calculators appropriately	C, ACAT
Apply quantitative data of risks and benefits of therapeutic intervention to an individual patient	C, ACAT
Search and comprehend medical literature to guide reasoning	AA, C
Recognise the difficulties in predicting occurrence of future events	C, Mi, ACAT
Show willingness to discuss intelligibly with a patient the notion and difficulties of prediction of future events, and benefit/risk balance of therapeutic intervention	ACAT, C, Mi
Be willing to facilitate patient choice	C, Mi, ACAT
Show willingness to search for evidence to support clinical decision making	C, Mi, ACAT
Demonstrate ability to identify one's own biases and inconsistencies in clinical reasoning	C, Mi, ACAT

Level Descriptor	
1	In a straightforward clinical case: • Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence • Institutes an appropriate investigative and therapeutic plan • Seeks appropriate support from others • Takes account of the patient's wishes
2	In a difficult clinical case: • Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence • Institutes an appropriate investigative and therapeutic plan • Seeks appropriate support from others • Takes account of the patient's wishes
3	In a complex, non-emergency case: • Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence • Institutes an appropriate investigative plan • Institutes an appropriate therapeutic plan • Seeks appropriate support from others • Takes account of the patient's wishes
4	In a complex, non-emergency case: • Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence • Institutes an appropriate investigative and therapeutic plan • Seeks appropriate support from others • Takes account of the patient's wishes and records them accurately and succinctly
Emergency Department Context	
1	Records differential and final working diagnosis in all patients Is selective in using investigations in standard cases and records the results in all cases Documents and acts on patient's wishes
2	States reason for investigations where used Recognises unexpected abnormalities and seeks help in interpretation Selective differential diagnosis offered in most standard cases Recognises need to access hospital notes in long term conditions

3	In complex cases – provides most likely diagnoses and follows explicit rule in/rule out strategy for investigations Selects treatments for most likely diagnoses rather than treating all possibilities Uses common emergency medicine calculators to enhance risk assessment and decision making
4	Adjusts differential diagnosis in the light of results of investigations Offers alternative diagnoses to others during supervision and supports them in rule in / rule out strategy Uses full range of decision making strategies (intuitive, analytical, heuristic, causal etc.) in response to different presentations

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Avoids pre-assessment bias arising from nurse assessment, or other factors Demonstrates awareness of possibility of other bias in diagnostic reasoning
Working with others	Supports other tACPs in rational use of investigations and decision making Ensures others consider important alternative diagnoses where high risk presentations
Managing the service	Accepts working diagnosis and acts in patient's best interest Responds to missed diagnoses by appropriate investigation and action plans Ensures action plans from unplanned events are completed
Improving services	Provides training in decision making for other clinical staff Ensures decision support tools are available where Appropriate and ensures access to online calculators
Setting direction	Promotes patient choice and provides information for tACPs on legal framework around capacity and choice

CC6 The patient as a central focus of care

Prioritises the patient's wishes encompassing their beliefs, concerns, expectations and needs	
Knowledge	**Assessment Methods**
Recall health needs to deal appropriately with diverse patient groups including those such as learning disabled, elderly, refugees and non-English speaking	C, Mi, ACAT
Skills	
Give adequate time for patients to express ideas, concerns and expectations	C, ACAT
Respond to questions honestly and seek advice if unable to answer	C, ACAT
Encourage the health care team to respect the philosophy of patient-focused care	C, ACAT
Develop a self-management plan including investigation, treatments and requests/instructions to other healthcare professionals, in partnership with the patient	C, ACAT
Support patients, parents and carers where relevant to comply with management plans	C, ACAT, PS
Encourage patients to voice their preferences and personal choices about their care	C, ACAT, PS
Behaviours	
Support patient self-management	Mi, C, ACAT, PS
Recognise the duty of the professional to act as patient advocate	Mi, C, ACAT, PS

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

Emergency Department Context	
1	Provides information for patients on discharge including expected recovery time and impact on ability to work for common conditions e.g. ankle sprain Recognises the impact of the condition on the patient e.g. ability to drive Gives patient copies of the letter to GP Appreciates ethnic or cultural concentrations in local population and attempts to gain knowledge relating to differences which affects clinical management plans
2	Recognises Gillick competency assessment around consent to treatment for adolescents and adjusts care accordingly Is able to make an appropriate assessment of capacity in adults and takes appropriate steps to manage/treat patients who lack capacity, including consulting with relatives/carers where possible. Supports patients returning to work, including use of physiotherapy services, recognising the negative impact of not working
3	Discusses alternative management options with patients who decline conventional treatment Deals with patient's beliefs in empathic manner including requests for female clinician
4	Effectively promotes self-care to 'worried well' patients avoiding unnecessary investigations and treatments Accepts patient views and does not try to change – including self- discharge after overdose or life-threatening conditions Recognises that patients may not need to be 100% fit in order to return to work

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Remains empathic to patients who challenge medical dogma
Working with others	Supports other clinicians in discharging the 'worried well' Acts as patient advocate in end of life decisions or DNAR dilemmas, liaising with critical care and other specialties to ensure best outcome for individual patients
Managing the service	Accepts and investigates complaints recognising the patient view-point Promotes patient survey and acts on results of survey
Improving services	Invites patient representative review of departmental processes and pathways Attends or ensures engagement with local patient groups
Setting direction	Defines and actively promotes departmental philosophy to place patient at the centre of care

CC7 Prioritisation of patient safety in clinical practice

To understand that patient safety depends on the organisation of care and healthcare staff working well together To never compromise patient safety To understand the risks of treatments and to discuss these honestly and openly with patients so that patients are able to make informed decisions about risks Ensure that all staff are aware of risks and work together to minimise risk	
Knowledge	**Assessment Methods**
Outline the features of a safe working environment	Mi, C, ACAT
Outline the hazards of medical equipment in common use	Mi, C, ACAT
Recall side effects and contraindications of medications prescribed	Mi, C, ACAT
Recall principles of risk assessment and management	C
Recall the components of safe working practice in personal, clinical and organisational settings	C, ACAT
Recall local procedures for optimal practice e.g. GI bleed protocol, safe prescribing	Mi, C, ACAT
Recall the NHS and regulatory procedures when there is concern about performance of the members of the healthcare team	Mi, C, ACAT
Skills	
Recognise when a patient is not responding to treatment, reassess the situation, and encourage others to do so	Mi, C, ACAT
Ensure the correct and safe use of medical equipment, ensuring faulty equipment is reported appropriately	Mi, C, ACAT
Improve patients' and colleagues' understanding of the side effects and contraindications of therapeutic intervention	Mi, C, ACAT
Sensitively counsel a colleague following a significant event, or near miss incident, to encourage improvement in practice of individual and unit	C, ACAT
Recognise and respond to the manifestations of a patient's deterioration (symptoms, signs, observations, and laboratory results) and support other members of the team to act similarly	Mi, C, ACAT, M

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

Level Descriptor	
1	Discusses risks of treatments with patients and is able to help patients make informed decisions about their treatment Does not hurry patients into decisions Promotes patient's safety to more junior colleagues Always ensures the safe use of equipment. Follows guidelines unless there is a clear reason for doing otherwise Acts promptly when a patient's condition deteriorates Recognises untoward or significant events and always reports these Leads discussion of causes of clinical incidents with staff and enables them to reflect on the causes Able to undertake a root cause analysis
2	Demonstrates ability to lead team discussion on risk assessment and risk management and to work with the team to make organisational changes that will reduce risk and improve safety
3	Able to assess the risks across the system of care and to work with colleagues from different department or sectors to ensure safety across the healthcare system
4	Shows support for junior colleagues who are involved in untoward events Is fastidious about following safety protocols and encourages junior colleagues to do the same
Emergency Department Context	
1	Seeks training in all new equipment in the ED when starting the post Recognises patient deterioration and seeks help Reports serious untoward incidents in the ED

2	Seeks out local protocols in the department and follows them Identifies and reports risks from faulty or missing equipment in the ED Identifies and requests action plans for frequent attenders or high risk patients
3	Undertakes a root cause analysis of serious incident Participates actively in risk management including X-ray report review Intervenes when patient is at risk – including being sent home inappropriately Identifies high risk patients including non-English speaking, aggressive or un-cooperative or clinically brittle conditions Organises the team to make maximum use of skills to ensure safe and timely assessment of all patients particularly at periods of high activity
4	Supports tACPs and nursing staff after untoward clinical incident and debriefs appropriately Appropriately identifies high risk periods related to surges in activity, acuity or reduced staffing and takes appropriate action including notifying consultant Recognises requirement for appropriate shift handover and promotes sharing of information to plan next shift

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Appreciates risks associated with individual patient presentations Adjusts behaviour in high risk situations such as infection risk, aggressive patients
Working with others	Articulates and explains risk of individual patients or situations explicitly to tACPs and nurses in order to ensure all staff take mitigating action e.g. HIV positive, unexpected deterioration Encourages reporting of incidents in the ED by staff
Managing the service	Participates in risk management meetings Undertakes activities to manage risk including training staff, providing new protocols or reviewing frequent attender records
Improving services	Conducts a risk assessment of the department focusing on a particular area such as infection control, equipment, protocols, educational records
Setting direction	Acknowledges impact of time pressure on safety and promotes equipment for adequate time, including admitting patients for period of observation in a CDU environment Develops observational protocols for high risk patients

CC8 Team working and patient safety

To develop the ability to work well in a variety of different teams, e.g. the ward team and the infection control team, and to contribute to discussion on the team's role in patient safety To develop the leadership skills necessary to lead teams so that they are more effective and able to deliver better safer care	
Knowledge	**Assessment Methods**
Outline the components of effective collaboration	C, ACAT/ESLE
Describe the roles and responsibilities of members of the healthcare team	C, ACAT/ESLE
Outline factors adversely affecting the team's performance and methods to rectify these	C
Skills	
Practice with attention to the important steps of providing good continuity of care	Mi, C, ACAT/ESLE
Accurate attributable note-keeping	Mi, C, ACAT/ESLE
Preparation of patient lists with clarification of problems and ongoing care plan	Mi, C, ACAT. /ESLE M
Detailed handover between shifts and areas of care	Mi, C, ACAT/ESL M
Demonstrate leadership and management in the following areas: education and training, deteriorating performance of colleagues (e.g. stress, fatigue), high quality care, effective handover of care between shifts and teams	Mi, C, ACAT/ESLE
Lead and participate in interdisciplinary team meetings	Mi, C, ACAT/ESLE
Provide appropriate supervision to less experienced colleagues	Mi, C, ACAT, /ESLE M
Behaviours	
Encourage an open environment to foster concerns and issues about the functioning and safety of team working	Mi, C, ACAT/ESL M
Recognise and respect the request for a second opinion	Mi, C, ACAT/ESL M
Recognise the importance of induction for new members of a team	Mi, C, ACAT/ESL M

Recognise the importance of prompt and accurate information sharing with the Primary Care team following hospital discharge	Mi, C, ACAT, /ESLE M

Level Descriptor	
1	Works well within the multidisciplinary team and recognises when assistance is required from the relevant team member Demonstrates awareness of own contribution to patient safety within a team and is able to outline the roles of other team members Keeps records up-to-date, legible and relevant to the safe progress of the patient Hands over care in a precise, timely and effective manner
2	Demonstrates ability to discuss problems within a team to senior colleagues. Provides an analysis and plan for change Demonstrates ability to work with the virtual team to develop the ability to work well in a variety of different teams, e.g. the ward team and the infection control team, and to contribute to discussion on the team's role in patient safety To develop the leadership skills necessary to lead teams so that they are more effective and able to deliver better, safer care
3	Leads multidisciplinary team meetings but promotes contribution from all team members Recognises need for optimal team dynamics and promotes conflict resolution Demonstrates ability to convey to patients after a handover of care that although there is a different team, the care is continuous
4	Leads multi-disciplinary team meetings allowing all voices to be heard and considered. Fosters an atmosphere of collaboration Demonstrates ability to work with the virtual team Ensures that team functioning is maintained at all times Promotes rapid conflict resolution
Emergency Department Context	
1	Acts as an effective team member of trauma/cardiac arrest teams Maintains legible clinical record Completes the GP discharge letter for all patients during the shift Makes appropriate referrals with relevant information and successfully refers patients Ensures that patient safety is a core feature of team working
2	Acts under supervision as leader of resuscitation team Works with the nurse in charge to ensure patient management plans are clear and documented at all times Works with the reception staff to ensure patient demographics are complete and updated

3	Leads resuscitation team for adults Supports in-patient specialty teams including hospital-at-night team Undertakes induction of locum staff during shift Ensures handover and referral of patients on CDU /observation ward
4	Develops team working between ED staff Effectively leads handover of shifts Seeks staff views and support and able to delegate leadership appropriately Assemble and manage an unrehearsed rapidly formed team to maximise effectiveness

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Leads by example, taking on the 'routine' tasks as well as critical care patients Recognises and demonstrates different leadership styles where required e.g. critical care patient vs. multiple minor patients Listens to other professionals e.g. in-patient specialty medical staff and nursing staff
Working with others	Able to supervise others in developing leadership roles Debriefs the team in supportive manner ensuring learning for all
Managing the service	Identifies colleagues with performance problems and reports in constructive way to relevant supervisor Seeks out other teams who may impact on the departmental safety and asks for advice e.g. infection control, critical care outreach, pharmacy, community matrons, discharge team
Improving services	Attends ED senior team meetings and contributes to suggestions for change Undertakes change management project to improve care of particular groups e.g. introducing new protocols
Setting direction	Makes suggestions for team development at junior doctor, nurse, ACP and multidisciplinary level including team exercises

CC9 Principles of quality and safety improvement

To recognise the desirability of monitoring performance, learning from mistakes and adopting no blame culture in order to ensure high standards of care and optimise patient safety	
Knowledge	**Assessment Methods**
Understand the elements of clinical governance	C, M
Recognise that governance safeguards high standards of care and facilitates the development of improved clinical services	C, M
Define local and national significant event reporting systems relevant to specialty	Mi, C, ACAT
Recognise importance of evidence-based practice in relation to clinical effectiveness	C
Outline local health and safety protocols (fire, manual handling, etc.)	C
Understand risk associated with the trainee's work including biohazards and mechanisms to reduce risk	C
Outline the use of patient early warning systems to detect clinical deterioration where relevant to the trainee's work	Mi, C, ACAT
Keep abreast of national patient safety initiatives including NPSA, NCEPOD reports, NICE guidelines etc.	Mi, C, ACAT
Skills	
Adopt strategies to reduce risk e.g. surgical pause safety checklist	ACAT, C
Contribute to quality improvement processes – for example: • Audit of personal and departmental performance • Errors / discrepancy meetings • Critical incident reporting • Unit morbidity and mortality meetings Local and national databases	AA, C
Maintain a folder of information and evidence, drawn from your clinical practice	C
Reflect regularly on your standards of clinical practice in accordance with regulatory guidance on licensing and revalidation	AA
Behaviours	
Participates in safety improvement strategies such as critical incident reporting	C, M

Engage with an open no-blame culture	C, M
Respond positively to outcomes of audit and quality improvement	C, M, PS
Co-operate with changes necessary to improve service quality and safety	C, M

Level Descriptor	
1	Understands that clinical governance is the over-arching framework that unites a range of quality improvement activities. This safeguards high standards of care and facilitates the development of improved clinical services Maintains personal portfolio
2	Able to define key elements of clinical governance Engages in audit
3	Demonstrates personal and service performance Designs audit protocols and completes audit loop
4	Leads in review of patient safety issues Implements change to improve service Engages and guides others to embrace governance
Emergency Department Context	
1	Completes e-portfolio Retains log of patients seen and reflective diary of specific cases with learning outcomes Uses an early warning system systematically to identify sick patients and seeks appropriate help
2	Completes an audit of ED patients Uses RCEM guidelines at work Seeks to complete RCEM Learning modules relevant to post and patients
3	Makes clear recommendations from audit and ensures completion of actions Completes or contributes to a guideline review for a specific ED topic
4	Ensure unexpected events are reported in the ED

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Uses portfolio as a learning resource to record progress and reflective practice
Working with others	Encourages case based discussions Contributes to clinical governance meetings including presentation of individual patients and management problems
Managing the service	Undertakes investigation of untoward clinical incident
Improving services	Uses RCEM guidelines or national audits to develop new models of working to meet national standards
Setting direction	Contributes to Trust audit programme ensuring Trust and RCEM priorities reconciled

CC10 Infection control

To develop the ability to manage and control infection in patients, including controlling the risk of cross-infection, appropriately managing infection in individual patients, and working appropriately within the wider community to manage the risk posed by communicable diseases	
Knowledge	**Assessment Methods**
Understand the principles of infection control	Mi, C, ACAT
Understand the principles of preventing infection in high risk groups (e.g. antibiotic use to prevent Clostridium difficile) including understanding the local antibiotic prescribing policy	Mi, C, ACAT
Understand the role of notification within the UK and identify the principal notifiable diseases for UK and international purposes	Mi, C, ACAT
Understand the role of the Health Protection Agency	C, ACAT
Understand the role of the local authority in relation to infection control	ACAT, C, Mi
Skills	
Recognise the potential for infection in patients being cared for	Mi, C, ACAT
Counsel patients on matters of infection risk, transmission and control	Mi, C, ACAT, PS
Actively engage in local infection control procedures	ACAT, C
Actively engage in local infection control monitoring and reporting processes	ACAT, C
Prescribe or administer antibiotics according to local antibiotic guidelines	ACAT, C, Mi
Recognise potential for cross-infection in clinical settings	ACAT, C, Mi
Practice aseptic technique whenever relevant	D
Behaviours	
Encourage all staff, patients and relatives to observe infection control principles	ACAT, C, M

Level Descriptor	
1	Always follows local infection control protocols. Including washing hands before and after seeing all patients Is able to explain infection control protocols to students and to patients and their relatives. Always defers to the nursing team about matters of ward management Aware of infections of concern – including MRSA and C-difficile Aware of the risks of nosocomial infections Understands the links between antibiotic prescription and the development of nosocomial infections Always discusses antibiotic use with a more senior colleague
2	Demonstrate ability to perform simple clinical procedures utilising aseptic technique Manage simple common infections in patients using first-line treatments. Communicating effectively to the patient the need for treatment and any messages to prevent re-infection or spread Liaise with diagnostic departments in relation to appropriate investigations and tests
3	Demonstrate an ability to perform more complex clinical procedures whilst maintaining aseptic technique throughout Identify potential for infection amongst high risk patients obtaining appropriate investigations and considering the use of second-line therapies Communicate effectively to patients and their relatives with regard to the infection, the need for treatment and any associated risks of therapy Work effectively with diagnostic departments in relation to identifying appropriate investigations and monitoring therapy Working in collaboration with external agencies in relation to reporting notifiable diseases, and collaborating over any appropriate investigation or management
4	Demonstrate an ability to perform most complex clinical procedures whilst maintaining full aseptic precautions, including those procedures which require multiple staff in order to perform the procedure satisfactorily Identify the possibility of unusual and uncommon infections and the potential for atypical presentation of more frequent infections. Managing these cases effectively with potential use of tertiary treatments being undertaken in collaboration with infection control specialists Work in collaboration with diagnostic departments to investigate and manage the most complex types of infection including those potentially requiring isolation facilities Work in collaboration with external agencies to manage the potential for infection control within the wider community including communicating effectively with the general public and liaising with regional and national bodies where appropriate

Emergency Department Context	
1	Washes hands between patients Does not eat on the shop floor Clears up trolleys after procedures Safely disposes of all sharps Uses gloves in all venepuncture or invasive procedures and goggles for high risk procedures in resus
2	Inserts central line, chest drain, arterial line, catheter under aseptic conditions Notifies all infectious diseases including common ED presentations (meningococcal, malaria, food poisoning) Follows national guidance during epidemics of infectious agents
3	Recognises and takes appropriate action in potential infection including use of masks, aprons, closed cubicles (e.g. diarrhoea, haemoptysis)
4	Uses blood cultures appropriately with good technique and for appropriate indications Starts antibiotics within 1 hour for septic patients

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Promotes and reminds others to use hand gel and wash hands Supports Trust policies on infection control including 'bare below the elbows' Always wears clean and appropriate clothing
Working with others	Identifies and reminds staff who are not following infection control measures
Managing the service	Ensures antibiotic prescribing protocols available and followed Discusses antibiotic prescribing on every relevant patient on board rounds or when supervising
Improving services	Audits and takes action on antibiotic prescribing
Setting direction	Reviews departmental infection control processes including isolation space, pandemic flu policy, hand washing facilities

CC11 Managing long term conditions and promoting patient/family self-care

Knowledge	**Assessment Methods**
Recall the natural history of diseases that run a chronic course	C, Mi, ACAT
Define the role of rehabilitation services and the multi-disciplinary team to facilitate long-term care	C, Mi, ACAT
Outline the concept of quality of life and how this can be measured	C
Outline the concept of patient self-care	C, Mi
Know, understand and be able to compare medical and social models of disability	C
Understand the relationship between local health, educational and social service provision including the voluntary sector	C
Skills	
Develop and agree a management plan with the patient (and carers), ensuring comprehension to maximise self-care within care pathways when relevant	C, Mi, ACAT
Develop and sustain supportive relationships with patients with whom care will be prolonged	C, Mi
Provide effective patient education, with support of the multi-disciplinary team	C, Mi, ACAT
Promote and encourage involvement of patients in appropriate support networks, both to receive support and to give support to others	C, PS
Encourage and support patients in accessing appropriate information	C, PS
Provide the relevant and evidence-based information in an appropriate medium to enable sufficient choice, when possible	C, PS
Behaviours	
Show willingness to act as a patient advocate	C, Mi, ACAT
Recognise the impact of long-term conditions on the patient, family and friends	C, Mi, ACAT

Ensure equipment and devices relevant to the patient's care are discussed	C, Mi, ACAT
Put patients in touch with the relevant agency including the voluntary sector from where they can procure the items as appropriate (i.e. equipment, wheelchairs etc.)	ACAT, C, Mi
Provide the relevant tools and devices when possible	ACAT, C ,Mi
Show willingness to facilitate access to the appropriate training and skills in order to develop the patient's confidence and competence to self-care	ACAT, C, Mi, PS
Show willingness to maintain a close working relationship with other members of the multi-disciplinary team, primary and community care	ACAT, C, MI, M
Recognise and respect the role of family, friends and carers in the management of the patient with a long-term condition	ACAT, C, Mi, PS

Level Descriptor	
1	Describes relevant long-term conditions Understands the meaning of quality of life Is aware of the need for promotion of patient self-care Helps the patient with an understanding of their condition and how they can promote self-management
2	Demonstrates awareness of management of relevant long term conditions Is aware of the tools and devices that can be used in long term conditions Is aware of external agencies that can improve patient care Teaches the patient and within the team to promote excellent patient care
3	Develops management plans in partnership with the patient that are pertinent to the patient's long term condition Can use relevant tools and devices in improving patient care Engages with relevant external agencies to promote patient care
4	Provides leadership within the multi-disciplinary team that is responsible for management of patients with long-term conditions Helps the patient networks develop and strengthen
Emergency Department Context	
1	Makes appropriate referrals to occupational therapy or physiotherapy with clear reason for referral Attempts to assess social situation and activities of daily living in elderly patients or in those with disabilities

2	Refers to discharge team or community care team appropriately Seeks feedback on their referrals Requests hospital notes for patients with long-term conditions even in simple presentations recognising the impact of chronic disease
3	Actively works with the other professions to complete a holistic assessment of the patient in their personal circumstances
4	Seeks out information for the patient of self-help groups or other support systems in the community prior to discharge via the internet Seeks advice of primary care physicians in the department for alternative treatments or care providers in the community

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Always takes a social history including details of carers and support systems
Working with others	Actively involves nursing, OT, PT and other staff in the assessment and planning care of the patient Includes PAMS in briefings about departmental policies/changes promoting team approach
Managing the service	Avoids admission for non-medical reasons utilising community teams where possible Uses CDU/observation ward effectively with limited stay for frail elderly or social presentations
Improving services	Ensures information on community services available in the department Reminds junior colleagues of the importance of other professionals Invites other services to team teaching for information dissemination
Setting direction	Has regular planned meetings with discharge team to ensure maximal benefit to department

CC12 Relationships with patients and communication within a consultation

Issues of communication both with patients and carers and within the healthcare team are often causes of complaint and inadequate communication can lead to poorer standards of patient care. Specific issues are highlighted within this section to promote better communication generally and within certain situations.

Communicate effectively and sensitively with patients, relatives and carers	
Knowledge	**Assessment Methods**
Structure an interview appropriately	ACAT, C, Mi, PS
Understand the importance of the patient's background, culture, education and preconceptions (ideas, concerns, expectations) to the consultation process	ACAT, C, Mi, PS
Skills	
Establish a rapport with the patient and any relevant others (e.g. carers)	ACAT, C, Mi, PS
Listen actively and question sensitively to guide the patient and to clarify information	ACAT, C, Mi, PS
Identify and manage communication barriers, tailoring language to the individual patient and using interpreters when indicated	ACAT, C, Mi, PS
Deliver information compassionately, being alert to and managing their and your emotional response (anxiety, antipathy etc.)	ACAT, C, Mi
Use, and refer patients to, appropriate written and other information sources	ACAT, C, Mi
Check the patient's/carer's understanding, ensuring that all their concerns/questions have been covered	ACAT, C, Mi
Indicate when the interview is nearing its end and conclude with a summary	ACAT, C, Mi
Make accurate contemporaneous records of the discussion	ACAT, C, Mi
Manage follow-up effectively	ACAT, C, Mi
Behaviours	
Approach the situation with courtesy, empathy, compassion and professionalism, especially by appropriate body language - act as an equal not a superior	ACAT, C, Mi, M, PS

Ensure that the approach is inclusive and patient-centred and respect the diversity of values in patients, carers and colleagues	ACAT, C, Mi, M, PS
Be willing to provide patients with a second opinion	ACAT, C, Mi, M, PS
Use different methods of ethical reasoning to come to a balanced decision where complex and conflicting issues are involved	ACAT, C, Mi, M
Be confident and positive in one's own values	ACAT, C, Mi

Level Descriptor	
1	Conducts simple interviews with due empathy and sensitivity and make accurate records
2	Conducts interviews on complex concepts satisfactorily, confirming that accurate two-way communication has occurred
3	Handles communication difficulties appropriately, involving others as necessary; establishes excellent rapport
4	Shows mastery of patient communication in all situations, anticipating and managing any difficulties which may occur
Emergency Department Context	
1	Takes focused history in most situations and makes appropriate record Uses open and closed questions
2	Takes focused history in all patients Adjusts questioning technique to presentation Uses an interpreter or language line as appropriate
3	Elicits history while resuscitating patient Avoids confrontation and manages conflict in aggressive or intoxicated patients Communicates effectively with anxious patients/relatives/parents
4	Avoids complaints regarding communication Supports others in resolving conflict between patients and clinical staff Recognises and is able to manage aggression and violence, including in the acutely disturbed psychiatric patient Is able to demonstrate safe and lawful restraint technique in the ED

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Listens effectively without interrupting
Working with others	Makes suggestions for change to other tACPs with communication difficulties
Managing the service	Promotes use of language line, interpreters, PALS services
Improving services	Contributes to development of structured ED record or electronic solution
Setting direction	Includes communication skills teaching in delivered to all staff

CC13 Breaking bad news

To recognise the fundamental importance of breaking bad news. To develop strategies for skilled delivery of bad news according to the needs of individual patients and their relatives / carers	
Knowledge	**Assessment Methods**
Recognise that the way in which bad news is delivered significantly affects the subsequent relationship with the patient	ACAT, C, Mi, M, PS
Recognise that every patient may desire different levels of explanation and have different responses to bad news	ACAT, C, Mi, M, PS
Recognise that bad news is confidential but the patient may wish to be accompanied	ACAT, C, Mi, M, PS
Recognise that breaking bad news can be extremely stressful for the clinician involved	ACAT, C, Mi, M
Understand that the interview may be an educational opportunity	ACAT, C, Mi, M
Recognise the importance of preparation when breaking bad news by: • Setting aside sufficient uninterrupted time • Choosing an appropriate private environment • Having sufficient information regarding prognosis and treatment • Structuring the interview • Being honest, factual, realistic and empathic Being aware of relevant guidance documents	ACAT, C, Mi
Understand that "bad news" may be expected or unexpected	ACAT, C, Mi
Recognise that sensitive communication of bad news is an essential part of professional practice	ACAT, C, Mi
Understand that "bad news" has different connotations depending on the context, individual, social and cultural circumstances	ACAT, C, Mi, M
Recall that a post mortem examination may be required and understand what this involves	ACAT, C, Mi, M, PS
Recall the local organ retrieval process	ACAT, C, Mi
Skills	
Demonstrate to others good practice in breaking bad news	C, D, M

Involve patients and carers in decisions regarding their future management	C, D, M
Encourage questioning and ensure comprehension	C, D, M
Respond to verbal and visual cues from patients and relatives	C, D, M
Act with empathy, honesty and sensitivity avoiding undue optimism or pessimism	C, D, M
Structure the interview e.g. set the scene, establish understanding. Discuss: diagnosis, implications, treatment, prognosis and subsequent care	C, D, M
Behaviours	
Take leadership in breaking bad news	C, D, M
Respect the different ways people react to bad news	C, D, M

Level Descriptor	
1	Recognises when bad news must be imparted Recognises the need to develop specific skills Requires guidance to deal with most cases
2	Able to break bad news in planned settings Prepares well for interview Prepares patient to receive bad news Responsive to patient's reactions
3	Able to break bad news in unexpected and planned settings Clear structure to interview Establishes what patient wants to know and ensures understanding
4	Skillfully delivers bad news in any circumstance including adverse events Arranges follow-up as appropriate Able to teach others how to break bad news
Emergency Department Context	
1	Attends with senior staff to break bad news of patient's death Attends BBN teaching session or completes e-learning

2	Leads interview under supervision to break bad news Prepares appropriately checking identity of relative and event information available Able to discuss the coroner's role in unexpected death including probable post mortem Able to discuss life-threatening conditions with patient with realistic presentation of risks and likely outcomes
3	Under supervision, breaks bad news to parents Ensures post mortem is requested in relevant cases (non-mandatory) Understands possibility of death certification in selected cases
4	Able to break bad news in all situations Able to supervise others Able to discuss organ donation Able to lead resuscitation with relatives present

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Empathic to relatives
Working with others	Recognises impact of death on staff Supports junior trainees in debriefing after BBN
Managing the service	Utilises space appropriately for relatives including circumstances when more than one seriously ill or deceased patient
Improving services	Attends communication teaching for BBN Seeks out advice and guidance from different religious leaders for accommodating varying ethnic or cultural backgrounds
Setting direction	Contributes to policies on bereavement and care of relatives

CC14 Complaints and medical error

Knowledge	Assessment Methods
Basic consultation techniques and skills described for the training programme and to include: • Define the local complaints procedure • Recognise factors likely to lead to complaints (poor communication, dishonesty etc.) • Adopt behaviour likely to prevent	C, D, M
Outline the principles of an effective apology	C, D, M
Identify sources of help and support when a complaint is made about yourself or a colleague	C, D, M
Skills	
Contribute to processes whereby complaints are reviewed and learned from	C, D, M
Explain comprehensibly to the patient the events leading up to a medical error	C, D, M
Deliver an appropriate apology	C, D, M
Distinguish between system and individual errors	C, D, M
Show an ability to learn from previous error	C, D, M
Behaviours	
Take leadership over complaint issues	C, D, M
Recognise the impact of complaints and medical error on staff, patients, and the National Health Service	C, D, M
Contribute to a fair and transparent culture around complaints and errors	C, D, M
Recognise the rights of patients, family members and carers to make a complaint	C, D, M

Level Descriptor	
1	Defines the local complaints procedure Recognises need for honesty in management of complaints Responds promptly to concerns that have been raised Understands the importance of an effective apology Learns from errors
2	Manages conflict without confrontation Recognises and responds to the difference between system failure and individual error
3	Recognises and manages the effects of any complaint within members of the team
4	Provides timely accurate written responses to complaints when required Provides leadership in the management of complaints
Emergency Department Context	
1	Responds to request for statements regarding a complaint within one week of receiving request Acknowledges shortcomings in care and is not defensive
2	Seeks review from relevant professional organisations on personal statement where appropriate Appropriately assesses individual contribution to complaint and apologises appropriately
3	Recognises when complaint well founded and distinguishes from general patient dissatisfaction, changing behaviour where appropriate
4	Can manage a complaint and write a draft response Ensures that patient safety issues are identified and appropriately dealt with in any form of complaint.

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Accepts criticism from patient and demonstrates personal awareness and willingness to change Recognises the pressure of the ED can lead to complaints and takes steps to mitigate against the risk of poor communication, or attitudinal problems
Working with others	Supports junior tACPs in responding to complaint
Managing the service	Manages complaint in timely way and delivers on action plan from complaint
Improving services	Uses complaints to guide ED service review and development
Setting direction	Aims to reduce complaints by analysis of most common reasons and increasing staff awareness of risk

CC15 Communication with colleagues and cooperation

Recognise and accept the responsibilities and role of the clinician in relation to other healthcare professionals. Communicate succinctly and effectively with other professionals as appropriate	
Knowledge	**Assessment Methods**
Understands the importance of working with colleagues, in particular: • The roles played by all members of a multi-disciplinary team • The features of good team dynamics • The principles of effective inter-professional collaboration to optimise patient or population care	C, M
Skills	
Communicate accurately, clearly, promptly and comprehensively with relevant colleagues by means appropriate to the urgency of a situation (telephone, email, letter etc.), especially where responsibility for a patient's care is transferred	ACAT, C, Mi
Utilise the expertise of the whole multi-disciplinary team as appropriate, ensuring when delegating responsibility that appropriate supervision is maintained	ACAT, C, Mi, M
Participate in, and co-ordinate, an effective hospital-at-night team when relevant	ACAT, C, Mi, M
Communicate effectively with administrative bodies and support organisations	C, Mi, M
Employ behavioural management skills with colleagues to prevent and resolve conflict	ACAT, C, Mi, M
Behaviours	
Be aware of the importance of, and take part in, multi-disciplinary work, including adoption of a leadership role when appropriate	ACAT, C, Mi, M
Foster a supportive and respectful environment where there is open and transparent communication between all team members	ACAT, C, Mi, M
Ensure appropriate confidentiality is maintained during communication with any member of the team	ACAT, C, Mi, M
Recognise the need for a healthy work/life balance for the whole team, including yourself, but take any leave yourself only after giving appropriate notice to ensure that cover is in place	C, Mi, M

Be prepared to accept additional duties in situations of unavoidable and unpredictable absence of colleagues	C, M

Level Descriptor	
1	Accepts his/her role in the healthcare team and communicates appropriately with all relevant members thereof
2	Fully recognises the role of, and communicates appropriately with, all relevant potential team members (individual and corporate)
3	Able to predict and manage conflict between members of the healthcare team
4	Able to take a leadership role as appropriate, fully respecting the skills, responsibilities and viewpoints of all team members
Emergency Department Context	
1	Recognises role of nurse in charge, lead registrar and consultant, Appreciates vital role of all members of team including administrative and portering staff
2	Able to inform relevant clinical staff of the plan for the patient Ensures effective handover of patients to others at end of shift
3	Identifies early when potential conflict is arising between ED staff and specialties or within ED team and takes appropriate action – particularly over weak referrals or lack of response from specialties Deals with breakdown in referral or request for imaging and resolves conflict achieving good patient outcome
4	Manages the shift to ensure all clinical staff have required breaks and leave on time Ensures the primacy of patient safety in all aspects of communication and cooperation and is able to utilise cognitive strategies, human factors and CRM to maximise this

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Demonstrates respect for other clinical staff in behaviour, tone and inclusion in decision making
Working with others	Works with nurse in charge to effectively manage workload and patient throughput Develops close working relationship with key specialties including medical registrar, critical care registrar and paediatric registrar to ensure team working and effective
Managing the service	Ensures rota and staffing up to date and displayed at all times Is aware of workload of individual clinicians during shifts and ensures no overload or no inappropriate relaxing
Improving services	Asks for feedback from specialty clinicians and investigative services on ED requests for support
Setting direction	Works with human resources and workforce planning to ensure appropriate competences in team 24/7 for emergencies in the ED and hospital

CC16 Health promotion and public health

For all Emergency Clinicians there is a need to be aware of public health issues and health promotion. Competences that promote this awareness are defined in this section:

To progressively develop the ability to work with individuals and communities to reduce levels of ill health, remove inequalities in healthcare provision and improve the general health of a community.	
Knowledge	**Assessment Methods**
Understand the factors which influence the incidence and prevalence of common conditions	C, Mi
Understand the factors which influence health – psychological, biological, social, cultural and economic (especially poverty)	C, Mi
Understand the influence of lifestyle on health and the factors that influence an individual to change their lifestyle	C, Mi
Understand the purpose of screening programmes and know in outline the common programmes available within the UK	C, Mi
Understand the relationship between the health of an individual and that of a community	C, Mi
Know the key local concerns about health of communities such as smoking and obesity	C, Mi
Understand the role of other agencies and factors including the impact of globalisation in protecting and promoting health	C, Mi
Demonstrate knowledge of the determinants of health worldwide and strategies to influence policy relating to health issues including the impact of the developed world strategies on developing countries	C, Mi
Outline the major causes of global morbidity and mortality and effective, affordable interventions to reduce these	C, Mi
Recall the effect of addictive behaviours, especially substance misuse and gambling, on health and poverty	C, Mi
Skills	
Identify opportunities to prevent ill health and disease in patients	C, Mi, PS
Identify opportunities to promote changes in lifestyle and other actions which will positively improve health	C, Mi
Identify the interaction between mental, physical and social wellbeing in relation to health	C, Mi

Counsel patients appropriately on the benefits and risks of screening	C, Mi PS
Work collaboratively with other agencies to improve the health of communities	C, Mi
Behaviours	
Engage in effective team-working around the improvement of health	C, M
Encourage where appropriate screening to facilitate early intervention	C

Level Descriptor	
1	Discusses with patients and others factors which could influence their personal health Maintains own health and is aware of own responsibility as a clinician for promoting healthy approach to life
2	Communicates to an individual, information about the factors which influence their personal health Supports an individual in a simple health promotion activity (e.g. smoking cessation)
3	Communicate to an individual and their relatives, information about the factors which influence their personal health Supports small groups in a simple health promotion activity (e.g. smoking cessation) Provides information to an individual about a screening programme and offer information about its risks and benefits
4	Discusses with small groups the factors that have an influence on their health and describes initiatives they can undertake to address these Engages with local or regional initiatives to improve individual health and reduce inequalities in health between communities Provides information to an individual about a screening programme offering specific guidance in relation to their personal health and circumstances concerning the factors that would affect the risks and benefits of screening to them as an individual
Emergency Department Context	
1	Takes a drug, alcohol and smoking history in all relevant patients
2	Gives advice on stopping smoking or reducing alcohol use or refers to alcohol health worker

3	Recognises other high risk patient behaviours and gives advice for example in hypertension, obesity and diet
4	Ensures GP is aware of any attendances and high risk presentations

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Maintains healthy lifestyle Is registered with a doctor
Working with others	Reminds staff about alcohol, drugs and smoking history Discourages high risk behaviour in colleagues
Managing the service	Ensures information regarding local drug, alcohol, smoking services is available in the department
Improving services	Works with local services to improve accessibility to services
Setting direction	Promotes screening where appropriate e.g. routine BP recording and informing GP in all over 40s

The legal and ethical framework associated with health care must be a vital part of the practitioner's competences if safe practice is to be sustained. Within this the ethical aspects of research must be considered. The competences associated with these areas of practice are defined in this section.

CC17 Principles of medical ethics and confidentiality

To know, understand and apply appropriately the principles, guidance and laws regarding medical ethics and confidentiality	
Knowledge	**Assessment Methods**
Demonstrate knowledge of the principles of medical ethics	ACAT, C, Mi
Outline and follow the guidance given on confidentiality	ACAT, C, Mi
Define the provisions of the Data Protection Act and Freedom of Information Act	ACAT, C, Mi
Define the role of the Caldicott Guardian within an institution, and outline the process of attaining Caldicott approval for audit or research	ACAT, C, Mi
Outline situations where patient consent, while desirable, is not required for disclosure e.g. communicable diseases, public interest	ACAT, C, Mi
Outline the procedures for seeking a patient's consent for disclosure of identifiable information	ACAT, C, Mi
Recall the obligations for confidentiality following a patient's death	ACAT, C, Mi
Recognise the problems posed by disclosure in the public interest, without patient's consent	ACAT, C, Mi
Recognise the factors influencing ethical decision making: religion, moral beliefs, cultural practices	ACAT, C, Mi
Do not resuscitate: Define the standards of practice defined by recognised bodies when deciding to withhold or withdraw life- prolonging treatment	ACAT, C, Mi
Outline the principles of the Mental Capacity Act/DOLS	ACAT, C, Mi
Skills	
Use and share information with the highest regard for confidentiality, and encourage such behaviour in other members of the team	ACAT, C, Mi, M
Use and promote strategies to ensure confidentiality is maintained e.g. anonymisation	C

Counsel patients on the need for information distribution within members of the immediate healthcare team	ACAT, C, M
Counsel patients, family, carers and advocates tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment	ACAT, C, M, PS
Behaviours	
Encourage ethical reflection in others	ACAT, C, M
Show willingness to seek advice of peers, legal bodies, and their registered body in the event of ethical dilemmas over disclosure and confidentiality	ACAT, C, M
Respect patient's requests for information not to be shared, unless this puts the patient, or others, at risk of harm	ACAT, C, M, PS
Show willingness to share information about their care with patients, unless they have expressed a wish not to receive such information	ACAT, C, M
Show willingness to seek the opinion of others when making decisions about resuscitation status, and withholding or withdrawing treatment	ACAT, C, M, MSF

Level Descriptor	
1	Use and share information with the highest regard for confidentiality adhering to the Data Protection Act and Freedom of Information Act in addition to guidance given by their registering body Familiarity with the principles of the Mental Capacity Act Participate in decisions about resuscitation status and withholding or withdrawing treatment
2	Counsel patients on the need for information distribution within members of the immediate healthcare team and seek patient's consent for disclosure of identifiable information
3	Define the role of the Caldicott Guardian within an institution, and outline the process of attaining Caldicott approval for audit or research
4	Able to assume a full role in making and implementing decisions about resuscitation status and withholding or withdrawing treatment

Emergency Department Context	
1	Disposes of notes and results in confidential waste bin Follows telephone enquiry policy appropriately – not divulging information to third parties Does not share passwords with others for computers
2	Follows policy for sharing information with police in serious arrestable offences Asks patient's permission to disclose information to relatives or third parties Understands need for patient confidentiality in cases of abuse, assault or other circumstances Does not share passwords on the computers Does not take ED records away from the hospital
3	Follows policy on data downloads to portfolios, or for audit Case presentations anonymised appropriately
4	Contributes do DNAR decisions in the ED and ensures paperwork completed

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Does not gossip or discuss patients in the staff room Intervenes when others are breaking confidentiality
Working with others	Cooperates with police requests for information but explains confidentiality limits Shares relevant date with social services, safeguarding services
Managing the service	Ensures passwords are updated regularly for the computer Reports breaches of confidentiality as incidents Utilises confidential waste bins
Improving services	Seeks feedback from GPs on clinical information sharing in discharge letters
Setting direction	Actively promotes data protection and confidentiality by ensuring training for all staff and policies are clear

CC18 Valid consent

To obtain valid consent from the patient	
Knowledge	**Assessment Methods**
Outline the guidance given by their professional body and regulator and other regulators on consent, in particular: • Understand that consent is a process that may culminate in, but is not limited to, the completion of a consent form • Understand the particular importance of considering the patient's level of understanding and mental state (and also that of the parents, relatives or carers when appropriate) and how this may impair their capacity for informed consent	C, D, M
Skills	
Present all information to patients (and carers) in a format they understand, allowing time for reflection on the decision to give consent	ACAT, C, Mi, PS
Provide a balanced view of all care options	ACAT, C, Mi, PS
Behaviours	
Respect a patient's rights of autonomy even in situations where their decision might put them at risk of harm	ACAT, C, Mi, PS
Avoid exceeding the scope of authority given by a patient	ACAT, C, Mi, PS
Avoid withholding information relevant to proposed care or treatment in a competent adult	ACAT, C, Mi, PS
Show willingness to seek advance directives	ACAT, C, Mi, PS
Show willingness to obtain a second opinion, senior opinion, and legal advice in difficult situations of consent or capacity	ACAT, C, Mi, PS
Inform a patient and seek alternative care where personal, moral or religious belief prevents a usual professional action	ACAT, C, Mi, PS

Level Descriptor	
1	Obtains consent for straightforward treatments with appropriate regard for patient's autonomy
2	Able to explain complex treatments meaningfully in layman's terms and thereby to obtain appropriate consent

3	Obtains consent in "grey-area" situations where the best option for the patient is not clear
4	Obtains consent in all situations even when there are problems of communication and capacity and is able to take appropriate steps to administer treatment consistent with the least restrictive option principle of the Mental Capacity Act.
Emergency Department Context	
1	Consents patients verbally and notes the consent for minor procedures such as suturing and abscess drainage Gains written consent for procedures requiring sedation or intravenous anaesthesia in line with local departmental protocols e.g. Biers block, conscious sedation for shoulder reduction
2	Explains likely benefits/risks of thrombolysis for STEMI/stroke and PCCI for STEMI
3	Allows patient autonomy but explains risks of self-discharge in poisoning or self-harm
4	Uses patient advocate system or hospital management/legal department where incapacity means patient unable to consent Applies Mental Capacity Act in relevant cases Is able to provide advice on dealing with consent about treatment refusals in patients with possible capacity issues, such as in attempted suicide or with needle phobia Understands the principles of validity and applicability for advance decisions relating to life-sustaining treatment in the ED

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Seeks consent and documents accurately Explains fully and accepts patient's views
Working with others	Supports specialties in gaining consent for surgical or invasive procedures in the ED Always documents capacity when dealing with patients who self-discharge
Managing the service	Conducts audit of clinical procedures completed in the ED and develops action plan to ensure consent and other standards are met
Improving services	Explores patient advocacy service in the Trust
Setting direction	Ensure training for all staff including nurses on consent and capacity in the ED

CC19 Legal framework for practice

To understand the legal framework within which health-care is provided in the UK in order to ensure that personal clinical practice is always provided in line with this legal framework	
Knowledge	**Assessment Methods**
All decisions and actions must be in the best interests of the patient	ACAT, C, Mi
Understand the legislative framework within which healthcare is provided in the UK – in particular; death certification and the role of the Coroner/Procurator Fiscal; safeguarding legislation; mental health legislation (including powers to detain a patient and giving emergency treatment against a patient's will under common law); advanced directives and living Wills; withdrawing and withholding treatment; decisions regarding resuscitation of patients; surrogate decision making; organ donation and retention; communicable disease notification; medical risk and driving; Data Protection and Freedom of Information Acts; provision of continuing care and community nursing care by a local authorities	ACAT C, C, Mi
Understand the differences between legislation in the four countries of the UK	ACAT, C, Mi
Understand sources of medico-legal information	ACAT, C, Mi
Understand disciplinary processes in relation to clinical malpractice	ACAT, C, Mi, M
Understand the role of the practitioner in relation to personal health and substance misuse, including understanding the procedure to be followed when such abuse is suspected	ACAT, Mi, M
Skills	
Ability to cooperate with other agencies with regard to legal requirements – including reporting to the Coroner's Officer or the proper officer of the local authority in relevant circumstances	ACAT, C, Mi
Ability to prepare appropriate medico-legal statements for submission to the Coroner's Court, Procurator Fiscal, Fatal Accident Inquiry and other legal proceedings	C, M

Be prepared to present such material in court	C, Mi
Incorporate legal principles into day to day practice	ACAT, C, Mi
Practice and promote accurate documentation within clinical practice	ACAT, C, Mi
Behaviours	
Show willingness to seek advice from the Trust, legal bodies (including defense unions), and regulatory bodies on medico-legal matters	ACAT, C, Mi, M
Promote reflection on legal issues by members of the team	ACAT, C, Mi, M

Level Descriptor	
1	Demonstrates knowledge of the legal framework associated with a clinical qualification and practice and the responsibilities of registration Demonstrates knowledge of the limits to professional capabilities - particularly those of pre-registration clinicians
2	Identify with senior team members cases which should be reported to external bodies and where appropriate and initiate that report. Identify with senior members of the clinical team situations where you feel consideration of medico-legal matters may be of benefit. Be aware of local Trust procedures around substance abuse and clinical malpractice
3	Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases preparing brief statements and reports as required Actively promote discussion on medico-legal aspects of cases within the clinical environment Participate in decision making with regard to resuscitation decisions and around decisions related to driving, discussing the issues openly but sensitively with patients and relatives
4	Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases providing full medico-legal statements as required and present material in court where necessary Lead the clinical team in ensuring that medico-legal factors are considered openly and consistently wherever appropriate in the care of a patient. Ensuring that patients and relatives are involved openly in all such decisions

Emergency Department Context	
1	Maintains full registration and ensures they have appropriate medico-legal liability cover, seeking advice where necessary on responses to complaints Support junior clinicians in the department and ensures they work within limits, including not discharging patients Completes police statements promptly and effectively Completes Coroner's reports promptly and effectively
2	Manages information relating to patients as victims of assault including gunshot wounds, attempted murder or domestic violence – reporting these appropriately without breaching confidentiality Follows local vulnerable adults policies – reporting where appropriate and providing adequate information for case conferences Presents evidence in the Coroner's court for patients from the ED Presents evidence in criminal court for victims of assault
3	Manages terminally ill resuscitation patients, appropriately seeking and applying end-of-life decisions or advance directives Manages cases of drug users – by seeking information on standard treatment programme and appropriately providing replacement prescriptions when required and within agreed guidelines Manages drugs of abuse when found on patients in appropriate and legal manner
4	Understands safe and lawful restraint

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Seeks advice on legal matters from consultant, senior nurse or Trust legal representatives where required
Working with others	Gives advice to junior tACPs and nurses regarding self-discharge, disclosure of information or other legal issues – acknowledging where they are not sure
Managing the service	Ensures shift leaders are fully aware of potential legal problems during the shift by communication and adequate handover from previous shift e.g. deceased patients to the Coroner, high risk patients who have self-discharged, police enquiries
Improving services	Works with local police stations to improve communication and turnaround times for police statements Works with the Coroner to set up information sharing
Setting direction	Make sure legal and ethical dilemmas form part of departmental meetings and policies

CC20 Ethical research

To ensure that research is undertaken using relevant ethical guidelines	
Knowledge	**Assessment Methods**
Outline the guidance on good practice in research	ACAT, C
Outline the differences between audit and research	AA, C, Mi
Describe how clinical guidelines are produced	C
Demonstrate knowledge of research principles	C, Mi
Outline the principles of formulating a research question and designing a project	C, Mi
Comprehend principal qualitative, quantitative, bio- statistical and epidemiological research methods	C
Outline sources of research funding	C
Skills	
Develop critical appraisal skills and apply these when reading literature	C
Demonstrate the ability to write a scientific paper	C
Apply for appropriate ethical research approval	C
Demonstrate the use of literature databases	C
Demonstrate good verbal and written presentations skills	C, D
Understand the difference between population-based assessment and unit-based studies and be able to evaluate outcomes for epidemiological work	C
Behaviours	
Recognise the ethical responsibilities to conduct research with honesty and integrity, safeguarding the interests of the patient and obtaining ethical approval when appropriate	C, M

Follow guidelines on ethical conduct in research and consent for research	C
Show willingness to the promotion of involvement in research	C

Level Descriptor	
1	Obtains Good Clinical Practice (GCP) certification Defines ethical research and demonstrates awareness of GMC guidelines Differentiates audit and research Knows how to use databases
2	Demonstrates critical appraisal skills
3	Demonstrates knowledge of research funding sources Demonstrates good presentation and writing skills
4	Provides leadership in research Promotes research activity Formulates and develops research pathways
Emergency Department Context	
1	Conducts effective literature search to determine the audit gold standard
2	Completes a BestBET including the formulation of three-part question, search and review Demonstrates the ability to recruit a patient to a clinical trial
3	Completes an evidence-based guideline in the ED
4	Successfully submits a research application Completes the RCEM online research governance e-learning

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Supports audit or research by junior tACPs or nurses with advice, direction and providing constructive review
Working with others	Supports audit or research by junior tACPs or nurses with advice, direction and providing constructive review
Managing the service	Uses evidence to create guidelines or pathways for patient care Supports research from ED or other departments into daily practice – contributing to patient recruitment and data collection
Improving services	Introduces the results of high quality research into patient pathways in the ED – including business case development for new equipment, drugs or services or redesigning pathways
Setting direction	Contributes to strategy for research and audit in the department for a defined period e.g. 5 year plan

It is the responsibility of each practitioner to ensure that they are aware of relevant developments in clinical care and also ensure that their practice conforms to the highest standards of practice possible. An awareness of the evidence base behind current practice and a need to audit one's own practice is vital for the ACP training in Emergency Medicine.

CC21 Evidence and guidelines

To progressively develop the ability to make the optimal use of current best evidence in making decisions about the care of patients To progressively develop the ability to construct evidence-based guidelines in relation to clinical practice	
Knowledge	**Assessment Methods**
Understand the application of statistics in scientific clinical practice	C
Understand the advantages and disadvantages of different study methodologies (randomised controlled trials, case controlled cohort etc.)	C
Understand the principles of critical appraisal	C
Understand levels of evidence and quality of evidence	C
Understand the role and limitations of evidence in the development of clinical guidelines	C
Understand the advantages and disadvantages of guidelines	C
Understand the processes that result in nationally applicable guidelines (e.g. NICE and SIGN)	C
Skills	
Ability to search the medical literature including use of PubMed, Medline, Cochrane reviews and the internet	C
Appraise retrieved evidence to address a clinical question	C
Apply conclusions from critical appraisal into clinical care	C
Identify the limitations of research	C
Contribute to the construction, review and updating of local (and national) guidelines of good practice using the principles of evidence-based medicine	C

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

Level Descriptor	
1	Participate in departmental or other local journal club Critically review an article to identify the level of evidence
2	Lead in a departmental or other local journal club Undertake a literature review in relation to a clinical problem or topic
3	Produce a review article on a clinical topic, having reviewed and appraised the relevant literature
4	Perform a systematic review of the medical literature Contribute to the development of local or national clinical guidelines
Emergency Department Context	
1	Presents a recent article with critical appraisal at a departmental teaching or audit meeting or incorporates critique into audit presentation
2	Completes a BestBET including the formulation of three-part question, search and review
3	Completes an evidence-based guideline in the ED

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Applies national guidelines and specifically refers to them when giving advice to tACPs Documents clearly in notes any variance from guidelines
Working with others	Directs tACPs to guidelines and resources for best evidence Sets up journal club or critical appraisal practice group in hospital or region
Managing the service	Ensures guidelines are available on the shop floor via computers, proforma, posters or other means
Improving services	Seeks out new guidelines and works on modification for department Takes NICE or other guideline, evaluates applicability and feasibility in department and introduces, creating business plan if required
Setting direction	Undertakes review of guidelines matching departmental library to national library or RCEM website Accepts RCEM guidelines and implements

CC22 Audit

To progressively develop the ability to perform an audit of clinical practice and to apply the findings appropriately	
Knowledge	**Assessment Methods**
Understand the different methods of obtaining data for audit including patient feedback questionnaires, hospital sources and national reference data	AA, C
Understand the role of audit (developing patient care, risk management etc.)	AA, C
Understand the steps involved in completing the audit cycle	AA, C
Understands the working and uses of national and local databases used for audit such as specialty data collection systems, cancer registries etc. The working and uses of local and national systems available for reporting and learning from clinical incid	AA, C
Skills	
Design, implement and complete audit cycles	AA, C
Contribute to local and national audit projects as appropriate (e.g. NCEPOD, SASM)	AA, C
Support audit by junior medical trainees and within the multi-disciplinary team	AA, C
Behaviours	
Recognise the need for audit in clinical practice to promote standard setting and quality assurance	AA, C

Level Descriptor	
1	Attendance at departmental audit meetings Contribute data to a local or national audit
2	Identify a problem and develop standards for a local audit
3	Compare the results of an audit with criteria or standards to reach conclusions Use the findings of an audit to develop and implement change Organise or lead a departmental audit meeting

4	Lead a complete clinical audit cycle including development of conclusions, implementation of findings and re-audit to assess the effectiveness of the changes Become audit lead for an institution or organisation
Emergency Department Context	
1	Completes an audit in the department Contributes to RCEM national audit
2	Contributes to regular waiting time target audits and action plans to improve patient throughput Ensures patient experience questionnaires are completed for a percentage of their own patients (see patient survey tool, RCEM appendix 2 in "Assessment Descriptors for EM WPBAs and ACCS Specialty Specific Assessments forms" (May 2012) available on the RCEM website)
3	Supports junior trainees and/or nurses in audit Completes an action plan resulting from an audit
4	Chairs an audit meeting Works with Trust lead for national audits such as TARN or MINAP, NCEPOD contributing data, analysis and action planning

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Promotes audit with junior trainees as means to improve services
Working with others	Makes suggestions for topics and methodology to junior tACPs or nurses Encourages nurse audit by supporting search for evidence, methods and data collection
Managing the service	Uses audit results and makes clear achievable recommendations – ensuring they are enacted by personal work
Improving services	Completes a re-audit cycle after personal work to implement actions
Setting direction	Contributes or designs departmental audit strategy for year to incorporate RCEM national audits, TARN, MINAP, NCEPOD and other key audits for department

ACPs should ensure that the knowledge possessed is communicated effectively. In the formal setting of teaching and training specific competences will have to be acquired to ensure that the practitioner recognises the best practise and techniques.

CC23 Teaching and training

To progressively develop the ability to teach to a variety of different audiences in a variety of different ways. To progressively be able to assess the quality of the teaching. To progressively be able to train a variety of different trainees in a variety of different ways. To progressively be able to plan and deliver a training programme with appropriate assessments	
Knowledge	**Assessment Methods**
Outline adult learning principles relevant to education	C, TO
Identification of learning methods and effective learning environments	C, TO
Construction of educational objectives	C, TO
Use of effective questioning techniques	C, TO
Varying teaching format and stimulus	C, TO
Demonstrate knowledge of relevant literature relevant to developments in education	C, TO
Outline the structure of the effective appraisal interview	C, TO
Define the roles of the various bodies involved in healthcare education	C, TO
Differentiate between appraisal and assessment and be aware of the need for both	C, TO
Outline the workplace based assessments in use and the appropriateness of each	C, TO
Demonstrate the definition of learning objectives and outcomes	C, TO
Outline the appropriate local course of action to assist the failing trainee	C, TO
Skills	
Vary teaching format and stimulus, appropriate to situation and subject	C, TO

Provide effective feedback after teaching, and promote learner reflection	C, M, TO
Conduct effective appraisal	C, M, TO
Demonstrate effective lecture, presentation, small group and bedside teaching sessions	C, M, TO
Provide appropriate career advice, or refer trainee to an alternative effective source of career information	C, M, TO
Participate in strategies aimed at improving patient education e.g. talking at support group meetings	C, M, TO
Be able to lead departmental teaching programmes including journal clubs	C, TO
Recognise the failing trainee	C, TO
Behaviours	
In discharging educational duties acts to maintain the dignity and safety of patients at all times	C, M, TO
Recognises the importance of the role of the clinician as an educator within the multi-professional healthcare team and uses healthcare education to enhance the care of patients	C, M, TO
Balances the needs of service delivery with the educational imperative	C, M, TO
Demonstrates willingness to teach trainees and other health and social workers in a variety of settings to maximise effective communication and practical skills	C, M, TO
Encourages discussions in the clinical settings with colleagues to share knowledge and understanding	C, M, TO
Maintains honesty and objectivity during appraisal and assessment	C, M, TO
Shows willingness to participate in workplace based assessments	C, M, TO
Shows willingness to take up formal tuition in healthcare education and respond to feedback obtained after teaching sessions	C, M, TO
Demonstrates a willingness to become involved in the wider healthcare education activities and fosters an enthusiasm for education activity in others	C, M, TO

Recognises the importance of personal development as a role model to guide trainees in aspects of good professional behavior	C, M, TO
Demonstrates consideration for learners including their emotional, physical and psychological wellbeing with their development needs	C, M, TO

Level Descriptor	
1	Develops basic PowerPoint presentation to support educational activity Delivers small group teaching others Able to seek and interpret simple feedback following teaching
2	Able to supervise a tACP, student nurse or colleague through a procedure Able to perform a workplace based assessment including being able to give effective feedback
3	Able to devise a variety of different assessments (e.g. multiple choice questions, workplace based assessments) Able to appraise a student nurse, or other colleague Able to act as a mentor to a student nurse, tACP or other colleague
4	Able to plan, develop and deliver educational activities with clear objectives and outcomes Able to plan, develop and deliver an assessment programme to support educational activities
Emergency Department Context	
1	Develops own learning objectives Delivers case presentation including literature review to ED teaching session Teaches clinical students on the shop floor and seeks and receives good feedback
2	Supervises junior staff on blood gas, catheterisation, plaster application etc.
3	Contributes to junior tACP appraisal meeting Leads the student nurse programme – and supervises attendance, teaching programme and assessments
4	Leads on junior staff teaching programme – matching sessions to curriculum and delivering at least 6 sessions per year Helps colleague or junior tACPs set their own educational objectives Provides teaching sessions for ambulance personnel or other healthcare professionals

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Uses every opportunity on the shop floor to enable others to learn – by asking questions and leading trainee's decision making to support skills and knowledge acquisition Seeks out every opportunity to complete WBA – and invites and receives feedback
Working with others	Leads board rounds in style likely to enable others to learn Debriefs after resuscitations, unexpected events or after shifts to enable others to learn Gives clear unambiguous feedback for tACPs in difficulty or provides statements of fact to
Managing the service	Adjusts supervision style when surge in activity or increased pressure reduces time available but maintains educational principles
Improving services	Identifies educational needs in the course of every day practice by talking with junior tACPs or observing common errors and feeds into the training programme
Setting direction	Ensures named educational supervisor for every tACP Asks to attend and attends training sessions for educational supervision

The individual practitioner has to have appropriate attitudes and behaviours that help deal with complex situations and to work effectively providing leadership and working as part of the healthcare team.

CC24 Personal behaviour

To develop the behaviours that will enable the ACP to become a senior leader able to deal with complex situations and difficult behaviours and attitudes. To work increasingly effectively with many teams and to be known to put the quality and safety of patient care as a prime objective To develop the attributes of someone who is trusted to be able to manage complex human, legal and ethical problem. To become someone who is trusted and is known to act fairly in all situations	
Knowledge	**Assessment Methods**
Recall and build upon the competences: • Deal with inappropriate patient and family behaviour • Respect the rights of patients, elderly, people with physical, mental, learning or communication difficulties • Adopt an approach to eliminate discrimination against patients from diverse backgrounds including age, gender, race, culture, disability, spirituality and sexuality • Place needs of patients above own convenience • Behave with honesty and probity • Act with honesty and sensitivity in a non-confrontational manner • The main methods of ethical reasoning: casuistry, ontology and consequentialist • The overall approach of value-based practice and how this relates to ethics, law and decision making	ACAT, C, Mi, M, PS
Define the concept of modern clinical professionalism	C
Outline the relevance of professional bodies	C
Skills	
Practise with: • integrity • compassion • altruism • continuous improvement • excellence • respect for cultural and ethnic diversity • regard to the principles of equity	ACAT, C, Mi, M, PS
Work in partnership with members of the wider healthcare team	ACAT, C, Mi, M

Liaise with colleagues to plan and implement work rotas	ACAT, M
Promote awareness of the clinician's role in utilising healthcare resources optimally	ACAT, C, Mi, M
Recognise and respond appropriately to unprofessional behaviour in others	ACAT, C
Be able to provide specialist support to hospital and community based services	ACAT, C, M
Be able to handle enquiries from the press and other media effectively	C, D
Behaviours	
Recognise personal beliefs and biases and understand their impact on the delivery of health services	ACAT, C, Mi, M
Recognise the need to use all healthcare resources prudently and appropriately	ACAT, C, Mi
Recognise the need to improve clinical leadership and management skill	ACAT, C, Mi
Recognise situations when it is appropriate to involve professional and regulatory bodies	ACAT, CbD, Mini-CEX
Show willingness to act as a mentor, educator and role model	ACAT, C, Mi, M
Be willing to accept mentoring as a positive contribution to promote personal professional development	ACAT, CbD, Mini-CEX
Participate in professional regulation and professional development	C, Mi, M
Takes part in 360 degree feedback as part of appraisal	C, M
Recognise the right for equity of access to healthcare	ACAT, C, Mi,
Recognise need for reliability and accessibility throughout the healthcare team	ACAT, C, Mi, M

Level Descriptor	
1	Works work well within the context of multi-professional teams Listens well to others and takes other viewpoints into consideration Supports patients and relatives at times of difficulty e.g. after receiving difficult news Is polite and calm when called or asked to help

2	Responds to criticism positively and seeks to understand its origins and works to improve. Praises staff when they have done well and where there are failings in delivery of care provides constructive feedback Wherever possible involves patients in decision making
3	Recognises when other staff are under stress and not performing as expected and provides appropriate support for them. Takes action necessary to ensure that patient safety is not compromised
4	Helps patients who show anger or aggression with staff or with their care or situation and works with them to find an approach to manage their problem Engenders trust so that staff feel confident about sharing difficult problems and feel able to point out deficiencies in care at an early stage
Emergency Department Context	
1	Remains calm and professional during times of surges in numbers of patients or acuity Retains concentration during quiet periods of work Seeks help appropriately and acts on advice
2	Works well with other staff dealing with individual patients – both supporting them and also seeking their viewpoint
3	Takes responsibility for the department for a shift recognising the need to distribute work and support decision making by others Monitors the wellbeing of other staff – identifying staff in difficulty to the relevant senior member of staff
4	Provides an acceptable role model for the junior staff even under pressure or when not at work, demonstrating integrity and adherence to professional standards

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Completes multi-source feedback for others when asked Is consistent in manner and mood whatever the departmental status
Working with others	Encourages others including patients, to contribute to management discussions on board rounds or in resuscitation situations, and accepts their viewpoints
Managing the service	Contributes to actions that will allow the ED to meet all targets including infection control, patient experience and four-hour target – by personal role modeling and support of others
Improving services	Implements changes to meet departmental aspirations including new rotas, new models of working, acquiring new skills
Setting direction	Contributes to annual departmental strategic vision - including discussions on the role of the consultant, collaboration with primary care and working with specialties in hospital at night

CC25 Management and NHS structure

To understand the structure of the NHS and the management of local healthcare systems in order to be able to participate fully in managing healthcare provision	
Knowledge	**Assessment Methods**
Understand emphasis on management and leadership by relevant professional regulators	C
Understand the local structure of NHS systems in your locality recognising the potential differences between the four countries of the UK	ACAT, C
Understand the structure and function of healthcare systems as they apply to Emergency Medicine	ACAT, C
Understand the consistent debates and changes that occur in the NHS including the political, social, technical, economic, organisational and professional aspects that can impact on provision of service	C
Understand the importance of local demographic, socio-economic and health data and their use to improve system performance	C
Understand the principles of: • Clinical coding • European Working Time Regulations • National Service Frameworks • Health regulatory agencies (e.g., NICE, Scottish Government) • NHS structure and relationships • NHS finance and budgeting • Resource allocation • The role of the independent sector as providers of healthcare	ACAT, C, Mi
Understand the principles of recruitment and appointment procedures	C
Skills	
Participate in managerial meetings	ACAT, C
Take an active role in promoting the best use of healthcare resources	ACAT, C, Mi
Work with stakeholders to create and sustain a patient-centred service	ACAT, C, Mi

Employ new technologies appropriately, including information technology	ACAT, C, Mi
Conduct an assessment of the community needs for specific health improvement measures	C, Mi
Behaviours	
Recognise the importance of just allocation of healthcare resources	C
Recognise the role of advanced practioners as active participants in healthcare systems	ACAT, C, Mi
Respond appropriately to health service targets and take part in the development of services	ACAT, C, Mi
Recognise the role of patients and carers as active participants in healthcare systems and service planning	ACAT, C, Mi, PS
Show willingness to improve managerial skills (e.g. management courses) and engage in management of the service	C, M

Level Descriptor	
1	Describes in outline the roles of primary care, including general practice, public health, community, mental health, secondary and tertiary care services within healthcare Describes the roles of members of the clinical team and the relationships between those roles Participates fully in clinical coding arrangements and other relevant local activities
2	Can describe in outline the roles of primary care, community and secondary care services within healthcare Can describe the roles of members of the clinical team and the relationships between those roles Participates fully in clinical coding arrangements and other relevant local activities
3	Can describe the relationship between Government, NHS, central and local management bodies, General Practice and Trusts including relationships with local authorities and social services Participate in team and departmental management meetings including discussions around service development Discuss the most recent guidance from the relevant health regulatory agencies in relation to the specialty

4	Describe the local structure for health services and how they relate to regional or devolved administration structures. Be able to discuss funding allocation processes from central government in outline and how that might impact on the local health organisation Participate fully in clinical directorate meetings and other appropriate local management structures in planning and delivering health care within the specialty Participate as appropriate in staff recruitment processes in order to deliver an effective clinical team Within the directorate collaborate with other stakeholders to ensure that their needs and views are considered in managing services.
Emergency Department Context	
1	Can describe the local management arrangements including naming the lead consultant, senior nurse and manager for the ED Always completes the investigations, treatments and diagnosis documentation for individual patients as well as times and referral decisions
2	Describes the relationship to primary care including any local urgent care centre, or GPs working in the department Uses investigations to confirm clinical diagnoses recognising the need for rational resource utilisation
3	Attends departmental meetings and contributes to proposals for new equipment, design of the department or other strategic actions Discusses documents from the RCEM Professional Standards Committee on departmental standards and the role of the consultant and applies to their own future working pattern
4	Participates in recruitment and selection for junior staff and nursing staff where appropriate Attends management course and gives summary of points learnt to other trainees

Leadership	*ACPs should demonstrate competence in all elements of domains, with some evidence in setting direction*
Demonstrating personal qualities	Demonstrates willingness to get involved in management tasks Completes management portfolio tasks – 3 per year*
Working with others	Supports others in completing management tasks Explains and supports decisions that limit resources (where appropriate) in the ED Works with the CCG/Health Board to understand local demand for emergency and unscheduled care *** Works with mental health to ensure pathways appropriate for patients with mental health needs ***
Managing the service	Enquires and gains and understanding of the budget and staffing rationale in the ED Reviews the rota for practioners at junior or senior level and matches to patient attendance numbers *
Improving services	Participates in the introduction of new technology (computer system, equipment) in the ED and evaluates the impact on the service*
Setting direction	Participates in regional or national board discussions on emergency department reconfiguration and contributes to data collection or other work from EDs to support the best configuration for quality patient care in Emergency Departments

9.2. Major Presentations

CMP1 Anaphylaxis

The trainee will be able to identify patients with anaphylactic shock, assess their clinical state, produce a list of appropriate differential diagnoses, initiate immediate resuscitation and management and organise further investigations	
Knowledge	**Assessment Methods**
Identify physiological perturbations causing anaphylactic shock	C, Mi, ACAT
Recognise clinical manifestations of anaphylactic shock	C, Mi, ACAT
Elucidate causes of anaphylactic shock	C, Mi, ACAT
Know anaphylaxis guidelines	C, Mi, ACAT
Define follow-up pathways after acute resuscitation	C, Mi, ACAT
Skills	
Recognise clinical consequences of acute anaphylaxis	Mi, C, S
Perform immediate physical assessment (laryngeal oedema, bronchospasm, hypotension)	Mi, C, D, S
Institute resuscitation (adrenaline/epinephrine), oxygen, IV access, fluids)	Mi, C, D, S
Arrange monitoring of relevant indices	Mi, C, S
Order, interpret and act on initial investigations (tryptase, C1 esterase inhibitor etc.)	Mi, C
Be an ALS provider	L
Behaviours	
Exhibit a calm and methodical approach	ACAT, C, Mi, S
Adopt leadership role where appropriate	ACAT, C, Mi, S
Involve senior and specialist allergy services promptly	ACAT, C, Mi, S

CMP2 Cardiorespiratory arrest

The trainee will have full competence in the assessment and resuscitation of the patient who has suffered a cardio-respiratory arrest, as defined by the UK Resuscitation Council	
Knowledge	**Assessment Methods**
Demonstrate knowledge of the causes of cardiac arrest including special situations, e.g. hypothermia, trauma, overdose Be able to identify and correct reversible causes. Demonstrate knowledge of the outcomes of pre-hospital and in-hospital arrest	C, Mi, ACAT
Demonstrate familiarity with the ALS and APLS algorithms and pharmacology	C, Mi, ACAT
Outline indication and safe delivery of drugs used as per ALS and APLS algorithms	C, Mi, ACAT
Know how to manage the patient post- arrest with ROSCBe able to diagnose and treat peri-arrest arrhythmias and know the indication, contraindications and side effects of the drugs used	C, Mi, ACAT
Know of tissue and organ donation	C, Mi, ACAT
Skills	
Rapidly assess the collapsed patient in terms of ABC, airway, breathing and circulation	Mi, D, L
Perform basic life support competently as defined by Resuscitation Council (UK): effective chest compressions, airway manoeuvres, bag and mask ventilation	Mi, D, L
Competently perform further steps in advanced life support: IV drugs; safe DC shocks when indicated; external pacing, , identification and rectification of reversible causes of cardiac arrest	Mi, D, L
Break bad news appropriately (see generic curriculum)	Mi, C, M

Behaviours	
Recognise and intervene in critical illness promptly to prevent cardiac arrest (e.g. peri-arrest arrhythmias, hypoxia)	ACAT, AA, C,Mi
Maintain safety of environment for patient and health workers	ACAT, C, Mi
Hold a valid ALS certificate (MANDATORY REQUIREMENT)	ACAT, AA C,Mi
Demonstrate ability to work in a team and succinctly present clinical details of situation to senior doctor	ACAT, C, Mi
Demonstrate ability to consult with a senior, seek anaesthetic team support and to act as the patient's advocate when continued critical care input is needed	ACAT, C, Mi
Recognise importance of sensitively breaking bad news to family	ACAT, C, Mi

CMP3 Major trauma

To assess the trauma victim using a systematic prioritised approach, be able to resuscitate, identifying life-threatening conditions and stabilize the patient	
Knowledge	**Assessment Methods**
Be able to perform and interpret the primary and secondary survey	C, Mi, ACAT, L
Undertake emergency airway management including how to perform a cricothyroidotomy and protect the cervical spine	C, Mi, ACAT, L
Know how to establish IV access including intra-osseous, central venous access and arterial pressure monitoring	C, Mi, ACAT, L
Be able to identify life-threatening injury especially thoracic and abdominal trauma and know how to undertake needle thoracocentesis and intercostal drain insertion To identify those with aortic injury, diaphragmatic rupture and pulmonary contusion, myocardial contusion, oesophageal rupture, tracheo-bronchial injury, rib and sternal fracture	C, Mi, ACAT, L
Be able to recognise and manage hypovolaemic shock	C, Mi, ACAT, L
Understand the uses of peritoneal lavage and FAST scanning	C, Mi, ACAT, L
Know the principles of management of head injury and the mechanism and effects of raised intracranial pressure, and methods of preventing secondary brain injury	C, Mi, ACAT, L
Know the principles of anaesthesia in the presence of head injury and major trauma	C, Mi, ACAT, L
Know the initial management of cervical spine injury	C, Mi, ACAT, L
Skills	
Be able to assess and immediately manage a trauma patient: perform and interpret primary and secondary survey	Mi, C, S, D, L
Provide emergency airway management oxygen therapy and ventilation	Mi, C, S, D, L
Be part of the airway team undertaking rapid sequence induction of the injured patient.	Mi, C, S, D, L
Be able to provide cervical spine immobilization and log rolling.	Mi, C, S, D, L
Assess and manage hypovolaemic shock. Be able to cannulate major vessel for resuscitation and monitoring.	Mi, C, S, D, L

Undertake needle thoracocentesis and intercostal drain insertion. Be able to identify and treat tension pneumothorax.	Mi, C, S, D, L
Be able to assess the patient using the Glasgow Coma Score.	Mi, C, S, D, L
Undertake initial appropriate investigations e.g. x-match chest x-ray, and be able to interpret them.	Mi, C, S, L
To provide pain relief for the trauma victim.	Mi, C, S, L
Be able to undertake safe urinary catheterisation and NG tube insertion.	Mi, C, S, D, L
Behaviours	
Prompt attendance; focus on resuscitation and life-threatening conditions, good communication and team work.	ACAT, C, Mi, L
Exhibit a calm methodical approach and be able to prioritise care.	ACAT, C, Mi, L
Adopt leadership role where appropriate and be able to take over when appropriate.	ACAT, C, Mi, L
Involve senior and specialist services early for those patients with life-or-limb threatening injuries.	ACAT, C, Mi, L

CMP4 Septic patient

The trainee will have full competence in the assessment and resuscitation of the patient presenting with severe sepsis or septic shock	
Knowledge	**Assessment Methods**
Demonstrate knowledge of the definitions of the systemic inflammatory response syndrome (SIRS), severe sepsis and septic shock Knowledge of the outcomes of SIRS, septic shock and multiple organ failure	C, Mi, ACAT
Knowledge of common gram negative and gram positive organisms producing sepsis. Knowledge of special situations not limited to but including infection with: Toxin producing bacteria Invasive Group A Streptococcus Fungal organisms	C, ACAT
List components of current "care bundles" (e.g. Sepsis 6)	C, Mi, ACAT
Outline indication and safe delivery of fluids and vasoactive drugs to haemodynamic endpoints Understanding of Early Goal Directed Therapy	C, Mi, ACAT
Demonstrate knowledge of first line empiric antibiotic therapy for common sepsis presentations. Understanding of the hospital antimicrobial formulary.	C, Mi, ACAT
Knowledge of the pharmacology and rationale for the use of: • Vasoactive drugs used in sepsis • Adjunctive drugs used in sepsis	C, Mi, ACAT
Knowledge of ventilatory strategies used in septic shock including lung protective ventilation	C, Mi, ACAT, AA
Understanding of the use of renal replacement therapies in sepsis and septic shock	C, Mi, ACAT
Skills	
Rapidly assesses the shocked patient in terms of ABC, airway, breathing and circulation	Mi, C, S, D, L
Administers oxygen, establishes intravenous access, takes blood cultures and administers antibiotics and intravenous fluids in accordance with 6 hour sepsis bundle	Mi, C, S, D, L

Organises and interprets initial investigations: • Arterial blood gases • Lactate • Central venous oxygen saturation • Organises microbiological investigations not limited to but including relevant cultures, blood cultures and urinary antigens	Mi, C, S, D, L
Break bad news appropriately (see common competences curriculum)	Mi, C, S, L
Behaviours	
Recognise and intervene in critical illness promptly to prevent deterioration and the development of multiple organ failure	ACAT, C, Mi
Maintain safety of environment for patient and health workers	ACAT, C, Mi
Demonstrate ability to work in a team and succinctly present clinical details of situation to seniors.	ACAT, C, Mi
Demonstrate ability to consult with a senior, seek anaesthetic team support in airway management and liaise with parent team and with microbiologists	ACAT, C, Mi
Recognise importance of sensitively breaking bad news to family	ACAT, C, Mi

CMP5 Shocked patient

The tACP will be able to identify a shocked patient, assess their clinical state, produce a list of appropriate differential diagnoses and initiate immediate management	
Knowledge	**Assessment Methods**
Identify physiological perturbations that define shock and understand the pathophysiology of its cause	C, Mi, ACAT
Identify principal categories of shock	C, Mi, ACAT
Elucidate main causes of shock in each category (e.g. MI, heart failure, P blood loss, sepsis)	C, Mi, ACAT
Demonstrate knowledge of sepsis syndromes	C, Mi, ACAT
Demonstrate a knowledge of the roles and the different types of monitoring required for the shocked patient	C, Mi, ACAT
Understand the role of imaging in the diagnosis of shocke.g. FAST scan, CT etc. and be able to interpret the fundamentals of this imaging	C, Mi, ACAT
Demonstrate a knowledge of the different fluids and drugs e.g. inotropes used in the treatment of shock	C, Mi, ACAT
Skills	
Recognise significance of major physiological perturbations	Mi, D, L
Perform immediate (physical) assessment (A,B,C)	Mi, D, L
Institute immediate, simple resuscitation (oxygen, iv access, fluid resuscitation)	Mi, D, L
Arrange simple monitoring of relevant indices (oximetry, arterial gas analysis) and vital signs (BP, pulse & respiratory rate, temp, urine output)	Mi, D, L
To be able to gain vascular or intra-osseous access in the shocked patient.	Mi, D, L
Order, interpret and act on initial investigations appropriately: ECG, blood cultures, blood count, electrolytes, CVP measurements	Mi, D, L
Recognition of the need for urgent surgical intervention.	Mi, D, L

Behaviours	
Exhibit calm and methodical approach to assessing the critically ill patient.	ACAT, C, Mi
Adopt leadership role where appropriate.	ACAT, C, Mi, M
Involve senior and specialist (e.g. critical care outreach) services promptly.	ACAT, C, Mi

CMP6 Unconscious patient

The tACP will be able to promptly assess the unconscious patient to produce a differential diagnosis, establish safe monitoring, investigate appropriately and formulate an initial management plan, including recognising situations in which emergency specialist investigation or referral is required	
Knowledge	**Assessment Methods**
Identify the principal causes of unconsciousness (metabolic, neurological)	C, Mi, ACAT
Recognise the principal sub-causes (drugs, hypoglycaemia, hypoxia; trauma, infection, vascular, epilepsy, raised intra-cranial pressure, reduced cerebral blood flow, endocrine)	C, Mi, ACAT
List appropriate investigations for each	C, Mi, ACAT
Outline immediate management options	C, Mi, ACAT
Skills	
Make a rapid and immediate assessment including examination of coverings of nervous system (head, neck, spine) and Glasgow Coma Score	Mi, D
Initiate appropriate immediate management (A,B,C, cervical collar, administer glucose)	Mi, C
Take simple history from witnesses when patient has stabilised	Mi, C
Prioritise, order, interpret and act on simple investigations appropriately	Mi, C
Initiate early (critical) management (e.g. control fits, manage poisoning) including requesting safe monitoring	Mi, C
Behaviours	
Recognise need for immediate assessment and resuscitation	ACAT, C, Mi
Assume leadership role where appropriate	ACAT, C, Mi
Involve appropriate specialists to facilitate immediate assessment and management (e.g. imaging, intensive care, neurosurgeons)	ACAT, C, Mi

9.3. Acute presentations

CAP1 Abdominal pain including loin pain

The tACP will be able to assess a patient presenting with abdominal pain and loin pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
To outline the different classes of abdominal pain and how the history and clinical findings differ between the causes	C, Mi, ACAT
To identify the possible surgical causes of abdominal pain, depending on site, details of history, acute or chronic including but not limited to peptic ulcer disease, pancreatitis, cholecystitis, cholangitis, biliary colic, bowel obstruction, diverticular disease, viscus perforation, acute appendicitis and ischaemic colitis, AAA, hernias, renal calculi, pyelonephritis, chronic inflammatory bowel disease, and volvulus	C, Mi, ACAT
Know the common and serious causes of loin pain including renal colic, infection and obstruction of the urinary tract, abdominal aortic aneurysm	C, Mi, ACAT
Know the medical causes of abdominal pain	C, Mi, ACAT
To define the situations in which urgent surgical, urological or gynaecological opinion should be sought	C, Mi, ACAT
Determine which first-line investigations are required, depending on the likely diagnoses following evaluation using ECG, plain radiology, CT, ultrasound and blood tests.	C, Mi, ACAT
Define the indications and contraindications for specialist investigation: ultrasound, CT, CT KUB, MRI, endoscopy, and IVU	C, Mi, ACAT
Skills	
To have an A, B, C, D approach ensuring identification of critical or life-threatening illness	Mi, C, D
Elicit signs of tenderness, guarding, and rebound tenderness and interpret appropriately	Mi, C, D
Order, interpret and act on initial investigations appropriately: blood tests, x-rays, ECG and microbiology investigations	Mi, C
Initiate first-line management: including effective fluid resuscitation, pain relief, antibiotics and appropriate use of a nasogastric tube	Mi, C
Interpret gross pathology on CT, CT KUB, IVU, including liver metastases and obstructed ureters with hydronephrosis	Mi, C
Be able to identify those that require admission and those who may be safely discharged	Mi, C

Behaviours	
In conjunction with senior and appropriate specialists, exhibit timely intervention when abdominal pain is the manifestation of critical illness or is life-threatening,	ACAT, C, Mi
Recognise the importance of a multi-disciplinary approach including early surgical/urological assessment when appropriate	ACAT, C, Mi, M
Display empathy to physical and mental responses to pain	ACAT, C, Mi, M
Involve other specialties promptly when required	ACAT, C, Mi

CAP2 Abdominal swelling

The tACP will be able to undertake assessment of a patient presenting with abdominal swelling, mass or constipation to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
Define the different types of abdominal mass in terms of site, aetiology and clinical characteristics	C, Mi, ACAT
Recall the preponderance of functional causes of constipation including constipation with overflow and the investigation and management of faecal incontinence	C, Mi, ACAT
Describe the appropriate investigations-radiologic, surgical, endoscopy	C, Mi, ACAT
Identify the causes of hepatomegaly and splenomegaly, abdominal swelling and constipation	C, Mi, ACAT
Recall abdominal wall pathology as possible causes of distension, including divarification of the recti	C, Mi, ACAT
Know the pathophysiology of portal hypertension and bowel obstruction	C, Mi, ACAT
Know the important steps in diagnosing the cause of ascites, including imaging and the diagnosis of spontaneous bacterial peritonitis and malignancy	C, Mi, ACAT

Skills	
Elicit associated symptoms and risk factors for the presence of diseases presenting with abdominal mass, ascites and co-existing signs. Elicit and interpret important physical findings to establish likely nature	Mi, C, D
Order and interpret appropriate diagnostic tests	Mi, C
Practise safe management of ascites: including the use of diuretics, fluid and salt restriction, and ascitic tap	Mi, C, D
Select appropriate second-line investigations of constipation when indicated: including blood tests imaging and endoscopy	Mi, C
Following diagnosis of the cause of constipation prescribe or administer bulk or osmotic laxatives or motility stimulants as necessary	Mi, C
Provide review of medications in patients with constipation in the context of multi-system disease	Mi, C
Behaviours	
Involve specialists promptly when appropriate: surgery, gastroenterology, radiology, palliative care	ACAT, C, Mi
Discuss with patient likely outcomes and prognosis of condition	ACAT, C, Mi

CAP3 Acute back pain

The tACP will be able to assess a patient with a new presentation of back pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
Know the causes of acute back pain including but not limited to – malignant, septic, musculoskeletal, urological, neurological, AAA Be able to outline features that raise concerns as to a sinister cause (red flags) and those that lead to a consideration of chronic causes (yellow flags) Understand and recognise the cauda equina syndrome	C, Mi, ACAT
Specify abdominal pathology that may present with back pain	C, Mi, ACAT
Recall the indications of an urgent MRI of spine	C, Mi, ACAT
Outline indications for hospital admission	C, Mi, ACAT
Outline secondary prevention measures in osteoporosis	C, Mi, ACAT
Skills	
Perform examination and elicit signs of spinal cord/cauda equina compromise	Mi, C, D
Practise safe prescribing of analgesics/anxiolytics to provide symptomatic relief	Mi, C
Order, interpret and act on initial investigations appropriately: blood tests and x-rays	Mi, C
Behaviours	
Involve neurosurgical unit promptly in event of neurological symptoms or signs	ACAT, C, Mi
Ask for senior help when critical abdominal pathology is suspected	ACAT, C, Mi
Recognise the socio-economic impact of chronic lower back pain	ACAT, C, Mi
Participate in multi-disciplinary approach: physio, OT	C, M
Recognise impact of osteoporosis and encourage bone protection in all patients at risk	C

CAP4 Aggressive/disturbed behaviour

The tACP will be competent in predicting and preventing aggressive and disturbed behaviour, use safe physical restraint and chemical sedation, investigate appropriately and liaise with the mental health team.	
Knowledge	**Assessment Methods**
Know the factors that predict aggressive behaviour: personal history, alcohol and substance abuse, delirium	C, Mi, ACAT
Define and characterise psychosis and know the common causes	C, Mi, ACAT
Know the indications, contraindications and side effects of tranquillisers Know de-escalation techniques that can be used to prevent violent behaviour	C, Mi, ACAT
Know the legal framework for authorizing interventions in the management of the disturbed or violent patient	C, Mi, ACAT
Skills	
Ensure appropriate environment and support staff	C
Assess fully including mental state examination and produce valid differential diagnosis	Mi, C, D
Undertake and interpret appropriate investigations	C
Produce safe rapid tranquillisation if indicated as defined in national guidelines with appropriate monitoring	Mi, C
Behaviours	
Treat acutely disturbed patient with respect and dignity	ACAT, M
Liaise promptly with psychiatric services	ACAT, M

CAP5 Blackout/collapse

The tACP will be able to assess a patient presenting with a collapse to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also "Syncope" and "Falls")	
Knowledge	**Assessment Methods**
Recall the causes for blackout and collapse (including syncopal causes vasovagal, cough, effort, micturition, carotid sinus hypersensitivity).	C, Mi, ACAT
Differentiate the causes depending on the situation of blackout +/or collapse, associated symptoms and signs, and eye-witness reports	C, Mi, ACAT
Outline the indications for temporary and permanent pacing systems	C, Mi, ACAT
Define indications for investigations: ECHO, ambulatory ECG monitoring, neuro-imaging	C, Mi, ACAT

Skills	
Elucidate history to establish whether event was LOC, fall without LOC, vertigo (with eye-witness account if possible)	Mi, C
Assess patient in terms of ABC and level of consciousness and manage appropriately	Mi, C, D
Perform examination to elicit signs of cardiovascular or neurological disease and to distinguish epileptic disorder from other causes	Mi, C, D
Order, interpret and act on initial investigations appropriately: ECG, blood tests inc. glucose, brain imaging (CT and MRI)	Mi. C
Manage arrhythmias appropriately as per ALS guidelines	C, L
Detect orthostatic hypotension	Mi, C, D
Institute external pacing systems when appropriate	Mi, C, D, L
Behaviours	
Ensure the follow-up pathways for these patients e.g. syncope clinics, falls clinics	ACAT, C
Recognise impact episodes can have on lifestyle particularly in the elderly	ACAT, C
Recognise recommendations regarding fitness to drive in relation to undiagnosed blackouts	ACAT, C

CAP6 Breathlessness

The tACP will be able to assess a patient presenting with breathlessness to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
Recall the common and/or important cardio-respiratory conditions that present with breathlessness	C, Mi, ACAT
Differentiate orthopnoea and paroxysmal nocturnal dyspnoea	C, Mi, ACAT
Identify non-cardio-respiratory factors that can contribute to or present with breathlessness e.g. acidosis	C, Mi, ACAT
Define basic pathophysiology of breathlessness	C, Mi, ACAT
List the causes of wheeze and stridor	C, Mi, ACAT
Demonstrate knowledge of the indications, contraindications and adverse effects of the drugs used to treat the causes of breathlessness	C
Outline indications for CT chest, CT pulmonary angiography, spirometry	C, Mi, ACAT
Skills	
Interpret history and clinical signs to list appropriate differential diagnoses: including but not limited to pneumonia, COPD, P pulmonary oedema, pneumothorax, asthma. Know the relevant BTS guidelines for these conditions	Mi, C, L
Differentiate between stridor and wheeze	Mi, C
Order, interpret and act on initial investigations appropriately: routine blood tests, oxygen saturation, arterial blood gases, chest x-rays, ECG, peak flow, spirometry	Mi, C
Initiate treatment in relation to diagnosis, including safe oxygen therapy, early antibiotics for pneumonia	Mi, C
Perform pleural aspiration and chest drain insertion	D, L
Recognise disproportionate dyspnoea and hyperventilation	Mi, C
Practice appropriate management of wheeze and stridor	Mi, C

Evaluate and advise on good inhaler technique	Mi, C, D
Recognise indications & contraindications for non- invasive ventilation (NIV), and the indications and contraindications for intubation and invasive ventilatory support	Mi, C
Behaviours	
Exhibit timely assessment and treatment in the acute phase	ACAT, C
Recognise the distress caused by breathlessness and discuss with patient and carers	ACAT, C
Recognise the impact of long term illness	ACAT, C
Consult senior when respiratory distress is evident	ACAT, C
Involve Critical Care team promptly when indicated and recognise the need for care in an appropriate environment	ACAT, C
Exhibit non-judgemental attitudes to patients with a smoking history	ACAT, C, M

CAP7 Chest pain

The tACP will be able to assess a patient with chest pain to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
Characterise the different types of chest pain, and outline other symptoms that may be present	C, Mi, ACAT
List and distinguish between the common causes for each category of chest pain and associated features: cardio-respiratory, musculoskeletal, upper GI	C, Mi, ACAT
Define the pathophysiology of acute coronary syndrome and pulmonary embolus	C, Mi, ACAT
Identify the indications for PPCI and thrombolysis in ACS	C, Mi, ACAT
Identify the indications and limitations of cardiac biomarkers, d-dimer analysis, CTPA and V/Q scanning	C, Mi, ACAT
Know emergency treatments for P ACS and aortic dissection	C, Mi, ACAT
Outline the indications for further investigation in chest pain syndromes: CTPA, trans-oesophageal echocardiography and tread mill (stress) testing	C, Mi, ACAT
Skills	
Interpret history and clinical signs to list appropriate differential diagnoses: especially for cardiac pain & pleuritic pain	Mi, C
Order, interpret and act on initial investigations in the context of chest pain appropriately: such as ECG, blood gas analysis, blood tests, chest radiograph, cardiac biomarkers	Mi, C
Commence initial emergency treatment including that for coronary syndromes, pulmonary embolus and aortic dissection	Mi, C, D
Elect appropriate arena of care and degree of monitoring	Mi, C
Formulate initial discharge plan	ACAT, C, AA

Behaviours	
Perform timely assessment and treatment of patients presenting with chest pain	ACAT, C
Involve senior when chest pain heralds critical illness or when cause of chest pain is unclear	ACAT, C
Recognise the contribution and expertise of specialist cardiology nurses and technicians	ACAT, C
Recommend appropriate secondary prevention treatments and lifestyle changes on discharge	ACAT, C
Communicate in a timely and thoughtful way with patients and relatives	ACAT, C, M

CAP8 Confusion, acute delirium

The tACP will be able to assess an acutely confused/delirious patient to formulate a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
List the common and serious causes for acute confusion/delirium	C, Mi, ACAT
Outline important initial investigations, including electrolytes, cultures, full blood count, ECG, blood gases, thyroid function tests	C, Mi, ACAT
Recognise the factors that can exacerbate acute confusion/delirium e.g. change in environment, infection	C, Mi, ACAT
List the pre-existing factors that pre-dispose to acute confusion/delirium	C, Mi, ACAT
Outline indications for further investigation including head CT, lumbar puncture Describe the indications, contraindications and side effects of drugs used in acute psychosis including, but not limited to: haloperidol, benzodiazepines, clonidine	C, Mi, ACAT
Skills	
Examine to elicit cause of acute confusion/delirium	Mi, D
Perform mental state examinations (abbreviated mental test and mini-mental test and Confusional Assessment Method for ICU (CAM-ICU)) to assess severity and progress of cognitive impairment	Mi, C, D
Recognise pre-disposing factors: cognitive impairment, psychiatric disease	C
Understand and act on the results of initial investigationse.g. CT head, LP	C
Interpret and recognise pathology evident on CT head/MRI Brain	C
Behaviours	
Recognise that the cause of acute confusion/delirium is often multi-factorial	ACAT, C
Contributes to multidisciplinary team management including appropriate use of local physical restraint policy	ACAT, C, M
Recognise the effects of acutely confused/delirious patient on other patients and staff in the ward environment	ACAT, C

CAP9 Cough

The tACP will be able to assess a patient presenting with cough to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
List the common and serious causes of cough	C, Mi, ACAT
Identify risk factors relevant to each aetiology including precipitating drugs	C, Mi, ACAT
Outline the different classes of cough and how the history and clinical findings differ between them	C, Mi, ACAT
State which first line investigations are required, depending on the likely diagnoses following evaluation	C, Mi, ACAT
Skills	
Order, interpret and act on initial investigations appropriately: blood tests, chest x-ray and PFTs	C
Awareness of management for common causes of cough	C
Behaviours	
Contribute to patient's understanding of their illness	ACAT, C
Exhibit non-judgmental attitudes to patients with a history of smoking	ACAT, C, M
Consult seniors promptly when indicated	ACAT, C
Recognise the importance of a multi-disciplinary approach	ACAT, C, M

CAP10 Cyanosis

The tACP will be able to assess a patient presenting with cyanosis to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
Know the causes of cyanosis, cardiac & respiratory	C, Mi, ACAT
Know how to formulate a differential diagnosis and be able to differentiate from methaemoglobinaemia	C, Mi, ACAT
Skills	
Perform a full clinical examination differentiating between the various causes of cyanosis	C, D
Be able to perform and interpret the appropriate tests,e.g. x-rays and ECG	C, D
Understand the safe prescribing/administration of oxygen therapy	C
Behaviours	
Involve senior promptly in event of significant airway compromise	ACAT, C
Involve specialist team as appropriate	ACAT, C

CAP11 Diarrhoea

The tACP will be able to assess a patient presenting with diarrhoea to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
Specify the causes of diarrhoea	C, Mi, ACAT
Correlate presentation with other symptoms: such as abdominal pain, rectal bleeding, weight loss	C, Mi, ACAT
Recall the pathophysiology of diarrhoea for each aetiology	C, Mi, ACAT
Describe the investigations necessary to arrive at a diagnosis	C, Mi, ACAT
Identify the indications for urgent surgical review in patients presenting with diarrhoea	C, Mi, ACAT
Recall the presentation, investigations, prevention and treatment of C. difficile-associated diarrhoea	C, Mi, ACAT
Demonstrate knowledge of infection control procedures Demonstrate knowledge of bowel management systems	C, Mi, ACAT
Skills	
Evaluate nutritional and hydration status of the patient	Mi, C
Assess whether patient requires hospital admission	Mi, C
Perform rectal examination as part of physical examination	Mi, C, D
Initiate and interpret investigations: blood tests, stool examination, endoscopy and radiology as appropriate (AXR and CT – intestinal obstruction, toxic dilatation)	C, D
Behaviours	
Seek a surgical and senior opinion when required	ACAT, C
Exhibit sympathy and empathy when considering the distress associated with diarrhoea and incontinence	ACAT, C

CAP12 Dizziness and vertigo

The tACP will be able to evaluate the patient who presents with dizziness or vertigo to produce a valid differential diagnosis, appropriate investigation and implement a management plan	
Knowledge	**Assessment Methods**
Know the neuro-anatomy and physiology relevant to balance, coordination and movement	C, Mi, ACAT
Define and differentiate the different types of vertigo and ataxia and their causes	C, Mi, ACAT
Skills	
Take history from patient and attempt to define complaint as either pre-syncope, dizziness or vertigo	Mi, C, D
Perform full physical examination to elicit signs of neurological, inner ear or cardiovascular disease including orthostatic hypotension	Mi, C, D
Recognise when to request additional tests such as CT scan	C
Know when to use drugs for dizziness and vertigo and understand their limitations and side effects	C
Behaviours	
Recognise patient distress when presenting with dizziness and vertigo	ACAT, C
Know when to refer to specialist services such as ENT	ACAT, C

CAP13 Falls

The tACP will be able to assess a patient presenting with a fall and produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also 'Syncope' and 'Blackout/Collapse')	
Knowledge	**Assessment Methods**
Recall causes of falls and risk factors for falls	C, Mi, ACAT
Outline a comprehensive assessment of a patient following a fall and give a differential diagnosis	C, Mi, ACAT
Recall the relationship between falls risk and fractures	C, Mi, ACAT
Recall consequences of falls, such as loss of confidence, infection	C, Mi, ACAT
State how to distinguish between syncope and fall	C, Mi, ACAT
Skills	
Define the adverse features of a fall, which investigations are needed, and identify those who need admission and those who can be safely discharged with follow-up in a falls clinic	Mi, C
Demonstrates awareness of implications of falls and secondary complications of falls, including rhabdomyolysis following a 'long lie'.	Mi, C
Commence appropriate treatment including pain relief	Mi, C
Behaviours	
Recognise the psychological impact to an older person and their carer after a fall	ACAT, C
Contribute to the patient's understanding as to the reason for their fall	ACAT, C, PS
Discuss with seniors promptly and appropriately	ACAT, C
Ensure appropriate referral to a falls clinic	ACAT, C, AA
Relate the possible reasons for the fall and the management plan to patient and carers	ACAT, C, PS

CAP14 Fever

The tACP will be able to assess a patient presenting with fever to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
Recall the pathophysiology of developing a fever and relevant use of anti-pyretics	C, Mi, ACAT
Recall the underlying causes of fever: infection, malignancy, inflammation	C, Mi, ACAT
Recall guidelines with regard to antibiotic prophylaxis	C, Mi, ACAT
Differentiate features of viral and bacterial infection	C, Mi, ACAT
Outline indications and contraindications for LP in context of fever	C, Mi, ACAT
Recognition and awareness of management of neutropenic sepsis	C, Mi, ACAT
Skills	
Recognise the presence of sepsis syndrome in a patient, commence resuscitation and liaise with senior colleagues promptly	Mi, C, D, S
Order, interpret and act on initial investigations appropriately: blood tests, cultures, CXR	Mi, C
Identify the risk factors in the history that may indicate an infectious disease e.g. travel, sexual history, IV drug use, animal contact, drug therapy , implanted medical devices/prostheses	Mi, C
Commence empirical antibiotics when an infective source of fever is deemed likely in accordance with local prescribing policy	Mi , C
Commence anti-pyretics as indicated	Mi, C

Behaviours	
Adhere to local antibiotic prescribing policies	ACAT, C, AA
Highlight the importance of early cultures and prompt administration of antibiotics.	ACAT, C, AA
Highlight importance of nosocomial infection and principles for infection control	ACAT, C
Consult senior in event of septic syndrome	ACAT, C
Discuss with senior colleagues and follow local guidelines in the management of the immunosuppressed e.g. HIV, neutropenia	ACAT, C
Promote communicable disease prevention: e.g. immunisations, anti-malarials, safe sexual practices	ACAT, C

CAP15 Fits/seizure

The tACP will be able to assess a patient presenting with a fit, stabilise promptly, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
Recall the causes for seizure	C, Mi, ACAT
Recall the common epileptic syndromes	C, Mi, ACAT
Recall the essential initial investigations following a 'first fit'	C, Mi, ACAT
Recall the indications for a CT head	C, Mi, ACAT
Know an algorithm for the management of status epilepticus including the indications for general anaesthesia and airway protection.	C, Mi, ACAT
Describe the indications, contraindications and side effects of the commonly used anti-convulsants	C, Mi, ACAT
Be able to differentiate seizure from pseudo-seizures and other causes of collapse	C, Mi, ACAT
Skills	
Outline immediate management options in the management of the patient presenting in status epilepticus, including but not limited to: • Resuscitation and treatment • Further investigations • Transfer to an appropriate area of the hospital	Mi, C
Obtain collateral history from witness	Mi, C
Promptly recognise and treat precipitating causes: metabolic, infective, malignancy, traumatic	Mi. C
Be able to differentiate seizure from other causes of collapse using history and examination	Mi, C

Behaviours	
Recognise the need for urgent referral in case of the uncontrolled recurrent loss of consciousness or seizures	ACAT, C
Recognise the principles of safe discharge, after discussion with senior colleague	ACAT, C
Recognise importance of Epilepsy Nurse Specialists	ACAT, C
Recognise the psychological and social consequences of epilepsy	ACAT, C

CAP16 Haematemesis and melaena

The tACP will be able to assess a patient with an upper GI haemorrhage to determine significance; resuscitate appropriately; and liaise with endoscopist effectively	
Knowledge	**Assessment Methods**
Specify the causes of upper GI bleeding, with associated risk factors including but not limited to coagulopathy and use of NSAIDs/ASA/anticoagulants	C, Mi, ACAT
Recall scoring systems used to assess the significance and prognosis of an upper GI bleed	C, Mi, ACAT
Recall the principles of choice of IV access including central line insertion, fluid choice and speed of fluid administration	C, Mi, ACAT
Recall common important measures to be carried out after endoscopy, including helicobacter eradication, acid suppression	C, Mi, ACAT
Skills	
Recognise shock or impending shock and resuscitate rapidly and assess need for higher level of care	Mi, C
Distinguish between upper and lower GI bleeding	Mi, C
Demonstrate ability to secure appropriate venous access	D
Safely prescribe or administer drugs indicated in event of an established upper GI bleed using the current evidence base	Mi, C
Behaviours	
Seek senior help and endoscopy or surgical input in event of significant GI bleed	ACAT, Mi
Observe safe practices in the prescription of blood products	ACAT, Mi

CAP17 Headache

The tACP will be able to assess a patient presenting with headache to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
Know the presentation of the common and life- threatening causes of new onset headache	C, Mi, ACAT
Understand the pathophysiology of headache	C, Mi, ACAT
Recall the indications for urgent CT/MRI scanning in the context of headache	C, Mi, ACAT
Recall clinical features of raised intra-cranial pressure	C, Mi, ACAT
Demonstrate knowledge of different treatments for suspected migraine	C, Mi, ACAT
Skills	
Recognise important diagnostic features in history	Mi, C
Perform a comprehensive neurological examination, including eliciting signs of papilloedema, temporal arteritis, meningism and head trauma	D
Order, interpret and act on initial investigations	Mi, C
Perform a successful lumbar puncture when indicated with minimal discomfort to patient observing full aseptic technique	D
Interpret basic CSF analysis: cell count, protein, bilirubin, gram stain and glucose	Mi, C
Initiate prompt treatment when indicated: appropriate analgesia, antibiotics, antivirals, corticosteroids	Mi, C
Behaviours	
Recognise the nature of headaches that may have a sinister cause and assess and treat urgently	ACAT, C
Liaise with senior doctor promptly when sinister cause is suspected	ACAT, C
Involve neurosurgical team promptly when appropriate	ACAT, C

CAP18 Head injury

The tACP will be able to evaluate the patient who presents with a traumatic head injury, stabilize, assess, appropriate investigate and implement a management plan.	
Knowledge	**Assessment Methods**
Know the anatomy of the scalp, skull and brain, the pathophysiology of head injury (primary and secondary brain injury) and the symptoms and signs	C, Mi, ACAT
Know the indications for urgent CT scanning (national guidelines for CT imaging in head injury). Know the CT appearances of the common head injuries	C, Mi, ACAT
Know the indications for admission following head injury	C, Mi, ACAT
Know which patients can be safely discharged	C, Mi, ACAT
Skills	
Be able to use the ABC approach to the management of a head injury patient, with cervical spine immobilisation	D
Be able to demonstrate to use of the GCS and ability to identify those who will need intubation and ventilation	MI, ACAT
Elicit the important facts from the history and undertake a full neurological exam to elicit signs of head injury and neurological deficit	Mi, C
Recognise and initially manage the secondary consequences of head injury (e.g. loss of airway patency, seizures, raised ICP)	Mi, S, D
Behaviours	
Know when to seek senior and anaesthetic, neurosurgical support	ACAT, C
Optimise team working between critical care, neurosurgery, emergency and acute medicine	ACAT, C

CAP19 Jaundice

The tACP will be able to assess a patient presenting with jaundice to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
Recall the pathophysiology of jaundice in terms of pre-hepatic, hepatic, and post-hepatic causes	C, Mi, ACAT
Recall causes for each category of jaundice with associated risk factors	C, Mi, ACAT
Recall issues of prescribing/medicines administration in patients with significant liver disease	C, Mi, ACAT
Recall basic investigations to establish aetiology	C, Mi, ACAT
Demonstrate knowledge of common treatments of jaundice	C, Mi, ACAT
Skills	
Take a thorough history and examination to arrive at a valid differential diagnosis	Mi, C
Recognise the presence of chronic liver disease or fulminant liver failure	Mi, C
Interpret results of basic investigations to establish aetiology	Mi, C
Recognise complications of jaundice	Mi, C
Recognise and initially manage complicating factors: coagulopathy, sepsis, GI bleed, alcohol withdrawal, electrolyte disturbance	C
Behaviours	
Exhibit non-judgmental attitudes to patients with a history of alcoholism or substance abuse	ACAT, C, M
Consult seniors and gastroenterologists promptly when indicated	ACAT, C
Contribute to the patient's understanding of their illness	ACAT, PS
Recognise the importance of multi-disciplinary approach	ACAT, C, M

CAP20 Limb pain and swelling, Atraumatic

The tACP will be able to assess a patient presenting with atraumatic limb pain or swelling to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
Recall the causes of unilateral and bilateral limb swelling in terms of acute and chronic presentation	C, Mi, ACAT
Recall the different causes of limb pain. Recall the pathophysiology for pitting oedema, non-pitting oedema, thrombosis and peripheral ischaemia	C, Mi, ACAT
Recall the risk factors for the development of thrombosis and recognised risk scoring systems	C, Mi, ACAT
Recall the indications, contraindications and side effects of diuretics and anti-coagulants	C, Mi, ACAT
Demonstrate awareness of the longer term management of DVT	C, Mi, ACAT
Differentiate the features of limb pain and/or swelling pain due to cellulitis, varicose eczema, critical ischaemia and DVT	C, Mi, ACAT
Skills	
Perform a full and relevant examination including assessment of viability and perfusion of limb and differentiate pitting oedema; cellulitis; venous thrombosis; compartment syndrome	D
Recognise compartment syndrome and critical ischaemia and take appropriate timely action	Mi, C
Order, interpret and act on initial investigations appropriately: blood tests, Doppler studies, urine protein	Mi, C
Practise safe prescribing or administration of medicines for initial treatment as appropriate (anti-coagulation therapy, antibiotics etc)	Mi, C
Prescribe or administer appropriate analgesia	MI, C, AA
Behaviours	
Liaise promptly with surgical colleagues in event of circulatory compromise (e.g. compartment syndrome)	ACAT, C
Recognise importance of thromboprophylaxis in high risk groups	ACAT, C, AA

CAP21 Neck pain

The tACP will be able to evaluate the patient who presents with neck pain, produce a valid differential diagnosis, appropriate investigation and implement a management plan.	
Knowledge	**Assessment Methods**
Outline the common and serious causes of neck pain including meningeal irritation, trauma, musculoskeletal inflammation, local infection and vascular causes	C, Mi, ACAT
Understand the investigations required to make a diagnosis	C, Mi, ACAT
Skills	
Take a full history including recent trauma and appropriate physical examination	Mi, D
Identify those patients with meningism and consult senior early	Mi, C
Order, interpret and act on initial tests	Mi, C
Be able to prescribe or administer appropriate analgesia and antibiotics	Mi, C, AA
Behaviours	
Ask for senior advice appropriately	ACAT, C

CAP22 Oliguric patient

The tACP will be able to produce a differential diagnosis, establish safe monitoring, investigate appropriately and formulate an initial management plan when assessing a patient with a low urine output.	
Knowledge	**Assessment Methods**
Understand appropriate monitoring of the patient with a low urine output, including but not limited to: clinical assessment, urinary catheterisation, cardiovascular monitoring including pressure and flow monitoring techniques (see principles of monitoring cardiac output), arterial blood gases	C, Mi, ACAT
Understand the methods of assessment of renal function including but not limited to: blood tests, assessment of renal excretion, imaging of the GU tract	C, Mi, ACAT
Outline immediate management options including but not limited to: fluid resuscitation, increased cardiovascular monitoring, administration of vasoactive drugs and inotropes, the role of diuretics	C, Mi, ACAT
Understand the methods of assessment of renal function including but not limited to: blood tests, assessment of renal excretion, imaging of the GU tract	C, Mi, ACAT
Outline immediate management options including but not limited to: fluid resuscitation, increased cardiovascular monitoring, administration of vasoactive drugs and inotropes, the role of diuretics	C, Mi, ACAT
Understand the role of renal replacement therapy in the oliguric patient	C, Mi, ACAT
Be able to safely prescribe or administer medications for patients in renal failure	C, Mi, ACAT
Skills	
Make a rapid and immediate assessment including appropriate clinical examination	Mi, C
Initiate appropriate immediate management	MI, C
Prioritise, order, interpret and act on simple investigations appropriately	Mi, C
Initiate early (critical) management (e.g. fluid administration) including requesting safe monitoring	Mi, C

Behaviours	
Recognise need for immediate assessment and resuscitation	ACAT, C
Assume leadership role where appropriate	ACAT, C
Involve appropriate senior help to facilitate immediate assessment and management	ACAT, C
Involve appropriate specialists to facilitate immediate assessment and management or decreased renal function (e.g. imaging, intensive care, surgeons, renal physicians)	ACAT, C

CAP23 Patient in pain

The tACP will be able to use analgesic drugs safely and appropriately in the acutely ill patient.	
Knowledge	**Assessment Methods**
Demonstrates an understanding of the need for effective management of pain in the acutely unwell patient.	C, Mi, ACAT
Describes how to assess the severity of acute pain including scoring systems such as the Visual Analogue Scale and Verbal Rating Scale	C, Mi, ACAT
Describes the use of multi-modal therapy and the "analgesic ladder"	C, Mi, ACAT
Understands how emotions contribute to the experience of pain	C, Mi, ACAT
Identifies appropriate analgesic regimes; types of drugs and doses	C, Mi, ACAT
Understands the use of 'rescue analgesia' for the patient with severe pain	C, Mi, ACAT
Understands the pharmacology of commonly used analgesics including but not limited to: Indications and contraindications, Side effects, Safety profile, Drug interactions	C, Mi, ACAT
Demonstrates knowledge of commonly used local anaesthetic blocks including peripheral nerve blockade used in the Emergency Department and major conduction blockade as seen in Critical Care	C, Mi, ACAT
List complications of regional anaesthesia and outlines their treatment including that of local anaesthetic toxicity and respiratory depression due to centrally administered opiates	C, Mi, ACAT
Skills	
Is able to discuss options for pain relief with the patient and obtain informed consent	Mi, C, D, ACAT
Safely prescribes or administers analgesia for the acutely ill patient in pain	Mi, C, ACAT
Safely titrates analgesia against level of pain	Mi, C, ACAT
Able to programme locally used analgesic devices	Mi, C, D, ACAT
Able to undertake the peripheral nerve blocks including but not limited to digital/ring block	Mi, C, D, ACAT

Makes a clear and concise record of interventions in patient's notes	Mi, C , ACAT
Behaviours	
Recognises the place of input from specialists in the management of analgesia (e.g. the acute pain team, anaesthesia).	Mi, C, ACAT
Ensures safety when managing pain	Mi, C, ACAT
Ensures effectiveness and seeks help if pain is not relieved or is disproportionate	Mi, C, ACAT
Works to local and national policies in issuing, handling and disposal of controlled drugs	Mi, C, ACAT

CAP24 Painful ear

The tACP will be able to evaluate the patient who presents with painful ears produce a valid differential diagnosis, appropriate investigation and implement a management plan.	
Knowledge	**Assessment Methods**
Know the anatomy of the ear	C, Mi, ACAT
Understand the common causes of ear pain	C, Mi, ACAT
Understand the common treatments for ear pain	C, Mi, ACAT
Skills	
Be able to undertake a full exam of the ear	D
Demonstrate the use of an otoscope	D
Behaviours	
Know when to refer a patient to ENT for continued care	ACAT, C

CAP25 Palpitations

The tACP will be able to assess a patient presenting with palpitations to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
Recall cardiac electrophysiology relevant to ECG interpretation	C, Mi, ACAT
Recall common causes of palpitations	C, Mi, ACAT
Recall the categories of arrhythmias	C, Mi, ACAT
Recall common arrhythmogenic factors including drugs	C, Mi, ACAT
Recall the indications, contraindications and side effects of the commonly used anti-arrhythmic medications and indications for pacing	C, Mi, ACAT
Demonstrate knowledge of the management of atrial fibrillation (NICE guidelines)	C, Mi, ACAT
Skills	
Elucidate nature of patient's complaint	Mi, C
Order, interpret and act on initial investigations appropriately: ECG, blood tests	Mi, C
Recognise and commence initial treatment of arrhythmias being poorly tolerated by patient (peri-arrest arrhythmias) as per UK Resuscitation Council guidelines	Mi, C
Be able to perform carotid sinus massage, DC cardioversion and external pacing safely	D
Ensure appropriate monitoring of patient on ward	Mi, C
Management of newly presented non-compromised patients with arrhythmias	Mi, C
Behaviours	
Consult senior colleagues promptly when required	ACAT, C
Advise on lifestyle measures to prevent palpitations when appropriate	ACAT, C, PS

CAP26 Pelvic pain

The tACP will be able to evaluate the patient who presents with pelvic pain, produce a valid differential diagnosis, appropriate investigation and implement a management plan.	
Knowledge	**Assessment Methods**
Know the causes of pelvic pain and understand when to refer to a surgeon, gynaecologist or GUM specialist	C, Mi, ACAT
Know the anatomical relationships of the organs in the pelvis	C, Mi, ACAT
Know how to prescribe or administer medications safely for a patient with pelvic pain	C, Mi, ACAT
Skills	
Be able to undertake a full examination of a patient with pelvic pain	Mi, C
Be able to demonstrate a bimanual pelvic examination, use of a speculum and taking microbiological swabs	D
Know how to order and interpret appropriate tests	Mi, C
Behaviours	
Recognise the need for a chaperone	ACAT, C, M
Know when to refer to the appropriate specialist	ACAT, C

CAP27 Poisoning

The tACP will be able to assess promptly a patient presenting with deliberate or accidental poisoning, initiate urgent treatment, ensure appropriate monitoring and recognise the importance of psychiatric assessment in episodes of self-harm	
Knowledge	**Assessment Methods**
Recall indications for activated charcoal and whole bowel irrigation	C, Mi, ACAT
Know the important symptoms, signs and tests to establish the type of poisoning i.e. to be able to recognise the common toxidromes	C, Mi, ACAT
Know the presentations of carbon monoxide poisoning	C, Mi, ACAT
Know the pharmacology and management of poisoning of the following (but not limited to): paracetamol, salicylate, beta blockers, opiates, alcohol, anti- coagulants, benzodiazepines, carbon monoxide, antidepressants, SSRIs, amphetamine, cocaine	C, Mi, ACAT
Understand the role of antidotes and demonstrates knowledge of specific therapies in poisoning including but not limited to: • activated charcoal • acetyl-cysteine • bicarbonate • hyperbaric oxygen	C, Mi, ACAT
Demonstrates understanding of the role of drug testing/screening and of drug levels	C, Mi, ACAT
Recognise importance of accessing TOXBASE and National Poisons Information Service and the use of the information so obtained	C, Mi, ACAT
Understand the psychological and physiological and socioeconomic effect of alcohol misuse and illicit drug use – opioids, amphetamines, ecstasy, cocaine, GHB. Understand addiction, dependence and withdrawal syndromes	C, Mi, ACAT
Skills	
Recognise critically ill overdose patient and resuscitate as appropriate	Mi, C
Take a full history of event, including a collateral history if possible	Mi, C
Examine to determine the nature and effects of poisoning	Mi, C

Demonstrate the ability to actively manage the acutely poisoned patient, including but not limited to: • Accessing information required (e.g. TOXBASE) • Use of specific antidotes and antitoxins • Use of 'generic' control measures such as activated charcoal and alkalinisation of urine • Use of renal replacement methods	Mi, C
Order, interpret and act on initial investigations appropriately: biochemistry, arterial blood gas, glucose, ECG, and drug concentrations	MI, C
Ensure appropriate monitoring in acute period of care (TOXBASE)	Mi, C
Perform mental state examination	E. D
Practice safe prescribing or administration of sedatives for withdrawal symptoms Ensures correction of malnutrition including vitamin and mineral supplementation	Mi, C, AA
Behaviours	
Contact senior promptly in event of critical illness or patient refusing treatment	ACAT, C
Recognise the details of poisoning event given by patient may be inaccurate	ACAT, C
Show compassion and patience in the assessment and management of those who have self-harmed	ACAT, C, M

CAP28 Rash

The tACP will be able assess a patient presenting with an acute-onset skin rash and common skin problems to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
Recall the characteristic lesions found in the acute presentation of common skin diseases e.g. cellulitis, erysipelas, impetigo, cutaneous drug reactions, purpuric rashes, skin malignancies	C, Mi, ACAT
To be able to identify the life-threatening dermatological emergencies, know their causes and emergency management including but not limited to: toxic epidermal necrolysis, Stevens-Johnson syndrome, erythroderma, necrotizing fasciitis	C, Mi, ACAT
Know the common and serious causes of skin and mouth ulceration	C, Mi, ACAT
Know the causes of and treatments for pruritus	C, Mi, ACAT
Recall basic investigations to establish aetiology	C, Mi, ACAT
Recall risk factors, particularly drugs, infectious agents and allergens	C, Mi, ACAT
Recall possible medical treatments	C, Mi, ACAT
Skills	
Take a thorough focused history & conduct a detailed examination, including the nails, scalp and mucosae to arrive at appropriate differential diagnoses	Mi, C
Recognise the importance of a detailed drug history	Mi, C
Recognise likely skin and oral malignancy	Mi
Recognise that anaphylaxis may be a cause of an acute skin rash	Mi, C
Order, interpret and act on initial investigations appropriately to establish aetiology	Mi, C

Implement acute medical care when indicated by patient presentation / initial investigations Identify those patients who are systemically unwell and require admission	Mi, C
Behaviours	
Demonstrate sympathy and understanding of patients,, concerns due to the cosmetic impact of skin disease	ACAT, C
Engage the patient in the management of their condition particularly with regard to topical treatments	ACAT, C
Reassure the patient about the long term prognosis and lack of transmissibility of most skin diseases	ACAT, C
Know when to liaise with dermatological specialists early for serious conditions	ACAT, C

CAP29 Ophthalmology/painful eyes

The tACP will be able to evaluate the patient who presents with a painful red eye, produce a valid differential diagnosis, appropriate investigation and implement a management	
Knowledge	**Assessment Methods**
Know the basic anatomy and physiology of the eye and visual pathways	C, Mi, ACAT
Know the causes of painful red eye including orbital cellulitis	C, Mi, ACAT
Understand the investigations required to make differential diagnosis of acute red eye including the importance of measuring visual acuity	C, Mi, ACAT
Know the common treatments for acute red eye	C, Mi, ACAT
Skills	
Perform full examination including acuity, ocular movements, visual fields, related cranial nerves and adjacent structures	D
Formulate differential diagnosis	Mi, C
Demonstrate the use of a slit lamp, fundoscopy and lid eversion	D
Demonstrate removal of a foreign body	D
Demonstrate the use of fluorescein	D
Behaviours	
Know when to refer a patient with red eye for a specialist opinion	ACAT, C

The tACP will be able to evaluate the patient who presents with suicidal ideation, assess risk and formulate appropriate management plan	
Knowledge	**Assessment Methods**
Outline the risk factors for a suicidal attempt Know the national guidelines for self-harm	C, Mi, ACAT
Outline the common co-existing psychiatric pathologies that may precipitate suicidal ideation	C, Mi, ACAT
Outline the indications, contraindications and side effects of the major groups of psychomotor medications	C, Mi, ACAT
Outline the powers that enable assessment and treatment of patients following self-harm or suicidal ideation as defined in the Mental Health Act	C, Mi, ACAT
Skills	
Take a competent psychiatric history and be familiar with scoring tools used to assess risk of further harm (e.g. Becks score, SAD persons)	D, Mi, C
Elicit symptoms of major psychiatric disturbance	Mi, C
Obtain collateral history when possible	Mi, C
Recognise and manage anxiety and aggression appropriately	Mi, C
Behaviours	
Liaise promptly with psychiatric services if in doubt or high risk of repeat self-harm is suspected	ACAT, C
Recognise the role of the self-harm team and continued community care	ACAT, C
Show compassion and patience in the assessment and management of those who have suicidal intent	ACAT, C, M

CAP31 Sore Throat

The tACP will be able to evaluate the patient who presents with a sore throat produce a valid differential diagnosis, appropriate investigation and implement a management plan	
Knowledge	**Assessment Methods**
Know the causes of a sore throat, and provide a differential diagnosis	C, Mi, ACAT
Outline the necessary investigations	C, Mi, ACAT
Know how to prescribe or administer medications safely	C, Mi, ACAT
Skills	
Take a full history including associated symptoms such as joint pain, dysphagia etc.	Mi, C
Perform full exam including examination of the neck and lymph nodes	Mi, C
Recognise when the airway is at risk and manage appropriately	Mi, C
Know when antibiotics are indicated	Mi, C
Behaviours	
Know when to refer to an ENT specialist for admission of follow-up	ACAT, C

CAP32 Syncope and pre-syncope

The tACP will be able to assess a patient presenting with syncope to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
Know the definition and common causes of syncope and pre-syncope	C, Mi, ACAT
Outline the pathophysiology of syncope depending on situation, including but not limited to: vasovagal, cough, effort, micturition, carotid sinus hypersensitivity	C, Mi, ACAT
Differentiate from other causes of collapse in terms of associated symptoms and signs and eye witness reports	C, Mi, ACAT
Outline the indications for hospital admission	C, Mi, ACAT
Outline the indications for cardiac monitoring	C, Mi, ACAT
Define the recommendations concerning fitness to drive	C, Mi, ACAT
Skills	
Take thorough history from patient and witness to elucidate episode	Mi, C
Differentiate pre-syncope from other causes of 'dizziness'	C
Assess patient in terms of ABC and level of consciousness and manage appropriately	Mi, C
Perform examination to elicit signs of cardiovascular disease	D
Order, interpret and act on initial investigations appropriately: blood tests, ECG	Mi, C
Behaviours	
Recognise the impact episodes can have on lifestyle particularly in the elderly	ACAT, C
Recognise recommendations regarding fitness to drive in relation to syncope	ACAT, C

CAP33 Traumatic limb and joint injuries

The tACP will be able to evaluate the patient who presents with a traumatic limb or joint injury produce a valid differential diagnosis, appropriate investigation and implement a management	
Knowledge	**Assessment Methods**
Know the anatomy of the axial skeleton and joints	C, Mi, ACAT
Outline the treatment options for common fractures and joint injuries	C, Mi, ACAT
Understand the pathophysiology behind complications like compartment syndrome	C, Mi, ACAT
Know how to prescribe or administer medications safely for traumatic limb pain	C, Mi, ACAT
Skills	
Be able to recognise life-threatening trauma	Mi. C, L, S
Be able to recognise limb-threatening trauma	Mi, C, L
Be able to demonstrate assessment of limb function, detect neurological and vascular compromise	D
Demonstrate common techniques for joint and fracture reduction	D
Behaviours	
Know when to seek senior advice in the management of limb and joint trauma	ACAT, C

CAP34 Vaginal bleeding

The tACP will be able to evaluate the patient who presents with vaginal bleeding, produce a valid differential diagnosis, appropriate investigation and implement a management plan	
Knowledge	**Assessment Methods**
Know the causes for vaginal bleeding in different age groups, pre-menopausal, post-menopausal and pregnant women	C, Mi, ACAT
Understand the early complications of pregnancy and the pathophysiology of an ectopic pregnancy	C, Mi, ACAT
Know what investigations are required	C, Mi, ACAT
Understand what drugs (including anti-D immunoglobulin) can be safely prescribed for each cause	C, Mi, ACAT
Skills	
Be able to demonstrate a full examination	D
Be able to demonstrate resuscitative procedures for heavy bleeding or cervical shock	Mi, C
Behaviours	
Recognise the need for a chaperone	ACAT, C
Know when to involve a senior	ACAT, C
Know which patient can be discharged safely	ACAT, C

CAP35 Ventilatory support

The tACP will describe or demonstrate their approach to the patient requiring ventilatory support	
Knowledge	**Assessment Methods**
Recalls and understands the principles of ventilatory support strategies and local protocols, including oxygen therapy, CPAP, NIV, IPPV	C, Mi, ACAT
Knowledge of the conditions which may require ventilatory support in the critically ill, including but not limited to: acute respiratory distress syndrome (ARDS)/acute lung injury, exacerbation of airflow obstruction, infection, trauma	C, Mi, ACAT
Understands the concepts of oxygen delivery and utilisation and work of breathing	C, Mi, ACAT
Recalls appropriate monitoring and investigation of the patient requiring ventilatory support, including but not limited to: clinical assessment, arterial blood gases, blood tests, radiography	C, Mi, ACAT
Central venous pressure monitoring and more advanced haemodynamic monitoring	C, Mi, ACAT
Outline immediate management options including: increasing inspired oxygen fraction, increased respiratory monitoring, initiation of non-invasive ventilation or CPAP, role of invasive mechanical ventilation	C, Mi, ACAT
Knowledge of problems associated with ventilatory support (e.g. ventilator-associated pneumonia, ventilator- associated lung injury), and strategies available to limit such problems	C, Mi, ACAT
Skills	
Makes a rapid and appropriate assessment, including: clinical assessment, use of simple airway manoeuvres to restore a patent airway, use of airway adjuncts to restore a patent airway, selection of appropriate oxygen delivery devices	Mi, C, ACAT
Initiates appropriate immediate management and performs appropriate further management of the critically ill patient	Mi, C, ACAT, D
Demonstrates safe use of local ventilators including: selects appropriate initial ventilator settings, selects 100% oxygen	Mi, C, ACAT
Prioritise, order, interpret and act on simple investigations appropriately	Mi, C, ACAT

Behaviours	
Recognises need for immediate assessment and resuscitation	Mi, C, ACAT
Assumes leadership role where appropriate	Mi, C, ACAT
Communicates effectively with patient, relatives, nursing and other staff, during the assessment and the ordering of additional tests and treatment plans	Mi, C, ACAT
Involves senior and specialist services appropriately	Mi, C, ACAT

CAP36 Vomiting and nausea

The tACP will be able to assess a patient with vomiting and nausea to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
Recall the causes and pathophysiology of nausea and vomiting	C, Mi, ACAT
Recall the use and adverse effects of commonly used anti-emetics and differentiate the indications for each and the value of combination therapy	C, Mi, ACAT
Recall 'red flag' features that make a diagnosis of upper GI malignancy possible	C, Mi, ACAT
Know the indications for urgent surgical review	C, Mi, ACAT
Skills	
Elicit signs of dehydration and take steps to rectify this	Mi, C
Recognise and treat suspected GI obstruction appropriately: nil by mouth, NG tube, IV fluids	Mi, C
Practise safe prescribing of anti-emetics	Mi, C, AA
Order, interpret and act on initial investigations appropriately, including but not limited to: blood tests, x- rays, CT scans and endoscopy	Mi, C
Behaviours	
Involve surgical team promptly in event of GI obstruction	ACAT, C
Respect the impact of nausea and vomiting in the terminally ill and involve palliative care services appropriately	ACAT, C

CAP37 Weakness and paralysis

The tACP will be able to assess a patient presenting with motor weakness to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan	
Knowledge	**Assessment Methods**
Broadly outline the physiology and neuro-anatomy of the components of the motor system	C, Mi, ACAT
Recall the myotomal distribution of nerve roots, peripheral nerves, and tendon reflexes	C, Mi, ACAT
Recall the clinical features of upper and lower motor neurone, neuromuscular junction and muscular lesions	C, Mi, ACAT
Recall the common and important causes for lesions at the sites listed above	C, Mi, ACAT
Recall tools for the classification of stroke, and prognosis	C, Mi, ACAT
Recognise the systemic implications of muscular weakness involving the respiratory and bulbar muscles, including need for airway protection and ventilatory support	C, Mi, ACAT
Demonstrate knowledge of investigations for acute presentation, including indications for urgent head CT and stroke thrombolysis	C, Mi, ACAT
Know national guidelines for the management of stroke and TIA	C, Mi, ACAT
Recognise acquired ICU paresis and understand its implications for ongoing care	C, Mi, ACAT
Skills	
Elucidate speed of onset and risk factors for neurological dysfunction	Mi, C
Perform full examination to elicit signs of systemic disease and neurological dysfunction and identify associated deficits	D
Describe likely site of lesion in motor system and produce differential diagnosis	Mi, C
Order, interpret and act on initial investigations for motor weakness appropriately	Mi, C
Recognise when swallowing may be unsafe and manage appropriately	Mi, C
Detect spinal cord compromise and investigate promptly	Mi, C

Perform tests on respiratory function and inform seniors and specialists appropriately	D
Ensure appropriate care: thromboprophylaxis, pressure areas	Mi, C, AA
Behaviours	
Recognise importance of timely assessment and treatment of patients presenting with acute motor weakness	ACAT, C
Consult senior and acute stroke service, if available, as appropriate	ACAT, C
Recognise patient and carer's distress when presenting with acute motor weakness	ACAT, C, PS
Consult senior when rapid progressive motor weakness or impaired consciousness is present	ACAT, C
Involve speech and language therapists appropriately	ACAT, C
Contribute to multi-disciplinary approach	ACAT, C

CAP38 Wound assessment and management

The tACP will be able to evaluate the patient who presents with a wound and implement a management plan.	
Knowledge	**Assessment Methods**
Know how to assess a wound in terms of mechanism of injury, underlying structures and complications	C, Mi, ACAT
Know the anatomy of the underlying structures especially hand wrist and face	C, Mi, ACAT
Know of special types of wound: puncture, bites, amputation, de-gloving and presence of foreign bodies	C, Mi, ACAT
Be able to classify and describe wounds	C, Mi, ACAT
Know how to manage wounds in the immunocompromised patient	C, Mi, ACAT
Know how to use local anaesthetic techniques to produce pain-free wounds	C, Mi, ACAT
Know the indications for tetanus prophylaxis	C, Mi, ACAT
Know different wound closure techniques Know the indications for delayed closure of wounds and antibiotic treatment	C, Mi, ACAT
Understand the principles of asepsis	C, Mi, ACAT
Skills	
Be able to demonstrate the ability to explore a wound and recognise injury to structures	D
Be able to demonstrate the technique of wound toilet including removal of foreign bodies	D
Demonstrate wound closure, use of dressings	D
Know when to review a wound and make the appropriate arrangements	Mi, C
Behaviours	
Recognise when to refer a complex wound for further care	ACAT, C

9.4. Additional Acute Presentations

C3AP1a Major trauma - Chest Injuries

The tACP will be able to evaluate the patient who presents with major trauma and to identify and treat the life-threatening presentations, to produce a valid differential diagnosis, appropriate investigation and implement a management plan. The tACP builds on previous training with more detailed knowledge, skills and behaviours	
Knowledge	**Assessment Methods**
Know the pathophysiology of cardiothoracic injury	Mi, C, ACAT
Be able to identify life-threatening chest trauma i.e. tension pneumothorax, open pneumothorax, flail chest massive haemothorax, and cardiac tamponade	Mi, C, ACAT
Be able to identify those patients with potential aortic injury, diaphragmatic rupture, pulmonary contusion, myocardial contusion, oesophageal rupture, tracheo- bronchial injury, rib and sternal fractures	Mi, C, ACAT
Be able to undertake needle thoracocentesis, chest drain insertion.	Mi,C, D, L
Know the associated plain radiology and CT appearances of these injuries	Mi, C, ACAT
Skills	
Be able to undertake systematic approach and identify these conditions	Mi,C, D, L
Be able to undertake needle thoracocentesis	C,E
Be able to detect the deteriorating patient	Mi,C, D, L
Behaviours	
Be meticulous in assessment and undertake repeated assessment	Mi, C
Know when to refer to cardiothoracic surgery	Mi, C

C3AP1b Major trauma - Abdominal trauma

The tACP will be able to evaluate the patient who presents with major trauma and to identify and treat the life-threatening presentations, to produce a valid differential diagnosis, appropriate investigation and implement a management plan. The tACP builds on previous training with more detailed knowledge, skills and behaviours **Abdominal injuries - to be able to identify those patients who have sustained significant abdominal trauma by history, examination and appropriate investigation**	
Knowledge	**Assessment Methods**
Know the different presentations of blunt and penetrating abdominal trauma and the structures that may be damaged, Specifically blunt splenic, hepatic, renal, pancreatic trauma, hollow viscus injury, urethral/bladder and testicular trauma	Mi, C, ACAT
Know the indications for FAST scanning, CT, and immediate laparotomy	Mi, C, ACAT
Skills	
Be able to assess and repeatedly reassess the traumatic abdomen	Mi, C, D, L
Recognise the influence of injuries elsewhere on abdominal assessment	Mi, C, D, L
Be able to pass a urinary catheter and gastric tube safely	Mi, C, D, L
Behaviours	
Communicate effectively with the surgical team in a timely fashion	Mi, C

C3AP1c Major trauma - Spine

The tACP will be able to evaluate the patient who presents with major trauma and to identify and treat the life-threatening presentations, to produce a valid differential diagnosis, appropriate investigation and implement a management plan. The tACP builds on previous training with more detailed knowledge, skills and behaviour **Spinal injury - recognise those patients who have suffered a spinal cord, peripheral nerve or plexus injury by appropriate history examination and investigation**	
Knowledge	**Assessment Methods**
Know the pathophysiology of the different mechanisms of spinal trauma	Mi, C, ACAT
Know how to interpret imaging for the whole length of the spine, including plain films, CT and MRI	Mi, C, ACAT
Know how to care for the spinal-injured patient	Mi, C, ACAT
Skills	
Be able to examine a patient with possible spinal injury	Mi, C, D, L
Be able to immobilise a patient with spinal injury	Mi, C, D, L
Be able to log roll and transfer a patient	Mi, C, D, L
Behaviours	
Communicate effectively with the neurosurgical or orthopaedic team in a timely fashion	Mi, C

C3AP1d Major trauma - Maxillofacial

The tACP will be able to evaluate the patient who presents with major trauma and to identify and treat the life-threatening presentations, to produce a valid differential diagnosis, appropriate investigation and implement a management plan. The tACP builds on previous training with more detailed knowledge, skills and behaviours **Maxillofacial trauma - to identify those patients and characterise their injuries, including eye trauma**	
Knowledge	**Assessment Methods**
Know the anatomy of the facial structures	Mi, C, ACAT
Know when underlying structures may be at risk from facial lacerations-specifically parotid duct, facial nerve and lacrimal duct	Mi, C, ACAT
Be able to identify and initially manage nasal, Le Fort, mandibular, orbital and zygomatic fractures and TMJ dislocation. Be able to identify and initially manage dental fractures, tooth avulsion	Mi, C, ACAT
Be able to recognise hyphaema, lens dislocation, orbital floor fractures, penetrating injuries of the eye and eyelid lacerations	Mi, C, ACAT
Skills	
Be able to systematically assess the facial structures and recognise when the airway is threatened	Mi, C, D
Be able to initiate management of torrential nasopharyngeal bleeding by the use of Foley catheters and reduction of mid-face fractures	Mi. C, D
Behaviours	
Know when to refer to maxillofacial specialists in a timely fashion	Mi. C

C3AP1e Major trauma - Burns

The tACP will be able to evaluate the patient who presents with major trauma and to identify and treat the life-threatening presentations, to produce a valid differential diagnosis, appropriate investigation and implement a management plan. The tACP builds on previous training with more detailed knowledge, skills and behaviours **Burns - to be able to evaluate the patient with burns, commence resuscitation, relieve pain and refer appropriately**	
Knowledge	**Assessment Methods**
Be able to understand the pathophysiology of burns	Mi, C, ACAT
To be able to assess the size and depth of burn and calculate the fluid requirements	Mi, C, ACAT
To recognise the risks to the upper and lower airway from heat and inhalation injury	Mi, C, ACAT
To recognise the importance of burns in special areas (face, joints, perineum)	Mi, C, ACAT
To know the indications for referral to burns/specialist centres	Mi, C, ACAT
Skills	
Recognise the burns patient who has an airway at risk and needs early intubation	Mi, C
To relieve pain effectively and promptly	Mi, C, D
To be able to manage minor burns	Mi, C, D
Behaviours	
To identify those patients that need referral to a specialist centre	Mi, C

C3AP2a Traumatic limb and joint injuries - Lower limb

The tACP will be able to evaluate the patient who presents with a traumatic limb or joint injury, to produce a valid differential diagnosis, appropriate investigation and implement a management plan	
Knowledge	**Assessment Methods**
Fractures of the neck of femur, femur, supra-condylar, tibia and fibula, tibial plateau, ankle, calcaneal, metatarsal and phalanges	Mi, C, ACAT
Dislocation - hip including prosthetic , patella	Mi, C, ACAT
Musculotendinous injuries: gastrocnemius tears, quadriceps and patellar tendon rupture, meniscal and ligamentous injury to knee and ankle, Achilles tendon rupture	Mi, C, ACAT
Vascular: compartment syndrome	Mi, C, ACAT
Skills	
Know how to prescribe or administer medications safely for traumatic limb pain	C, D
Be able to demonstrate assessment of limb function	Mi, C, D
Detect neurological and vascular compromise	Mi, C, D
Demonstrate common techniques for joint and fracture reduction, specifically reduction of dislocated ankle	Mi, C, D
Be able to splint and plaster injured limbs safely	Mi, C, D
Behaviours	
Know when to seek senior advice in the management of limb and joint trauma	Mi, C
Ensure appropriate follow-up, including physiotherapy	Mi, C

C3AP2b Traumatic limb and joint injuries - Upper limb

The tACP will be able to evaluate the patient who presents with a traumatic limb or joint injury, to produce a valid differential diagnosis, appropriate investigation and implement a management plan	
Knowledge	**Assessment Methods**
Be able to recognise, including plain radiology appearances, and initiate treatment for fracture of: • clavicle • humerus • radius and ulnar • upracondylar region • radial head • olecranon • distal radius and ulna • scaphoid • metacarpals • phalanges	Mi, C, ACAT
Dislocations of the: • AC joint • shoulder • elbow • Pulled elbow • lunate and perilunate • finger	Mi, C, ACAT
Musculotendinous injuries: rotator cuff, biceps, tendon injuries of the hand	Mi, C. ACAT
Infection - paronychia, pulp space, flexor sheath	Mi, C, ACAT

Skills	
Be able to examine each joint	Mi, C, D
Be able to demonstrate assessment of limb function, detect neurological and vascular compromise	Mi, C, D
Be able to demonstrate the common techniques for joint and fracture reduction, specifically reduction of dislocated shoulder, reduction of Colles' fracture	Mi, C, D
Be able to splint and plaster injured limbs safely	Mi, C, D
Behaviours	
Know when to seek senior advice in the management of limb and joint trauma	Mi, C
Ensure appropriate follow-up including physiotherapy	Mi, C

C3AP3 Blood gas interpretation

The tACP will be able to evaluate the blood gas results of critically ill patients in the resuscitation room, identifying the abnormalities and producing a valid differential diagnosis	
Knowledge	**Assessment Methods**
Be able to interpret blood gas results establishing if acidotic, alkalotic, and the underlying metabolic / respiratory disturbance	Mi, C, ACAT
Produce a differential diagnosis for each disturbance	Mi, C, ACAT
Know the causes of acidosis with both normal and raised anion gap	Mi, C, ACAT
Understand the significance of lactic acidosis in the critically ill patient	Mi, C, ACAT
Be able to interpret blood gases to assess effectiveness of ventilation	Mi, C, ACAT
Skills	
To be able to take an arterial blood gas from an arterial line aseptically	D
Behaviours	
Establish the abnormality, suggest treatment and ensure repeat blood gas taken to assess response	Mi, C

C3AP4 Patient with abnormal blood glucose

The tACP will be able to evaluate the patient who presents with hypo and hyperglycaemia, correct and establish underlying cause. Produce a valid differential diagnosis, appropriate investigation and implement a management plan	
Knowledge	**Assessment Methods**
Know in detail the presentation and management of diabetic ketoacidosis, hyperosmolar non-ketotic coma and hypoglycaemia	ACAT, AA, C, Mi
Be able to investigate for and identify precipitating causes	ACAT, AA, C, Mi
Skills	
Administers intravenous glucose and glucagon safely and rapidly to reverse hypoglycaemia	Mi, C, D
Prescribes or administer intravenous fluids, insulin and potassium safely for the hyperglycaemic patient	Mi, C
Identifies those patients that will need critical care	Mi. C
Behaviours	
Ensures repeated assessment	Mi, C
Liaises with critical care specialists in a timely and effective way	Mi, C

C3AP5 Dysuria

The tACP will be able to evaluate the patient who presents with dysuria and produce a valid differential diagnosis, appropriate investigation and implement a management plan	
Knowledge	**Assessment Methods**
Be able to diagnose urinary tract infections including the correct interpretation of urinary tests, select appropriate antibiotics and identify those patients who need further investigation e.g. male with UTI	ACAT, AA, C, Mi
To be able to establish the underlying cause and search for the complications of urinary tract infections e.g. pyelonephritis	ACAT, AA, C, Mi
Skills	
Be able to take a history and conduct an examination sensitively	Mi, C
Ensure appropriate tests undertaken and treatment started.	Mi, C
Behaviours	
Ensure follow-up of all patients	Mi, C

C3AP6 Emergency airway care

Airway care is a key skill in daily use for all Emergency Clinicians. TACPs will build upon and regularly revisit the competences. They will become more experienced in the identification of patients who need intubation and predicting those with a difficult airway. They will become more knowledgeable of the impact of life-threatening conditions on rapid sequence induction techniques. Always working closely with a competent airway expert, tACPs play an increasing role within the airway team.

The tACP will be able to evaluate the patient who presents with emergency airway problems, and be able to provide a patent airway working within an airway team	
Knowledge	**Assessment Methods**
Be able to identify those patients who need intubation	ACAT, AA, C, Mi
Be able to identify the potentially difficult airway	ACAT, AA, C, Mi
Knows the pharmacology of induction agents and paralysing agents used in the resuscitation room	ACAT, AA, C, Mi
Skills	
Can initiate monitoring and preparation for RSI	Mi, C, D
Can use Supraglottic Airway Device (SGA)	Mi, C, D, S
Knows the failed airway drill including SGA needle and surgical cricothyroidotomy	Mi, C, D, S
Knows how to maintain sedation and paralysis post intubation	Mi, C, D
Can use simple transport ventilators	Mi, C, D
Can recognise and anticipate the difficulties associated with RSI in the resuscitation room e.g. asthmatic	Mi, C
Behaviours	
Building on training, becomes integral part of the airway team which **always** includes a senior competent airway practitioner	Mi, C
Maintains a log book of all airway interventions	Mi. C

C3AP7 Needlestick injury

The tACP will be able to evaluate the patient who presents with a needlestick injury and be able to start appropriate investigation and implement a management plan	
Knowledge	**Assessment Methods**
Be able to identify those patients who need prophylactic treatment for HIV, hepatitis B and tetanus using departmental protocols	ACAT, AA, C, Mi
Knows which tests should be undertaken from whom and when	ACAT, AA, C, Mi
Skills	
Ensure prompt care	Mi, C
Behaviours	
Handle issues sensitively	Mi, C
Ensure appropriate follow-up	Mi, C

C3AP8 Testicular pain

The tACP will be able to evaluate the patient who presents with acute testicular pain, produce a valid differential diagnosis, appropriate investigation and implement a management plan	
Knowledge	**Assessment Methods**
Know and be able to recognise the causes of scrotal pain including epididymo-orchitis, testicular torsion, trauma and tumour, synergistic gangrene	ACAT, AA, C, Mi
Know appropriate investigations including ultrasound	ACAT, AA, C, Mi
Know the treatments for these conditions	ACAT, AA, C, Mi
Skills	
Identify and refer those patients with testicular torsion promptly	Mi, C
Behaviours	
Ensure appropriate and timely treatment	Mi, C

C3AP9 Urinary retention

The tACP will be able to evaluate the patient who presents with urinary retention and produce a valid differential diagnosis, appropriate investigation and implement a management plan	
Knowledge	**Assessment Methods**
Know the causes of acute urinary retention	Mi, C, ACAT
Skills	
Be able to relieve symptoms by passage of a urethral catheter	Mi, C, D,
Behaviours	
Identify those patients that need referral for admission	Mi, C

9.5. Airway Management

In respect of airway management

Description	Assessment Methods
In respect of airway management: • Demonstrates hand ventilation with bag and mask [including self-inflating bag] • Manages airway with mask and oral/nasopharyngeal airways • Demonstrates optimal patient position for airway management, including head tilt, chin lift, jaw thrust • Able to insert and confirm placement of a Laryngeal Mask Airway Demonstrates correct securing and protection of LMAs during movement, positioning and transfer Understands the RSI sequence and able to assist Correctly demonstrates the technique of cricoid pressure	A, D

9.6. Procedural competences

Below are listed the practical procedures that the tACP would be expected to undertake during their programme and methods of assessment.

Consultant assessment using DOPS	Consultant assessment using CbD	Trained assessor (not necessarily a consultant)
PP11 Airway protection*	**PP1** Arterial cannulation (CbD)	**PP2** Peripheral venous cannulation (completed by an assessor)
PP13 DC cardioversion	**PP3** Central venous cannulation (CbD)	**PP4** Arterial blood gas sampling
PP16 Reduction of dislocation/fracture*	**PP5** Lumbar puncture (CbD)	**PP12** Basic and advanced life support (completed by an assessor)
PP17 Large joint examination	**PP6** Pleural tap and aspiration (CbD)	**PP15** Temporary pacing (external) (completed in sim by an assessor)
PP18 Wound management*	**PP7** Intercostal drain – Seldinger (CbD)	**PP46** Intra-osseous access (CbD/simulation)
PP19 Trauma primary survey*	**PP8** Intercostal drain – Open (CbD)	
PP20 Initial assessment of the acutely unwell	**PP14** Knee aspiration (CbD)	
PP21 Secondary assessment of the acutely unwell		

9.7. Optional anaesthetic competences

9.7.1. O3 - Procedural sedation

Learning outcomes:

To be able to safely deliver pharmacological sedation to appropriate patients

Core clinical learning outcome:

Provision of safe and effective sedation to ASA 1 and 2 adult patients, aged less than 80 years of age using a maximum of two short acting agents

Knowledge	**Assessment Methods**
Can explain: • What is meant by conscious sedation and why understanding the definition is crucial to patient safety • The differences between conscious sedation and deep sedation and general anaesthesia • The fundamental difference in techniques/drugs used/patient safety • That the significant risks to patient safety associated with sedation technique requires meticulous attention to detail, the continuous presence of a suitably trained individual with responsibility for patient safety, safe monitoring and contemporaneous record keeping	A, C,
Describes the pharmacology of drugs commonly used to produce sedation	A, C,
Can explain the minimal monitoring required during pharmacological sedation	A, C,
Describes the indications for the use of conscious sedation	A, C,
Can explain the use of single drug, multiple drug and inhalation techniques	A, C,
Describes the particular risks of multiple drug sedation techniques	A, C,
Skills	
Demonstrates the ability to select patients for whom sedation is an appropriate part of clinical management	A, C, D
Demonstrates the ability to explain sedation to patients and to obtain consent	A, C, D
Demonstrates the ability to administer and monitor inhalational sedation to patients for clinical procedures	A, D

Demonstrates the ability to administer and monitor intravenous sedation to patients for clinical procedures	A, D
Demonstrates the ability to recognise and manage the complications of sedation techniques appropriately including recognition and correct management of loss of verbal responsiveness	A, D

9.7.2. O4 - Aspects of regional anaesthesia

Regional anaesthesia

Learning outcomes

- To become competent in all generic aspects of block performance and able to obtain consent from patients for regional anaesthesia
- Create a safe and supportive environment in theatre for awake and sedated patients who have regional blockade established
- Demonstrate knowledge of the principles of how to perform a number of regional and local anaesthetic procedures
- Be able to perform some simple upper and lower limb peripheral nerve blocks under direct supervision
- Demonstrate clear understanding of the criteria for safe discharge of patients from recovery following surgery under regional blockade
- Recognise that they should not attempt blocks until they have received supervised training, and passed the relevant assessments

Core clinical learning outcome

- Demonstrates the ability to perform a femoral nerve block

Knowledge	Assessment Methods
Recalls/describes the anatomy relevant to regional and peripheral blocks identified	A, C
Recalls the relevant physiology and pharmacology [including toxicity of local anaesthetic agents, its symptoms, signs and management, including the use of lipid rescue.]	A, C
Describes how to obtain consent from patients undergoing regional blockade	A, C
Demonstrate understanding of the principles of performing the following local anaesthetic procedures: • Wrist blocks and femoral nerve blocks	A, C, D
Outlines the dangers of accidental intravenous administration of local anaesthetic drugs, signs, symptoms and management	A, C

Outlines the management of incomplete or failed regional blockade including, where appropriate, the use of rescue blocks	A, C, D
Demonstrates understanding of the methods of sedation used in conjunction with regional anaesthesia	A, C, D
Recalls/describes absolute and relative contraindications to regional blockade	A, C
Skills	
Obtains valid consent for regional blockade, including confirmation and marking of side of operation and site or regional technique where indicated	A, C
Shows the ability to recognise which patients are unsuitable for regional blockade	A, C
Shows the ability to recognise patients in whom a block would be difficult to perform	A, C
Demonstrates how to perform the following simple nerve blocks: • Wrist • Femoral nerve	A, C, D
Shows due care and sensitivity to the patients' needs during performance of regional block	A, C, D

10. Glossary of terms

Clinical terms

AAA	Abdominal aortic aneurysm
ASD	Atrial septal defect
ALS	Advanced Life Support
APLS	Advanced Paediatric Life Support
ATLS	Advanced Trauma Life Support
BBN	Breaking Bad News
BE	Base excess
BIS	Bispectral index
BLS	Basic Life Support
BMI	Body Mass index
BNF	British National Formulary
BP	Blood pressure
CFAM	Cerebral function analysis monitor
CFM	Cerebral function monitor
CO2	Carbon dioxide
COPD	Chronic obstructive pulmonary disease
CPEX	Cardiopulmonary exercise testing
CSF	Cerebrospinal fluid
CSM	Committee on Safety of Medicines
CT	Computed Tomography
CVP	Central venous pressure
DNAR	Do Not Attempt Resuscitation
DVT	Deep vein thrombosis
ECG	Electrocardiogram
ED	Emergency Department
EMG	Electromyogram
EMUS	Emergency Medicine Ultrasound
ENT	Ear, Nose and Throat
ENP	Emergency Nurse Practitioner
EP	Emergency Physician
ETC	European Trauma Course
FAST	Focussed Assessment with Sonography in Trauma
GCS	Glasgow Coma Score
GCP	Good Clinical Practice
GHB	Gamma hydroxy butyrate
GU	Genitourinary
Hb	Haemoglobin
IPPV	Intermittent positive pressure ventilation
IRMER	Ionising Radiation (Medical Exposure) Regulations
LiDCOTM	Lithium indicator dilution cardiac output
MAC	Minimum alveolar concentration
MH	Malignant hyperpyrexia
MINAP	Myocardial Ischaemia National Audit Project

MRI	Magnetic resonance imaging
NAI	Non-accidental injury
Ng	Nasogastric
NPSA	National Patient Safety Agency
NO	Nitric oxide
NSAID	Non-steroidal anti-inflammatory drug
OT	Occupational Therapy
PALS	Patient Advice and Liaison Service
PAMS	Professions Allied to Medicine
PE	Pulmonary embolus
PGD	Patient Group Directions
PFO	Patent foramen ovale
PPCI	Primary Percutaneous Coronary Intervention
PONV	Post-operative nausea and vomiting
PSI	Pounds per square inch
PT	Physiotherapy
ROSC	Return of spontaneous circulation
RS	Respiratory system
RSI	Rapid sequence induction
SpO2	Saturation of haemoglobin with oxygen
SSRI	Selective serotonin receptor inhibitor
STEMI	ST elevation myocardial infarction
SVP	Saturated vapour pressure
tACP	Trainee Advanced Clinical Practitioner
VSD	Ventricular septal defect
WCC	White cell count

Educational and organisational terms

ACCS	Acute Care Common Stem
ACP	Advanced Clinical Practitioner
AIM	Acute Internal Medicine
AM	Acute Medicine - in context of a setting
AMU	Acute medical unit
ARCP	Annual review of competence progression
ASA	American Society of Anesthesiologists
ATLS	Advanced Trauma Life Support
BTS	British Thoracic Society
CDU	Clinical Decision Unit
CESR CP	Certificate of Eligibility for Specialist Registration through the Combined Programme
CICA	Criminal Injuries Compensation Authority
CRM	Crew resource management
CTR	Clinical Topic Review
E&E	Education and Examinations Committee
EM	Emergency Medicine
GIM	General Internal Medicine

GIM (Acute)	That part of GIM associated with the Acute Medical take
GCP	Good Clinical Practice
GMP	Good Medical Practice
IAC	Initial assessment of competence
IT	Information technology
LEP	Local education provider
NCEPOD	NCEPOD National Confidential Enquiry into Patient Outcome and Death
NICE	National Institute for Health and Clinical Excellence
NPSA	National Patient Safety Agency
PDP	Personal development plan
PEM	Paediatric Emergency Medicine
RCEM	Royal College of Emergency Medicine
Ref	Reference
SASM	Scottish Audit of Surgical Mortality
tACP	Trainee Advanced Clinical Practitioner
TARN	Trauma Audit and Research Network
WBA or WPBA	Workplace based Assessment

Assessment Method Glossary

AA	Audit Assessment
ACAT	Acute Care Assessment Tool
CBD	Case Based Discussion (CBD)
D	Direct observation of procedural skills (DOPS)
L	Life support course
Mi or A	Mini-clinical evaluation exercise or anaesthesia clinical evaluation exercise (Mini-CEX or Anaes-CEX)
M	Multi-source feedback (MSF)
PS	Patient Survey
S	Simulation
TO	Teaching Observation
W	Web based, RCEM Learning, www.rcemlearning.co.uk

Appendix 1

Adult tACP – Table of competences – assessments and evidence required

<table>
<tr><th colspan="3">Adult tACP Curriculum - Years 1 - 3</th></tr>
<tr><th colspan="2">Common Competences</th><th>tACP1</th><th>tACP2</th><th>tACP3</th></tr>
<tr><td>CC4</td><td>Time and workload management</td><td colspan="3" rowspan="2">These must be assessed summatively with the used of an ACAT-EM/ESLE</td></tr>
<tr><td>CC8</td><td>Team working and patient safety</td></tr>
<tr><td>CC1</td><td>History taking</td><td rowspan="25">At least 1/3rd of the common competences to at least level 2</td><td rowspan="25">At least 2/3rd of the common competences to at least level 2</td><td rowspan="25">All of the common competences to at least level 2</td></tr>
<tr><td>CC2</td><td>Clinical examination</td></tr>
<tr><td>CC3</td><td>Therapeutics and safe prescribing</td></tr>
<tr><td>CC5</td><td>Decision making and clinical reasoning</td></tr>
<tr><td>CC6</td><td>The patient as a central focus of care</td></tr>
<tr><td>CC7</td><td>Prioritisation of patient safety in clinical practice</td></tr>
<tr><td>CC9</td><td>Principles of quality and safety improvement</td></tr>
<tr><td>CC10</td><td>Infection control</td></tr>
<tr><td>CC11</td><td>Managing long term conditions and promoting patient/family self-care</td></tr>
<tr><td>CC12</td><td>Relationships with patients and communication within a consultation</td></tr>
<tr><td>CC13</td><td>Breaking bad news</td></tr>
<tr><td>CC14</td><td>Complaints and medical error</td></tr>
<tr><td>CC15</td><td>Communication with colleagues and cooperation</td></tr>
<tr><td>CC16</td><td>Health promotion and public health</td></tr>
<tr><td>CC17</td><td>Principles of medical ethics and confidentiality</td></tr>
<tr><td>CC18</td><td>Valid consent</td></tr>
<tr><td>CC19</td><td>Legal framework for practice</td></tr>
<tr><td>CC20</td><td>Ethical research</td></tr>
<tr><td>CC21</td><td>Evidence and guidelines</td></tr>
<tr><td>CC22</td><td>Audit</td></tr>
<tr><td>CC23</td><td>Teaching and training</td></tr>
<tr><td>CC24</td><td>Personal behaviour</td></tr>
<tr><td>CC25</td><td>Management and NHS structure</td></tr>
<tr><td colspan="2">Sub-total by year</td><td>8-9</td><td>8-9</td><td>8-9</td></tr>
</table>

Major Presentations		tACP1	tACP2	tACP3
CMP1	Anaphylaxis	Consultant Complete summative assessments (Mini-CEX or CbD)	The remaining 3 should be covered summatively (Mini-CEX or CbD) by consultant	
CMP2	Cardio-respiratory arrest (ALS)			
CMP3	Major trauma			
CMP4	Septic patient			
CMP5	Shocked patient			
CMP6	Unconscious patient			
Sub-total by year		**3**	**3**	

Acute Presentations		tACP1	tACP2	tACP3
CAP1	Abdominal pain including loin pain	Consultant Summative assessment (Mini-CEX, CBD or ACAT-EM)		
CAP6	Breathlessness			
CAP7	Chest pain			
CAP18	Head injury			
CAP30	Mental Health			
CAP2	Abdominal swelling	A further 5 APs covered through formative assessment ACAT-EM (or Mini-CEX or CbD) A further 9 APs by successful completion of: E-learning Teaching Audit Reflective entries Additional ACAT-EM	A further 10 APs covered through formative assessment ACAT-EM (or Mini-CEX or CbD) A further 9 APs by successful completion of: E-learning Teaching Audit Reflective entries Additional ACAT-EM	
CAP3	Acute back pain			
CAP4	Aggressive/ disturbed behaviour			
CAP5	Blackout/ collapse			
CAP8	Confusion			
CA9	Cough			
CAP10	Cyanosis			
CAP11	Diarrhoea			
CAP12	Dizziness and vertigo			
CAP13	Falls			
CAP14	Fever			
CAP15	Fits/ Seizure			
CAP16	Haematemesis/Melaena			
CAP17	Headache			
CAP19	Jaundice			
CAP20	Limb pain, swelling, and joint pain			
CAP21	Neck pain			
CAP22	The oliguric patient (to include fluid challenge)			
CAP23	Patient in pain			
CAP24	Painful ears/ENT	A further 5 APs covered through formative assessment ACAT-EM (or Mini-CEX or CbD) A further 9 APs by successful completion of:	A further 10 APs covered through formative assessment ACAT-EM (or Mini-CEX or CbD) A further 9 APs by successful completion of:	
CAP25	Palpitations			
CAP26	Pelvic pain			
CAP27	Poisoning/self-harm			
CAP28	Rash			
CAP29	Ophthalmology/Painful eyes			
CAP31	Sore throat			
CAP32	Syncope and pre-syncope			
CAP33	Traumatic limb injury			
CAP34	Vaginal bleeding			

CAP35	Ventilatory support	E-learning Teaching Audit Reflective entries Additional ACAT-EM	E-learning Teaching Audit Reflective entries Additional ACAT-EM	
CAP36	Vomiting/nausea			
CAP37	Weakness and paralysis			
CAP38	Wound assessment			
Sub-total by year		**19**	**19**	

Additional Acute Presentations		tACP1	tACP2	tACP3
C3AP1a	Major trauma - Chest injury			All 5 should be covered summatively (Mini-CEX or CbD) by Consultant
C3AP1b	Major trauma - abdominal injury			
C3AP1c	Major trauma - spinal injury			
C3AP1d	Major trauma - Maxillofacial injury			
C3AP1e	Major trauma - burns			
C3AP2 A&B	Traumatic limb and joint injury			Summative assessment ACAT-EM (or Mini-CEX or CbD) by Consultant
C3AP3	Blood gas interpretation			
C3AP4	Patient with abnormal blood glucose			
C3AP5	Dysuria			Successful completion of: E-learning Teaching Audit Reflective entries
C3AP6	Emergency airway care			
C3AP7	Needlestick injury			
C3AP8	Testicular pain			
C3AP9	Urinary retention			
Sub-total by year				**9**

Airway Management		tACP1	tACP2	tACP3
CMP6	Airway management			Summative assessment (Mini-CEX or CbD) by Consultant
Sub-total by year				**1**

Procedural Competencies		tACP1	tACP2	tACP3
PP1	Arterial cannulation (CbD)	Complete 1/3rd of practical procedures	Complete 2/3rd of practical procedures	Complete all of the remaining practical procedures
PP2	Peripheral venous cannulation			
PP3	Central venous cannulation (CbD)			
PP4	Arterial blood gas sampling			
PP5	Lumbar puncture (CbD)			
PP6	Pleural tap and aspiration (CbD)			
PP7	Intercostal drain Seldinger (CbD)			
PP8	Intercostal drain – Open (CbD)			
PP11	Airway protection (Basic Airway Mgmt DOPS)			
PP12	Basic and advanced life support			
PP13	DC Cardioversion			
PP14	Knee aspiration (CbD)			
PP15	Temporary pacing (external)			
PP16	Reduction of dislocation/ fracture			
PP17	Large joint examination			
PP18	Wound management			
PP19	Trauma primary survey			
PP20	Initial assessment of the acutely unwell			
PP21	Secondary assessment of the acutely unwell			
PP46	Intra-osseous access			
Sub-total by year		**6-7**	**6-7**	**6-7**

Optional Anaesthetic Competences		tACP1	tACP2	tACP3
O3	Procedural sedation			Should be assessed as deemed appropriate to local policy and procedure
O4	Aspects of regional anaesthesia			
Sub-total by year				**2**