

*Consultation*

Curriculum for Training for  
**Advanced Critical Care Practitioners**

# **Syllabus**

## **Part III**

**Cover Design Not Final**

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# 1. Introduction

## Revisions

V1.0 - 2015

V1.1 - 2018 – amended to reflect updates in terminology and definition.

## 1.1 Aim

This document aims to align where applicable to the ICM curriculum 2021 and dovetails the requirements of the General Medical Council's Excellence by design "standards for post graduate curricula", the Generic professional capabilities framework [GPC] where applicable and acknowledges the Health Education England advanced practice agenda. The Multi professional framework for advanced clinical practice in England (2017) requires that all health and care professionals working at an advanced clinical practice level should have developed capabilities underpinned by evidence applicable to the speciality. Whilst there are some key differences between the Advanced Clinical Practitioner [ACP] and Advanced Critical Care Practitioner [ACCP] role the similarities on core capabilities dovetail with the ACCP role. These capabilities are deliberately mapped to level 7 taxonomy to support practising at MSc level. Trainee ACCPs [tACCPs] will meet the requirements for FICM membership at the Post Graduate Diploma [PgDip] point in terms of academic, clinical knowledge, skills, and capabilities. However, the expectation is that tACCPs should complete a full MSc to facilitate career progression.

***For tACCPs in England supported by Health Education England [HEE] there is requirement to complete a full MSc in Advanced Critical Care Practice to achieve funding. Where an individual holds a pre-existing MSc, this must be an MSc in Advanced Practice accredited by HEE to be recognised as a HEE advanced practitioner. The responsibility lies with the individual, the Higher Educational Institution [HEI] and their employer not FICM to liaise with HEE on the commencement of training if the final year of a previous MSc programme may be considered. This has no impact on the requirements for FICM membership however it will have an implication for recognition as an advanced practitioner by HEE. tACCPs in devolved nations may be subject to specific criteria stipulated by their supporting Educational Authority or Health Board.***

The core capabilities of advanced practice ensure some standardisation across the advanced practice landscapes. The Advanced Practice standards outline capabilities which underpin practice in the form of the four pillars. These core principles run through all aspects of the curriculum.

1. **Clinical practice – in this context across the critical care setting**
2. **Leadership and management**
3. **Education**
4. **Research**

The purpose of this Advanced Critical Care Practitioner [ACCP] capability framework is to:

- Ensure ACCP training to a nationally agreed standard towards FICM Membership as an ACCP
- To describe the core theoretical knowledge, capabilities and professional judgment required of an ACCP.
- Facilitate incremental development and demonstration of knowledge skills and capability to practice as an ACCP.
- Promote the necessary attitudes and behaviours required to care for patients as part of a multidisciplinary team.

The capabilities identify knowledge, common and specialist elements, which are deemed essential to the role, while allowing for flexibility within local settings to meet service needs. Each individual practitioner will take professional responsibility for their autonomous practice including acknowledgement of their limitations and when escalation to a senior clinician or other appropriate professionals is required.

The ACCP capabilities have components common to trainees undergoing the Intensive Care Medicine [ICM] curriculum (2021) and the evolving national advanced practice agenda.

The tACCP capabilities align to the National Competency Framework for Critical Care Nurses and have the potential to dovetail into Level three of the Critical Care National Network Nurse Leads Forum [CC3N] competency framework.

The main sources of the ACCP capabilities are the Competency-Based Training in Intensive Care Europe [CoBaTrICE] syllabus, a European Society of Intensive Care Medicine [ESICM] project<sup>1</sup>. And the core capabilities common to all medical training schemes. Where appropriate these have been modified to recognise the difference between an ACCP and a medically qualified practitioner.

## 1.2 Alignment to Good Medical Practice, Generic Professional Capabilities and Advanced practice requirements

A trained ACCP will be working within a medical model of care delivery; therefore, the training requirements are aligned to the four domains of Good Medical Practice [2019], the Generic Professionals Capability Framework [GPCs] and the Multi Professional Framework for Advanced Practitioners [HEE 2017]. The ACCP Syllabus draws on these resources.

Domains of Good Medical Practice	
Domain	Descriptor
1	Knowledge, skills, and performance
2	Safety and quality
3	Communication, partnership, and teamwork
4	Maintaining trust

The GPCs requires development and maintenance of key professional values, knowledge, skills, and behaviours. GMP is embedded in GPCs.



<sup>1</sup> [www.cobatrace.org/02-competencies](http://www.cobatrace.org/02-competencies)

1. Professional values and behaviour
2. Professional skills:
  - Practical skills
  - Communication and interpersonal skills
  - Dealing with complexity and uncertainty
  - Clinical skills
  - History taking, diagnosis and medical management.
  - Consent
  - Humane interventions
  - Prescribing medicines safely
  - Using medical devices safely
  - Infection and communicable diseases
3. Professional knowledge:
  - Professional requirements
  - National legislative requirements
  - The health services and healthcare systems in the four countries
4. Capabilities in health promotion and prevention
5. Capabilities in leadership and teamworking
6. Capabilities in patient safety and quality improvement:
  - Patient safety
  - Quality improvement
7. Capabilities in safeguarding vulnerable groups
8. Capabilities in education and training
9. Capabilities in research and scholarship.

### 1.3 Recommended assessment processes

Assessment tools for both common and specialist capabilities are the same as those in familiar use in the assessment of medical trainees.

Each capability is mapped to the relevant assessment tools as follows. Each capability is also mapped to the four domains of Good Medical Practice:

Assessment Tools	
Code	Full name
D	Direct Observation of Procedural Skills [DOPS]
I	ICM Mini- Clinical Evaluation Exercise [ICM-CEX]
C	Case Based Discussion [CBD]
M	Multisource Feedback [MSF]
T	Acute Care Assessment Tool [ACAT]
S	Simulation
O	Observation of clinical practice
IPC	Independent Non-Medical Prescribing course
HEI	Higher Education Institution exam
PS	Patient Survey
QI	Quality improvement projects
A	Audit

## 2. Core knowledge

The tACCP must be taught and be able to demonstrate their knowledge of the theoretical underpinning necessary for the role. The timing, organisation and delivery of these components will not necessarily be the same in all training centres. Each training centre must ensure it is delivering the following to a level commensurate with post-graduate study to level 7 Masters with sufficient depth that ACCPs are able to fulfil the clinical capabilities expected of them.

### Core Knowledge

- 2.1 Professional skills: Anatomy, physiology and basic science.
- 2.2 Clinical skills: History taking and examination.
- 2.3 Clinical Skills: Radiology.
- 2.4 Principles of microbiology.
- 2.5 Principles of laboratory medicine.
- 2.6 Principles of pharmacology and prescribing.
- 2.7 Technology in critical care.
- 2.8 Discharge planning and rehabilitation.
- 2.9 End of life care.
- 2.10 Organ/tissue donation.
- 2.11 Surgical Procedures.

### 2.1 Professional Skills: Anatomy, physiology, and basic science

This theoretical component will be taught, assessed, and co-ordinated by the Higher Educational institution

<i>Capabilities</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Cellular physiology	HEI	1
Homeostasis	HEI	1
Systems anatomy, physiology and basic science <ul style="list-style-type: none"> <li>• Respiratory</li> <li>• Cardiovascular</li> <li>• Neurological</li> <li>• Gastrointestinal and hepatic</li> <li>• Renal</li> <li>• Musculoskeletal</li> <li>• Endocrine</li> <li>• Immunology</li> <li>• Blood and coagulation – haematology</li> </ul>	HEI	1
Critical Care pathophysiology <ul style="list-style-type: none"> <li>• Respiratory</li> <li>• Cardiovascular</li> <li>• Neurological</li> <li>• Gastrointestinal and hepatic</li> <li>• Renal</li> <li>• Musculoskeletal</li> <li>• Endocrine</li> <li>• Immunology</li> <li>• Haematology</li> </ul>	HEI	1

<b>2.2 Clinical Skills: History taking and examination</b>		
This will be taught and assessed by the HEI and in clinical practice by the LCL/ES		
<i>Capabilities</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Admission, take a relevant history accommodating patient ideas, concerns, and aspirations where feasible. Assessment, and daily review	HEI, C	1,2,3
Clinical examination of the critically ill patient	HEI, C	1,3
Effective note writing and ward round case presentation technique	HEI, C	1,2,3
Medico-legal requirements in the context of written notes	HEI, C	1,2,3

<b>2.3 Clinical Skills: Radiology</b>		
This will be taught and assessed by the HEI and in clinical practice by the LCL/ES		
<i>Capabilities</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Radiation and radiation governance requirements including Ionising Radiation (Medical Exposure) Regulations (IRMER) Indications for chest x-ray and chest x-ray interpretation	HEI, C	1,2
Indications for CT and MRI scanning and basic head, chest, and abdominal CT/MRI interpretation	HEI, C	1,2
Indications for thoracic and abdominal ultrasound	HEI, C	1,2
Ultrasound of major vessels for line insertion	HEI, C	1,2
Echocardiography: indications for and basic interpretation	HEI, C	1,2,3

<b>2.4 Principles of microbiology</b>		
This will be taught and assessed by the HEI and in clinical practice by the LCL/ES		
<i>Capabilities</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Principles of microbiological sampling including blood culture and bronchoalveolar lavage	HEI, C	1,2
Infection diagnosis and management	HEI, C	1,2,3
Appropriate antibiotic selection, prescribing, administration and monitoring	HEI, C	1,2,3
Antimicrobial approach to management of invasive devices	HEI, C	1,2,3
Principles of infection control Need to add in antibiotic stewardship	HEI, C	1,2,3

<b>2.5 Principles of laboratory medicine</b>		
This will be taught and assessed by the HEI and in clinical practice by the LCL/ES		
<i>Capabilities</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Biochemistry as it relates to critical care	HEI, C	1
Laboratory and near patient testing including principles of Quality Assurance	HEI, C	1
Haematology as it relates to critical care	HEI, C	1
Haematology testing and blood cross matching	HEI, C	1



## 2.6 Principles of pharmacology and prescribing

It is expected that the capabilities relating to pharmacology and prescribing will be met by the knowledge skills and assessment process of the Non-Medical Prescribing module whose academic component will be provided by the HEI and the clinical aspects in the designated critical care units. The Local Clinical Leads [LCL] should ensure the Designated Prescribing Practitioner [DPP] essential for NMP, focuses on specifics of critical care prescribing. Additional clinical teaching will be necessary to ensure this reflects practice within a critical care setting. [ Note under NMP requirements the DPP role may be undertaken by an experienced prescriber in the setting, however for ACCP training this should be the ES]

<i>Capabilities</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
To include: <ul style="list-style-type: none"> <li>• Mechanism of drug action</li> <li>• Pharmacokinetics and pharmacodynamics</li> <li>• Side effects and their management including anaphylaxis management</li> <li>• Administration</li> <li>• Monitoring</li> <li>• Therapeutic ranges</li> <li>• Metabolism and excretion</li> <li>• Overdose</li> </ul>	HEI, C	1,2
For each of these groups of drugs: <ul style="list-style-type: none"> <li>• Sedatives</li> <li>• Analgesics</li> <li>• Drugs acting on the cardiovascular system – including vasoactive drugs</li> <li>• Drugs acting on the respiratory system</li> <li>• Drugs acting on the kidney</li> <li>• Anticonvulsants</li> <li>• Muscle relaxants</li> <li>• Therapeutic use of hormones, including insulin, steroids, thyroxine</li> <li>• Drugs acting on the gastrointestinal tract</li> <li>• Management of patients following accidental or deliberate drug overdose, knowledge of common toxidromes and where to seek toxicology advice and support</li> <li>• Knowledge of where to find information about medication patient may be receiving before admission e.g., Summary Care record</li> </ul>	HEI, C	1,2

## 2.7 Technology in critical care

This will be taught and assessed by the HEI and in clinical practice by the LCL/ES

<i>Capabilities</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Principles of use and function of equipment used to support patients in critical care to include: <ul style="list-style-type: none"> <li>• Safety</li> <li>• Equipment set up</li> <li>• Relevant physics</li> <li>• Use of alarms and effective parameter setting</li> <li>• Cleaning and infection control</li> <li>• Troubleshooting</li> <li>• Limitations to their use</li> <li>• Optimising their use</li> </ul>	HEI, C	1,2
For the following types of equipment: <ul style="list-style-type: none"> <li>• Oxygen delivery systems</li> <li>• Humidification systems</li> </ul>	HEI, C	1,2

<ul style="list-style-type: none"> <li>• Ventilators</li> <li>• Non-invasive ventilators</li> <li>• High flow nasal cannulae</li> <li>• Oxygen saturation monitoring</li> <li>• End-tidal CO<sub>2</sub> monitoring</li> <li>• Blood gas analysers</li> <li>• Chest drainage systems</li> <li>• The range of tracheostomy products</li> <li>• Cardiac monitoring</li> <li>• Invasive and non-invasive blood pressure measurement</li> <li>• Cardiac output monitoring</li> <li>• Defibrillators</li> <li>• Internal pacemakers</li> <li>• External pacemakers</li> <li>• Intracranial pressure monitoring</li> <li>• Cerebral function monitoring</li> <li>• Peripheral nerve stimulators</li> <li>• Renal support modalities</li> <li>• Specialised critical care beds</li> <li>• Ultrasound scanner</li> <li>• The range of wound care products and devices</li> <li>• Specific equipment for patient transport</li> <li>• Knowledge of computerised patient charting and information systems including e-prescribing</li> </ul>		
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2.8 Discharge planning and rehabilitation		
This will be taught and assessed by the HEI and in clinical practice by the LCL/ES		
<i>Capabilities</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Optimising post-ICU survival: immediate follow up. Effective discharge planning	HEI, C	1,3
Critical care outreach	HEI, C	1,2,3
Physical and psychological sequelae of critical illness	HEI, C	1,2,3,4
Longer term follow-up: clinics	HEI, C	1,2,3,4

2.9 End of life care		
The ACCP will <b>not</b> be responsible for making treatment limitation decisions but will contribute to decision making discussions as a member of the critical care multi-professional team. The ACCP will <b>not</b> be responsible for the diagnosis of brain-stem death. This domain will be taught and assessed by the HEI and in clinical practice by the LCL/ES		
<i>Capabilities</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Approaches to supporting the patient and family/friends of terminally ill patients	HEI, C	1,3,4,
Bereavement support	HEI, C	1,3,4
Understanding how diagnosis of brain-stem death is made	HEI, C	1,3,4
Management of the patient diagnosed brain-stem dead	HEI, C	1,3,4
Treatment escalation plans and advanced directives	HEI, C	1,3,4,

<b>2.10 Organ/tissue donation</b>		
This will be taught and assessed by the HEI and in clinical practice by the LCL/ES		
<i>Capabilities</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Management of organ donors: following brain stem death or donation after cardiac death	HEI, C	1,2,3,4
Transplant co-ordination	HEI, C	1,3,
Discussing donation with families	HEI, C	1,3,4

<b>2.11 Surgical procedures</b>		
This will be taught and assessed by the HEI and in clinical practice by the LCL/ES		
<i>Capabilities</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Understand the nature of specific surgical procedures in order to provide optimum post-operative management and recognise complications, e.g. <ul style="list-style-type: none"> <li>• Major abdominal surgery</li> <li>• Cardiac surgical procedures</li> <li>• Major neurological surgical procedures.</li> <li>• Major vascular procedures</li> <li>• Major thoracic procedures</li> <li>• Major head and neck/ ENT procedures</li> </ul>	HEI, C	1,2

### 3. Common Capabilities

These capabilities required of ACCPs are also common to all medical trainees and form the basis of ACCP practice. They underpin the specialist capabilities and are included to provide more detail to support the specialist capabilities.

<b>Basic clinical capabilities</b>
3.1 History Taking 3.2 Clinical Examination 3.3 Therapeutics, monitoring, and safe prescribing
<b>Integrated Clinical Practice and Patient Safety</b>
3.4 Time management and personal organisation 3.5 Decision making and clinical reasoning. 3.6 The patient as the central focus of care 3.7 Prioritisation of patient safety in clinical practice 3.8 Teamworking and patient safety 3.9 Principles of quality and safety improvement 3.10 Infection control 3.11 Environmental protection and emergency planning 3.12 Managing long term conditions and promoting patient self-care
<b>Communication</b>
3.13 Relationships with patients and communication within a consultation 3.14 Breaking bad news 3.15 Dealing with complaints and medical error 3.16 Communication with colleagues and cooperation
<b>Legal and Ethical Aspects of Care</b>
3.17 Principles of medical ethics and confidentiality 3.18 Valid consent 3.19 Legal framework for practice 3.20 Ethical research 3.21 Working within the scope of practice
<b>Standards of care and education</b>
3.22 Evidence and guidelines 3.23 Audit and Quality Improvement 3.24 Education: Teaching and training 3.25 Health promotion and health improvement
<b>Personal Attitudes and Behaviours</b>
3.26 Personal behaviour
<b>Leadership and Management</b>
3.27 Management and NHS structure

Each capability is accompanied by a suite of level descriptors reflecting maturation throughout training.

### 3.1 History Taking

*Objectives:*

- To elicit a relevant focused history from patients with increasingly complex issues and in increasingly challenging circumstances
- To record the history accurately and synthesise this with relevant clinical examination, establish a problem list based on pattern recognition including differential diagnosis(es) and formulate a management plan that takes account of likely clinical evolution.

<i>Capability</i>		<i>Assessment Methods</i>	<i>GM P</i>
<b>Knowledge</b>			
Recognises the importance of different elements of history		I	1
Recognises that patients do not present history in structured fashion		T, I	1, 3
Knows likely causes and risk factors for conditions relevant to mode of presentation		I	1
Recognises that history should inform examination, investigation and management		I	1
Recognises that the patients' wishes and beliefs and their history should inform examination, investigation and management		I	1
<b>Skills</b>			
Identifies and overcomes possible barriers to effective communication		I	1, 3
Supplements history with standardised instruments or questionnaires when relevant		T, I	1
Manages alternative and conflicting views from family, carers, friends and members of the multidisciplinary team		T, I	1, 3
Assimilates history from the available information from patient and other sources		T, I	1, 3
Recognises and interpret the use of non-verbal communication from patients and carers		I	1, 3
Focuses on relevant aspects of history		T, I	1, 3
<b>Behaviours</b>			
Shows respect and behave in accordance with Good Medical Practice		T, I	3, 4

*Scope of Practice*

Is able to perform independently	<ul style="list-style-type: none"> <li>• Records information in most informative fashion. Writes legibly dating and signing entries. Records regular follow up notes.</li> <li>• Is able to write a summary of the case.</li> <li>• Produces written notes which are always comprehensive, focused and informative. Is able to accurately summarise the details of patient notes.</li> <li>• Demonstrates an awareness that effective history taking needs to take due account of patients' beliefs and understanding.</li> <li>• Demonstrates ability to rapidly obtain relevant history in context of severely ill patients.</li> <li>• Demonstrates ability to obtain history in difficult circumstances e.g. from angry or distressed patient / relatives.</li> <li>• Demonstrates ability to keep interview focussed on most important clinical issues.</li> <li>• Writes timely, comprehensive and informative letters to patients and to GPs.</li> </ul>
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### 3.2 Clinical Examination

*Objectives:*

- To perform focused, relevant and accurate clinical examination in patients with increasingly complex issues and in increasingly challenging circumstances
- To relate physical findings to history in order to establish diagnosis(es) and formulate a management plan.

<i>Capability</i>		<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>			
Understands the need for a targeted and relevant clinical examination		C, I	1
Understands the basis for clinical signs and the relevance of positive and negative physical signs		T, C, I	1
Recognises constraints to performing physical examination and strategies that may be used to overcome them		C, I	1
Recognises when the offer/use of a chaperone is appropriate or required.		T, C, I	1
<b>Skills</b>			

Performs valid, targeted and time efficient an examination relevant to the presentation and risk factors	T, C, I	1
Recognises the possibility of deliberate harm (both by self and others) in vulnerable patients and report to appropriate agencies	T, C, I	1, 2
Interprets findings from the history, physical examination and mental state examination, appreciating the importance of clinical, psychological, religious, social and cultural factors	I, C	1
Actively elicits important clinical findings	C, M	1
Performs relevant adjunctive examinations	C, M	1
<b>Behaviours</b>		
Show respect and behaves in accordance with Good Medical Practice	T, C, I, M	1, 4
Considers social, cultural and religious boundaries to clinical examination, appropriately communicates with the patient and makes alternative arrangements where necessary	C, I, M	1, 4
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>Elicits most important physical signs.</li> <li>Uses and interprets findings adjuncts to basic examination e.g. internal examination, blood pressure measurement, pulse oximetry, peak flow.</li> <li>Performs focused clinical examination directed to presenting complaint e.g. cardiorespiratory symptoms, abdominal pain.</li> <li>Actively seeks and elicits relevant positive and negative signs.</li> <li>Uses and interprets findings of adjuncts to basic examination e.g. electrocardiography, spirometry, ankle brachial pressure index.</li> <li>Rapidly and accurately performs and interprets focussed clinical examination in challenging circumstances e.g. acute medical or surgical emergency</li> </ul>	

Many of the capabilities listed below will be acquired during the Independent Prescribing Course [IPC].

<b>3.3 Therapeutics and safe prescribing</b>		
<i>Objective:</i>		
<ul style="list-style-type: none"> <li>To prescribe, review and monitor appropriate therapeutic and preventive interventions relevant to clinical practice including those which are non-medication based.</li> </ul>		
<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Recalls indications, contraindications, side effects, drug interactions and dosage of commonly used drugs	T, C, I, IPC	1
Recalls range of adverse drug reactions to commonly used drugs, including complementary medicines	T, C, I, IPC	1
Recalls drugs requiring therapeutic drug monitoring and interpret results	T, C, I, IPC	1
Outlines tools to promote patient safety and prescribing, including IT systems	T, C, I	1, 2
Defines the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism relevant to the trainees practice	T, C, I, IPC	1, 2
Understands the roles of regulatory agencies involved in drug use, monitoring and licensing (e.g. Committee on Safety of Medicines, National Institute for Clinical Excellence/ Scottish Medicines Consortium, regional and hospital formulary committees).	T, C, I, IPC	1, 2
<b>Skills</b>		
Reviews the continuing need for effect of and adverse effects of long-term medications relevant to the ACCPs clinical practice	T, C, I, IPC	1, 2
Anticipates and avoid defined drug interactions, including complementary medicines	T, C, I, IPC	1
Advises patients (and carers) about important interactions and adverse drug effects	T, C, I, IPC	1, 3
Makes appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)	T, C, I, IPC	1
Uses IT prescribing tools where available to improve safety	T, C, I	1, 2
Employs validated methods to improve patient concordance with prescribed medication	T, C	1, 3

Provides comprehensible explanations to the patient, and carers when relevant, for the use of medicines	T, C, I	1, 3
Recognises the importance of resources when prescribing, including the role of a Drug Formulary e.g. British National Formulary and electronic prescribing systems	C, M	1, 2
<b>Behaviours</b>		
Minimises the number of medications taken by a patient to a level compatible with best care	T, C, I, IPC	1
Appreciates the role of non-medical prescribers	T, C, I, IPC	1, 3
Remains open to advice from other health professionals on medication issues	T, C, I, IPC	1, 3
Participates in adverse drug event reporting mechanisms	T, C, IPC	1, 2
Ensures prescribing information is shared promptly and accurately between a patient's health providers, including between primary and secondary care	T, C	1, 3
Remains up to date with therapeutic alerts, and respond appropriately	T, C	1
Complies with individual Trust or Health Board NMP governance procedures	M, A	1,2
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>Understands the importance of patient compliance with prescribed medication.</li> <li>Outlines the adverse effects of commonly prescribed medicines.</li> <li>Uses reference works to ensure accurate, precise prescribing.</li> <li>Seeks advice on the most appropriate medicine in all but the most common situations.</li> <li>Makes sure an accurate record of prescribed medication is transmitted promptly to relevant others involved in a patient's care.</li> <li>Knows indications for commonly used drugs that require monitoring to avoid adverse effects.</li> <li>Modifies patient's prescriptions to ensure the most appropriate medicines are used for any specific condition.</li> <li>Is aware of the precise indications, dosages, adverse effects and modes of administration of the drugs used commonly within their speciality.</li> </ul>	
	<ul style="list-style-type: none"> <li>Uses databases and other reference works to ensure knowledge of new therapies and adverse effects is up to date.</li> <li>Knows how to report adverse effects and take part in this mechanism.</li> <li>Is aware of the regulatory bodies relevant to prescribed medicines both locally and nationally.</li> <li>Ensures that resources are used in the most effective way for patient benefit.</li> </ul>	

### ***Integrated clinical practice and patient safety.***

This part of the generic capabilities relates to direct clinical practice; the importance of patient needs at the centre of care and of promotion of patient safety, team working, and high-quality infection control. Furthermore, the prevalence of long-term conditions in patients presenting to Critical Care means that specific capabilities have been defined that are mandated in the management of this group of patients.

<b>3.4 Time management and Personal organisation</b>		
<i>Objectives:</i>		
<ul style="list-style-type: none"> <li>To become increasingly able to prioritise and organise clinical and clerical duties in order to optimise patient care.</li> <li>To become increasingly able to make appropriate clinical and clerical decisions in order to optimise the effectiveness of the clinical team resource.</li> </ul>		
<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Understands that organisation is key to time management	T, C	1
Understands that some tasks are more urgent or more important than others	T, C	1
Understands the need to prioritise work according to urgency and importance	T, C	1
Understands that some tasks may have to wait or be delegated to others	T, C	1
Outlines techniques for improving time management	T, C	1

Understands the importance of prompt investigation, diagnosis and treatment in disease management	T, C, I	1, 2
<b>Skills</b>		
Maintains focus on individual patient needs whilst balancing multiple competing pressures	T, C	1
Identifies clinical and clerical tasks requiring attention or which are predicted to arise	T, C, I	1, 2
Estimates the time likely to be required for essential tasks and plans accordingly	T, C, I	1
Groups together tasks when this will be the most effective way of working	T, C, I	1
Recognises the most urgent / important tasks and ensures that they are managed expediently	T, C, I	1
Regularly reviews and re-prioritises personal and teamwork load	T, C, I	1
Organises and manages workload effectively	T, C, I	1
Makes appropriate use of other healthcare professionals and support workers delegating where appropriate.	T, C, I	1
<b>Behaviours</b>		
Demonstrates ability to work flexibly and deal with tasks in an effective fashion	T, C, I	3
Recognises when you or others are falling behind and takes steps to rectify the situation	T, C, I	3
Communicates changes in priority to others	T, C, I	1
Remains calm in stressful or high-pressure situations and adopts a timely, rational approach	T, C, I	1
Appropriately recognises and handles uncertainty within the consultation	T, M	3
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>• Comprehends the need to identify work and compiles a list of tasks.</li> <li>• Understands the importance of completing tasks and checks progress with more senior members of the MDT.</li> <li>• Understands importance of communicating progress with other team members.</li> <li>• Recognises when workload is exceeding capabilities and resources.</li> <li>• Always consults more senior member of team when unsure.</li> <li>• Organises work appropriately and is able to prioritise.</li> <li>• Discusses work on a daily basis with more senior member of team.</li> <li>• Completes work within an acceptable amount of time.</li> <li>• Organises own work efficiently and effectively and supervises work of others.</li> <li>• Acts professionally and works within reasonable timescales.</li> <li>• Manages to balance competing tasks.</li> <li>• Recognises the most important tasks and responds appropriately.</li> <li>• Anticipates when priorities should be changed.</li> <li>• Demonstrates starting to lead and direct the clinical team in effective fashion.</li> <li>• Identifies and supports other team members who are falling behind.</li> <li>• Requires minimal organisational supervision.</li> <li>• Shows calm leadership in stressful situations</li> </ul>	

### 3.5 Decision making and clinical reasoning

#### Objectives:

- To develop the ability to formulate a diagnostic and therapeutic plan for a patient according to the clinical information available.
- To develop the ability to prioritise the diagnostic and therapeutic plan.
- To be able to communicate a diagnostic and therapeutic plan appropriately.

<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Defines the steps of diagnostic reasoning:	T, C, I	1
Understands the psychological component of disease and illness presentation	T, C, I	1
Conceptualises clinical problem in a clinical and social context	T, C, I	1
Recognises how to use expert advice, clinical guidelines and algorithms	T, C, I	1
Recognises and appropriately respond to sources of information accessed by patients	T, C, I	1, 2



Defines the concepts of disease natural history and assessment of risk	T, C, I	1
Outlines methods and associated problems of quantifying risk e.g. cohort studies	T, C	1
Outlines the concepts and drawbacks of quantitative assessment of risk or benefit e.g. numbers needed to treat	T, C	1
Describes commonly used statistical methodology	C, I	1
Knows how relative and absolute risks are derived and the meaning of the terms predictive value, sensitivity and specificity in relation to diagnostic tests	C, I	1
<b>Skills</b>		
Interprets clinical features, their reliability and relevance to clinical scenarios including recognition of the breadth of presentation of common disorders	T, C, I	1
Incorporates an understanding of the psychological and social elements of clinical situations into decision making through a robust process of clinical reasoning	T, C, I	1,2,3
Interprets history and clinical signs	T, C, I	1,2
Recognises critical illness and responds with due urgency	T, C, I	1
Generates a provisional and differential diagnosis in the context of clinical likelihood	T, C, I	1
Tests, refines and verifies hypothesis	T, C, I	1,2
Constructs a concise and applicable problem list using available information	T, C, I	1
Comprehends the need to determine the best value and most effective treatment for the individual patient and for a patient cohort	T, C, I	1
Constructs concise and applicable hypothesis(es) following patient assessment	T, C, I	1
Applies quantitative data of risks and benefits of therapeutic intervention to an individual patient	T, C, I	1
Searches and comprehends medical literature to guide reasoning	T, C	1
<b>Behaviours</b>		
Recognises the difficulties in predicting occurrence of future events	T, C, I	1
Is willing to discuss intelligibly with a patient the notion and difficulties of prediction of future events, and benefit/risk balance of therapeutic intervention	T, C, I	3
Is willing to adapt and adjust approaches according to the beliefs and preferences of the patient and/or carers	T,C,I	3,4
Is willing to facilitate patient choice	T, C, I	3
Is willing to search for evidence to support clinical decision making	T, C, I	1,4
Demonstrates ability to identify one's own biases and inconsistencies in clinical reasoning	T, C, I	1.3
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>Develops a provisional diagnosis and a differential diagnosis on the basis of the clinical evidence.</li> <li>Institutes an appropriate investigative plan.</li> <li>Institutes an appropriate therapeutic plan.</li> <li>Seeks appropriate support from others.</li> <li>Takes account of the patient's wishes</li> </ul>	

### 3.6 The patient as central focus of care

#### Objective:

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

<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Outlines health needs of particular populations e.g. ethnic minorities and recognises the impact of culture and ethnicity in presentations of physical and psychological conditions	T, C	1
Able to outline key aspects of the Mental Capacity Act and alternative appropriate Legislation that supports patients in decision making	T, C	1, 3
<b>Skills</b>		
Gives adequate time for patients to express ideas, concerns and expectations	T, I	1, 3, 4

Encourages the health care team to respect the philosophy of patient-focused care	T, C, I, M	3
Develops a self-management plan with the patient	T, C, I	1, 3
Supports patients, parents and carers where relevant to comply with management plans	T, C, I	3
Encourages patients to voice their preferences and personal choices about their care	T, I	3
<b>Behaviours</b>		
Supports patient self-management	T, C, I	3
Recognises the duty of the medical professional to act as patient advocate	T, C, I, M	3, 4
Able to recognise and instigate DOLS Assessments where appropriate	T, C, I	2, 3
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>• Responds honestly and promptly to patient questions but knows when to refer for senior help.</li> <li>• Comprehends the need for disparate approaches to individual patients.</li> <li>• Is always respectful to patients.</li> <li>• Introduces self clearly to patients and indicates own place in team.</li> <li>• Always checks that patients are comfortable and willing to be seen. Asks about and explains all elements of examination before undertaking straight forward procedures e.g. taking a pulse.</li> <li>• Always warns patient of any procedure and is aware of the notion of implicit consent.</li> <li>• Only undertakes consent for a procedure that he/she is competent to do.</li> <li>• Always seeks senior help when does not know answer patients' queries.</li> <li>• Always asks patients if there is anything else they need to know or ask.</li> <li>• Recognises more complex situations of communication, accommodates disparate needs and develops strategies to cope.</li> <li>• Is sensitive to patients' cultural values and beliefs.</li> <li>• Is able to explain diagnoses and clinical procedures in ways that enable patients understanding and supports their decision making about their healthcare</li> </ul>	

### 3.7 Prioritisation of patient safety in clinical practice

#### Objectives:

- To understand that patient safety depends on:
  - the effective and efficient organisation of care
  - healthcare professionals working well together.
  - safe systems, not just individual capability and safe practice
- To ensure that all staff are aware of risks and work together to minimise risk.
- To ensure actions always promote patient safety

<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Outlines the features of a safe working environment	T, C, I	1
Outlines the hazards of medical equipment in common use	T, C	1
Recalls side effects and contraindications of medications prescribed	T, C, I, IPC	1
Recalls principles of risk assessment and management	C	1
Recalls the components of safe working practice in the personal, clinical and organisational settings	T, C	1
Outlines human factors theory and understand its impact on safety	C	1
Understands root cause analysis	C	1
Understands significant event analysis	C	1
Outlines local procedures for optimal practice e.g. GI bleed protocol, safe prescribing	T, C, I	1
Understands the investigation of significant events and serious untoward incidents and near misses	T, C, I	1
<b>Skills</b>		
Recognises limits of own professional and only practices within these	T, C, I	1
Recognises when a patient is not responding to treatment, reassesses the situation, and encourages others to do so	T, C, I	1

Ensures the correct and safe use of medical equipment, ensuring faulty equipment is reported appropriately	T, C, I, IPC	1
Improves patients' and colleagues' understanding of the side effects and contraindications of therapeutic intervention	T, C, I	1, 3
Sensitively counsels a colleague following a significant event, or near incident, to encourage improvement in practice of individual and unit	T, C	3
Recognises and responds to the manifestations of a patient's deterioration (symptoms, signs, observations, and laboratory results) and supports other members of the team to act similarly	T, C, I, M	1
<b>Behaviours</b>		
Maintains a high level of safety awareness and consciousness at all times	T, C, I	2
Encourages feedback from all members of the team on safety issues	T, C, I, M	3
Reports serious untoward incidents and near misses and co-operate with the investigation of the same	T, C, I, M	3
Shows willingness to take action when concerns are raised about performance of members of the healthcare team, and acts appropriately when these concerns are voiced to you by others	T, C, I, M	3
Continues to be aware of one's own limitations, and operate within them competently	T, C, I	1
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>• Respects and follows ward protocols and guidelines.</li> <li>• Takes direction from the nursing staff as well as medical team on matters related to patient safety.</li> <li>• Discusses risks of treatments with patients and is able to help patients make decisions about their treatment.</li> <li>• Always ensures the safe use of equipment.</li> <li>• Follows guidelines unless there is a clear reason for doing otherwise.</li> <li>• Acts promptly when a patient's condition deteriorates.</li> <li>• Always escalates concerns promptly.</li> <li>• 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.</li> <li>• Understands the relationship between good team working and patient safety.</li> <li>• Is able to work with and when appropriate lead the whole clinical team.</li> <li>• Promotes patients' safety to more junior colleagues.</li> <li>• Comprehends untoward or significant events and always reports these.</li> <li>• Leads discussion of causes of clinical incidents with staff and enables them to reflect on the causes.</li> </ul> <p>Is able to undertake a root cause analysis</p>	

### 3.8 Team working and patient safety

#### *Objectives:*

- To work well in a variety of different teams and team settings – for example the ward team, the laboratory team, the infection control team, the theatre team – and to contribute to discussion on the team's role in patient safety
- To display the leadership skills necessary to lead teams so that they are more effective and better able to deliver safer care

<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Outlines the components of effective collaboration and team working	T, C	1
Describes the roles and responsibilities of members of the healthcare team	T, C	1
Outlines factors adversely affecting a practitioner's performance and methods to rectify these	C	1
<b>Skills</b>		

Provides good continuity of care	T, C, I	1, 3, 4
Performs accurate attributable note-keeping including electronic clinical record systems	T, C, I	1, 3
Prepares patient lists with clarification of problems and ongoing care plan	T, C, I, M	1
Gives comprehensive handover between shifts and areas of care, developing a problem list	T, C, I, M	1, 3
Demonstrates leadership and management in the following areas: <ul style="list-style-type: none"> <li>• Education and training</li> <li>• Deteriorating performance of colleagues (e.g. stress, fatigue)</li> <li>• High quality care</li> <li>• Effective handover of care between shifts and teams</li> </ul>	T, C, I	1, 2, 3
Participates in multidisciplinary team meetings	T, C, I	3
Provides appropriate supervision to less experienced colleagues	T, C, M	3
<b>Behaviours</b>		
Encourages an open environment to foster concerns and issues about the functioning and safety of team working	T, C, M	3
Recognises limits of own professional capability and only practices within these	T, C, M	2
Recognises and respects the request for a second opinion	T, C, M	3
Recognises the importance of induction for new members of a team	T, C, M	3
Recognises the importance of prompt and accurate information sharing to receiving team when a patient is discharged from ICU.	T, C, I, M	3
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>• Works well within the multidisciplinary team and recognises when assistance is required from the relevant team member.</li> <li>• Demonstrates awareness of own contribution to patient safety within a team and is able to outline the roles of other team members.</li> <li>• Keeps records up-to-date and legible and relevant to the safe progress of the patient.</li> <li>• Hands over care in a precise, timely and effective manner</li> <li>• Demonstrates ability to discuss problems within a team to senior colleagues.</li> <li>• Provides an analysis and plan for change.</li> <li>• Demonstrates ability to work with the virtual team to develop the ability to work well in a variety of different teams – for example the ward team and the infection control team - and to contribute to discussion on the team’s role in patient safety.</li> <li>• Developing the leadership skills necessary to deliver more effective and safer care</li> </ul>	

### 3.9 Principles of quality and safety management

#### Objective:

- 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

<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Understands the elements of clinical governance	C, M	1
Defines local and national significant event reporting systems relevant to specialty	T, C, M	1
Outlines local health and safety protocols (fire, manual handling etc)	C	1
Understands risk associated with the trainee’s specialty work including biohazards and mechanisms to reduce risk	C	1
Outlines the use of patient early warning systems to detect clinical deterioration relevant to the trainee ACCP	T, C, M	1
Keeps abreast of national patient safety initiatives including NCEPOD reports, NICE & SIGN guidelines etc	T, C, M	1
<b>Skills</b>		
Adopts strategies to reduce risk e.g. checklists	T, C	1, 2
Recognises that governance safeguards high standards of care and facilitates the development of improved clinical standards	C	2

Recognises the importance of evidence-based practice in relation to clinical effectiveness	C	2
Reflects regularly on personal standards of medical practice	A	1,2,3,4
<b>Behaviours</b>		
Shows willingness to participate in safety improvement strategies such as critical incident reporting	C, M	3
Reflects on own personal practice in order to achieve insight	C, M	3
Demonstrates personal commitment to improve own performance in the light of feedback and assessment	C, M	3
Contributes to quality improvement processes e.g. <ul style="list-style-type: none"> <li>Audit of personal and departmental performance</li> <li>Errors / discrepancy meetings</li> <li>Critical incident reporting</li> <li>Unit morbidity and mortality meetings</li> <li>Local and national databases e.g. SISAG Ward-watcher or ICNARC case-mix programmes</li> </ul>	A, C	2
Maintains a folder of information and evidence, drawn from personal medical practice	C	2
Engages with an open no blame culture	C, M	3
Responds positively to outcomes of audit and quality improvement	C, M	1, 3
Co-operates with changes necessary to improve service quality and safety	C, M	1, 2
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>Maintains personal portfolio.</li> <li>Is able to define key elements of clinical governance.</li> <li>Demonstrates personal and service performance.</li> <li>Designs audit protocols and completes audit cycle through understanding the relevant changes needed to improve care</li> </ul>	

### 3.10 Infection Control

#### Objective:

- 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.

<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Understands the principles of infection control	T, C, I	1
Understands the principles of preventing infection in high-risk groups (e.g. managing antibiotic use to prevent Clostridium difficile) including understanding the local antibiotic prescribing policy	T, C, I, IPC	1
Understands the role of Notification within the UK and identify the principle notifiable diseases for UK and international purposes	T, C, I	1
Understands the role of the Health Protection Agency, Consultants in Health Protection (previously Consultants in Communicable Disease Control – CCDC) and SICSAG-Healthcare Associated Infections (Scotland).	T, C	1
Understands the need for appropriate and enhanced PPE and the situations that these will be required	T, S, O, I	2
<b>Skills</b>		
Recognises the potential for infection within patients being cared for	T, C	1, 2
Counsels' patients on matters of infection risk, transmission and control	T, C, I	2, 3
Recognises potential for cross-infection in clinical settings	T, C, I, M	1, 2
Practices aseptic technique whenever relevant	D	1
<b>Behaviours</b>		
Actively engages in local infection control procedures	T, C	1
Actively engages in local infection control monitoring and reporting processes	T, C	1, 2
Complies with bare below the elbows dress code	T, C	1
Complies with and encourages others to comply with the use of hand decontamination before and after every patient contact	T, C, M	1

Prescribes antibiotics according to local antibiotic guidelines	T, C, M, IPC	1
Encourages all staff, patients and relatives to observe infection control principles	T, C, M	1, 3
Ensure appropriate fit of PPE to maintain protection from infectious diseases	T, C, M	2
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>Always follows local infection control protocols. Including washing hands before and after seeing every patient</li> <li>Demonstrates ability to perform basic hand hygiene.</li> <li>Is able to explain infection control protocols to students and to patients and their relatives.</li> <li>Is aware of infections of concern – including MRSA and C difficile.</li> <li>Is aware of the risks of nosocomial infections.</li> <li>Understands the links between antibiotic prescription and the development of nosocomial infections.</li> <li>Always discusses antibiotic use with a more senior colleague.</li> <li>Communicates effectively to the patient the need for treatment and any prevention measures to prevent re-infection or spread.</li> <li>Demonstrates an ability to perform more complex clinical procedures whilst maintaining aseptic technique throughout</li> <li>Identifies potential for infection amongst high-risk patients obtaining appropriate investigations.</li> <li>Works effectively with diagnostic departments in relation to identifying appropriate investigations and monitoring therapy</li> </ul>	

### 3.11 Environmental protection and emergency planning

#### *Objective:*

- To understand the relationship of the physical environment to health
- To be able to identify situations where environmental exposure may be the cause of ill health.
- To relate to emergency planning arrangements both in and around environmental matters and other issues in clinical practice.

<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Understand in outline the mechanisms by which environmental chemicals have an impact on human health	C, T, I	1
Understand in outline the mechanisms by which adverse chemical exposure can be mitigated e.g. decontamination, specific antidotes	C, T, I	1
Know the potential sources of information and guidance to manage a case of chemical etc exposure, including local, regional and national sources	C, T	1
Understand the principles of emergency planning. Know in outline the emergency plan for the healthcare organisation currently working for and specifically know duties and responsibilities within the plan	C, T	1
<b>Skills</b>		
Recognises the potential for chemical or other hazardous environmental exposure in relation to an individual patient	C, T	1, 2
Manages patients in an appropriate manner according to guidance	C, T, I	1, 2
Recognises the importance of evidence-based practice in relation to clinical effectiveness	C, T	1, 3
<b>Behaviours</b>		
Actively engages in emergency planning arrangements including exercises in accordance with Trust plans	T, C, M	2, 3
Openly considers the possibility of chemical or environmental exposure in clinical work	T, C, M	1, 2
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>Always follows local protocols in relation to obtaining advice and guidance regarding the management of a patient.</li> <li>Effectively undertakes any specific procedures required by these protocols.</li> <li>Effectively undertakes duties within the Trust emergency plan.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Appropriately considers the possibility of chemical exposure in relation to a patient's presenting condition or response to therapy.</li> <li>• Actively discusses such issues with other members of the team including potential management options.</li> <li>• Actively seeks advice and guidance from appropriate sources in consideration of atypical presentations.</li> <li>• Works with Trust's emergency planning arrangements to consider issues that will affect the clinical department, how the department will support the rest of the Trust in responding to major emergencies and identifying any resources the department might require to make that response as effective as possible.</li> </ul>
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### 3.12 Managing long term conditions and promoting patient self-care

#### Objective:

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

Capability	Assessment Methods	GMP
<b>Knowledge</b>		
Describes the natural history of diseases that run a chronic course	T, C, I	1
Defines role of rehabilitation services and the multi-disciplinary team to facilitate long-term care	T, C, I	1
Outlines the concept of quality of life and how this can be measured understanding the limitation of such measures for individual patients	C	1
Outlines the concept of patient self-care and the role of the expert patient	C	1
Knows, understands and is able to compare medical and social models of disability	C	1
Knows about the key provisions of disability discrimination legislation	C	1, 4
Understands the relationship between local health, educational and social service provision including the voluntary sector	C	1
<b>Skills</b>		
Develops and agrees a management plan with the patient (and carers), ensuring awareness of alternatives to maximise self-care within patients care pathway	T, C, I	1, 3
Develops and sustains supportive relationships with patients with whom care will be prolonged	C, I	1, 4
Provides relevant evidence-based information and where appropriate effective patient/carer education, with support of the multi-disciplinary team	T, C, I	1, 3, 4
Provides relevant and evidence-based information in an appropriate medium to enable sufficient choice, when possible	C	1, 3
<b>Behaviours</b>		
Shows willingness and support for the patient in their own advocacy, within the constraints of available resources and taking into account the best interests of the wider community	T, C, I	3, 4
Promotes and encourages involvement of patients in appropriate support networks, both to receive support and to give support to others	C	1, 3
Recognises the impact of long-term conditions on the patient, family and friends	T, C, I	1
Ensures equipment and devices relevant to the patient's care are discussed	T, C, I	1
Puts patients in touch with the relevant agency including the voluntary sector from where they can procure the items and support as appropriate	T, C, I	1, 3
Provides the relevant tools and devices when possible	T, C, I	1, 2
Shows willingness to facilitate access to the appropriate training and skills in order to develop the patient's confidence and capability to self-care	T, C, I, IPC	1, 3, 4
Shows willingness to maintain a close working relationship with other members of the multidisciplinary team and primary and community care	T, C, I	3
Shows willingness to engage with expert patients and representatives of charities or networks that focus on diseases and comprehends their role in supporting patients and their families and carers (where relevant)	C	1, 3, 4
Recognises and respects the role of family, friends and carers in the management of the patient with a long-term condition	T, C, I	1,3



<i>Scope of Practice</i>	
Is able to perform independently	<ul style="list-style-type: none"> <li>• Describes relevant long-term conditions after critical care.</li> <li>• Understands that quality of life is an important goal and that this has different meanings for each patient.</li> <li>• Shows awareness of the need for promotion of patient self-care and independence</li> <li>• Helps the patient with an understanding of their condition and how they can promote self-management.</li> <li>• Demonstrates awareness of management of relevant long-term conditions</li> <li>• Is aware of the tools and devices that can be used in long term conditions</li> </ul>

## Communication

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.

<b>3.13 Relationships with patients and communication within a consultation</b>		
<i>Objective:</i>		
<ul style="list-style-type: none"> <li>• To recognise the need, and develop the abilities, to communicate effectively and sensitively with patients, relatives and carers (where relevant)</li> </ul>		
<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Structures a consultation appropriately	T, C, I	1
Understands the importance of the patient's background, culture, education and preconceptions (ideas, concerns, expectations) to the process	T, C, I	1, 3
Understands the importance of the role of communication in the breakdown of relationships between patients, families, colleagues and the multidisciplinary team	T, C, I, M	2, 3, 4
<b>Skills</b>		
Establishes a rapport with the patient and any relevant others (e.g. carers)	T, C, I	1, 3
Utilises open and closed questioning appropriately	T, I	1, 3
Listens actively and question sensitively to guide the patient and to clarify information	T, I	1, 3
Identifies and manages communication barriers, tailoring language to the individual patient and using interpreters/translators when indicated	T, C, I	1, 3
Delivers information compassionately, being alert to and managing their and personal emotional response (anxiety, antipathy etc)	T, C, I	1, 3, 4
Uses, and refers patients to, appropriate written and other evidence-based information sources	T, C, I	1, 3
Checks the patient's/carer's understanding, ensuring that all their concerns/questions have been covered	T, C, I	1, 3
Indicates when the interview is nearing its end and concludes with a summary and appropriate action plan; asks the patient to summarise back to check their understanding	T, C, I	1, 3
Makes accurate contemporaneous records of the discussion	T, C, I	1, 3
Manages follow-up effectively	T, C, I	1, 3
Ensures that the appropriate referral and communications with other healthcare professionals resulting from the consultation are made accurately and timely	C	3
<b>Behaviours</b>		
Approaches the situation with courtesy, empathy, compassion and professionalism, especially by appropriate body language acting as an equal not a superior	T, C, I, M	1, 3, 4
Ensures appropriate personal language and behaviour	T, I, E	1, 3
Ensures that the approach is inclusive person and patient centred and respects the diversity of values in patients, carers and colleagues	T, C, I, M	1, 3
Is willing to provide patients with a second opinion	T, C, I, M	1, 3



Use different methods of ethical reasoning to come to a balanced decision where complex and conflicting issues are involved	T, C, I, M	1, 3
Be appropriately confident and positive in one's own values	T, C, I, M	1, 3
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>Conducts interviews on complex concepts with due empathy and sensitivity, confirming that accurate two-way communication has occurred, and writes accurate records thereof.</li> </ul>	

### 3.14 Breaking bad news

#### Objectives:

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

<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Is aware that the way in which bad news is delivered to a patient/relative can affect them for the rest of their lives in terms of emotions, perception of the condition and their ability to cope. It also irretrievably affects the subsequent relationship with the patient	T, C, I, M	1, 3, 4
Is aware that every patient/relative may desire different levels of explanation and have different responses to bad news	T, C, I	1, 4
Is aware that bad news is confidential, but the patient may wish to be accompanied	T, C, I, M	1, 4
Is aware that once the news is given, patients/relatives are unlikely to take anything subsequent in, so a further meeting should be arranged for soon afterwards	C, I	1
Is aware that breaking bad news can be extremely stressful for the practitioner or professional involved	T, C, I	1, 3
Understands that the interaction may be an educational opportunity	T, C, I	1
Knows the importance of adequate preparation for breaking bad news	T, C, I	1
Knows that "bad news" may be expected or unexpected	T, C, I	1
Recognises that sensitive communication of bad news is an essential part of professional practice	T, C, I	1
Understands that "bad news" has different connotations depending on the context, individual, social and cultural circumstances	T, C, I	1
Understands when a post-mortem examination may be required and understand what this involves for the relative	T, C, I	1
Understands the local organ donation referral and retrieval process	T, C, I	1
<b>Skills</b>		
Demonstrates to others good practice in breaking bad news	C, D, M	1, 3, 4
Involves patients and carers in decisions regarding their future management; comprehends the impact of the bad news on the patient, carer (where relevant), supporters, staff members and self	C, D, M	1, 3, 4
Encourages questioning and ensures comprehension	C, D, M	1, 3
Responds appropriately to verbal and visual cues from patients and relatives	C, D, M	1, 3
Acts with empathy, honesty and sensitivity avoiding undue optimism or pessimism	C, D, M	1, 3
Prepares to break bad news by <ul style="list-style-type: none"> <li>Setting aside sufficient uninterrupted time</li> <li>Choosing an appropriate private environment</li> <li>Having sufficient information regarding prognosis and treatment</li> <li>Structuring the interview</li> <li>Being honest, factual, realistic and empathic</li> <li>Being aware of relevant guidance documents</li> </ul>	T, C, I	1, 2, 4
Structures the interview e.g. <ul style="list-style-type: none"> <li>Sets the scene.</li> <li>Establishes understanding.</li> <li>Discusses: diagnosis, implications, treatment, prognosis and subsequent care</li> </ul>	C, D, M	1, 3
<b>Behaviours</b>		

Takes leadership in breaking bad news where appropriate	C, D, M	1
Respects the different ways people react to bad news	C, D, M	1
Ensures appropriate recognition and management that the impact of breaking bad news has on the clinician delivering it	C, D, M	1
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>• Is able to break bad news in planned settings.</li> <li>• Prepares well for interview.</li> <li>• Prepares patient/relative to receive bad news.</li> <li>• Establishes what patient/relative wants to know and ensures understanding.</li> <li>• Is responsive to patient reactions</li> </ul>	

### 3.15 Dealing with complaints and medical error

#### *Objectives:*

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

<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Basic consultation techniques and skills described for UK Foundation programme and to include: <ul style="list-style-type: none"> <li>• Defining the local complaints procedure</li> <li>• Recognising factors likely to lead to complaints (poor communication, dishonesty etc)</li> </ul>	C, D, M	1
Outlines the principles of an effective apology	C, D, M	1
Identifies sources of help and support when a complaint is made about yourself or a colleague	C, D, M	1
<b>Skills</b>		
Contributes to processes whereby complaints are reviewed and learned from	C, D, M	1
Explains comprehensibly to the patient the events leading up to a medical error	C, D, M	1, 3
Recognises when something has gone wrong and identifies appropriate staff to communicate this with	C, D, M	1
Delivers an appropriate apology and explanation (either of an error or for a process of investigation of a potential error, and reporting of the same)	C, D, M	1, 3, 4
Distinguishes between system and individual errors	C, D, M	1
Shows an ability to learn from previous error	C, D, M	1
<b>Behaviours</b>		
Takes leadership over relevant complaint issues	C, D, M	1
Adopts behaviour likely to prevent complaints	C, D, M	1, 3
Deals appropriately with dissatisfied patients or relatives	C, D, M	1
Acts with honesty and sensitivity in a non-confrontational manner	C, D, M	1
Recognises the impact of complaints and medical error on staff, patients, and the National Health Service	C, D, M	1, 3
Contributes to a fair and transparent culture around complaints and errors	C, D, M	1
Recognises the rights of patients, family members and carers to make a complaint	C, D, M	1, 4
Recognises the impact of a complaint upon self and seeks appropriate help and support	C	1
<i>Scope of Practice</i>		

Is able to perform independently	<ul style="list-style-type: none"> <li>• Defines the local complaints procedure.</li> <li>• Recognises need for honesty in management of complaints.</li> <li>• Responds promptly to concerns that have been raised.</li> <li>• Understands the importance of an effective apology.</li> <li>• Learns from errors.</li> <li>• Manages conflict without confrontation.</li> <li>• Recognises and responds to the difference between system failure and individual error.</li> <li>• Recognises and manages the effects of any complaint within members of the team.</li> <li>• Provides timely accurate written responses to complaints when required.</li> </ul>
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### 3.16 Communication with colleagues and cooperation

#### Objectives:

- To recognise and accept the responsibilities and role of the ACCP in relation to other healthcare professionals.
- To communicate succinctly and effectively with other professionals as appropriate

<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Understands the section in "Good Medical Practice" on Working with Colleagues, in particular:	C, M	1,3,4
The roles played by all members of a multi-disciplinary team	C, M	1,3,4
The features of good team dynamics	C, M	1,3,4
The principles of effective inter-professional collaboration to optimise patient, or population, care	C, M	1,3,4
Understands the principles of confidentiality that provide boundaries to communicate	C	1,3,4
Knows techniques to manage anger and aggression in self and colleagues	C	1,3,4
Recognises communication failure as a common cause of tension between colleagues and failure of team performance	C	1,2,3,4
Knows responsibility of the practitioner in the management of physical and/or mental ill health in self and colleagues	C	1,3,4
Understands the organisational processes for managing colleagues in difficulty	C	1, 2, 4
<b>Skills</b>		
Communicates 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	T, C, I	1, 3
Utilises the expertise of the whole multi-disciplinary team as appropriate, ensuring when delegating responsibility that appropriate supervision is maintained	T, C, I, M	1, 3
Participates in, and co-ordinates, an effective outreach team when relevant	T, C, I, M	1
Communicates effectively and professionally with administrative bodies and support organisations	C, I, M	1, 3
Employs behavioural management skills with colleagues to prevent and resolve conflict	T, C, I, M	1, 3
<b>Behaviours</b>		
Shows awareness of the importance of, and takes part in, multi-disciplinary work, including adoption of a leadership role when appropriate but also recognising when others are better equipped to lead	T, C, I, M	3
Fosters a supportive and respectful environment where there is open and transparent communication between all team members	T, C, I, M	1, 3, 4
Ensures appropriate confidentiality is maintained during communication with any member of the team	T, C, I, M	1, 3, 4
Recognises the need for a healthy work/life balance for the whole team, including yourself. Take leave, following appropriate notice, ensuring that cover is in place	C, I, M	1, 2
Is prepared to accept additional duties in situations of unavoidable and unpredictable absence of colleagues	C, M	1, 2

*Scope of Practice*

Is able to perform independently	<ul style="list-style-type: none"> <li>Accepts his/her role in the healthcare team and communicates appropriately with all relevant members thereof</li> </ul>
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### Legal and ethical aspects of care

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

<b>3.17 Principles of medical ethics and confidentiality</b>		
<i>Objective:</i>		
<ul style="list-style-type: none"> <li>To know, understand and apply appropriately the principles, guidance and laws regarding medical ethics and confidentiality</li> </ul>		
<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Demonstrates knowledge of the principles of medical ethics	T, C, I, HEI, E	1
Outlines and follows the guidance on confidentiality	T, C, I	1
Defines the provisions of the Data Protection Act and Freedom of Information Act	T, C, I	1
Defines the principles of information governance	C, I	1
Defines the role of the Caldicott Guardian within an institution, and outlines the process of attaining Caldicott approval for audit or research	T, C, I	1, 4
Outlines situations where patient consent, while desirable, is not required for disclosure e.g. communicable diseases, public interest	T, C, I	1, 4
Outlines the procedures for seeking a patient's consent for disclosure of identifiable information	T, C, I	1
Recalls the obligations for confidentiality following a patient's death	T, C, I	1, 4
Defines the standards of practice defined by the GMC when deciding to withhold or withdraw life-prolonging treatment	T, C, I	1
Knows the role and legal standing of advance directives	T, C, I	1
Outline the principles of the Mental Capacity Act and the Adults with Incapacity Act	T, C, I	1
<b>Skills</b>		
Uses and shares information with the highest regard for confidentiality, and encourages such behaviour in other members of the team	T, C, I, M	1, 2, 3
Recognises the problems posed by disclosure in the public interest, without patient's consent	T, C, I	1, 4
Recognises the factors influencing ethical decision making religion, moral beliefs, cultural practices	T, C, I	1
Uses and promotes strategies to ensure confidentiality is maintained e.g. anonymisation	C	1
Counsels patients on the need for information distribution within members of the immediate healthcare team	T, C, M	1, 3
Counsels patients, family, carers and advocates tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment	T, C, M	1, 3
<b>Behaviours</b>		
Encourages ethical reflection in others	T, C, M	1
Shows willingness to seek advice of peers, legal bodies, and their regulator in the event of ethical dilemmas over disclosure and confidentiality	T, C, I, M	1
Respects patient's requests for information not to be shared, unless this puts the patient, or others, at risk of harm	T, C, I	1, 4
Shows willingness to share information about their care with patients, unless they have expressed a wish not to receive such information	T, C, I	1, 3

Shows willingness to seek the opinion of others when making decisions about resuscitation status, and withholding or withdrawing treatment		T, C, I, M	1, 3
<i>Scope of Practice</i>			
Is able to perform independently	<ul style="list-style-type: none"> <li>Respects patients' confidentiality and their autonomy</li> <li>Demonstrates the need for the highest regard for confidentiality adhering to the Data Protection Act with respect to information about patients.</li> <li>Keeps in mind, when writing or storing data, the importance of the Freedom of Information Act</li> <li>Knowledge of the guidance given by the GMC in respect of the Data Protection Act and the Freedom of Information Act</li> <li>Does not hurry patients into decisions.</li> <li>Demonstrates understanding that the information in patient's notes is the patients.</li> <li>Only shares information outside the clinical team and the patient after discussion with senior colleagues.</li> <li>Demonstrates familiarity with the principles of the Mental Capacity Act</li> <li>Discusses with a senior colleague if in doubt about a patient's capability and ability to consent even to the most simple of acts e.g. history taking or examination.</li> <li>Participates in decisions about resuscitation status and withholding or withdrawing treatment.</li> <li>Counsels patients on the need for information distribution within members of the immediate healthcare team and seek patients' consent for disclosure of identifiable information.</li> <li>Discusses with the patient with whom they would like information about their health to be shared.</li> </ul>		

<b>3.18 Valid consent</b>			
<i>Objective:</i>			
<ul style="list-style-type: none"> <li>To understand the necessity of obtaining valid consent from the patient, know how to obtain it and obtain when indicated</li> </ul>			
<i>Capability</i>		<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>			
Outlines the guidance on consent, in particular: <ul style="list-style-type: none"> <li>Understand that consent is a process that may culminate in, but is not limited to, the completion of a consent form.</li> <li>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</li> </ul>		C, D, M	1
<b>Skills</b>			
Presents all information to patients (and carers) in a format they understand, allowing time for reflection on the decision to give consent		T, C, I	1, 3
Provides a balanced view of all care options		T, C, I	1, 3, 4
<b>Behaviours</b>			
Respects a patient's rights of autonomy even in situations where their decision might put them at risk of harm		T, C, I	1
Keeps within the scope of authority given by a patient		T, C, I	1
Provides all information relevant to proposed care or treatment in a competent adult		T, C, I	1, 3, 4
Shows willingness to seek advance directives		T, C, I	1, 3
Shows willingness to obtain a second opinion, senior opinion, and legal advice in difficult situations of consent or capacity		T, C, I, M	1, 3
<i>Scope of Practice</i>			

Is able to perform independently	<ul style="list-style-type: none"> <li>• Demonstrates understanding that consent should be sought ideally by the person undertaking a procedure and in the absence of the patient's consent, by someone competent to undertake the procedure.</li> <li>• Demonstrates understanding of the consent process.</li> <li>• Always checks for consent for the most simple and non-invasive processes e.g. history taking.</li> <li>• Understands the concept of 'implicit consent'.</li> <li>• Obtains consent for straightforward treatments with appropriate regard for patient autonomy.</li> <li>• Is able to explain complex treatments meaningfully in layman's terms and thereby to obtain appropriate consent.</li> <li>• Checks patients and relatives/carers (where relevant) understanding.</li> <li>• Responds appropriately when a patient declines consent even when the procedure would on balance of probability benefit the patient.</li> </ul>
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### 3.19 Legal framework for practice

#### Objective:

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

<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
All decisions and actions must be in the best interests of the patient	T, C, I, HEI	1
Understands the legislative framework within which healthcare is provided in the UK – in particular. <ul style="list-style-type: none"> <li>• death certification and the role of the Coroner/Procurator Fiscal</li> <li>• child protection 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.</li> <li>• withdrawing and withholding treatment</li> <li>• decisions regarding resuscitation of patients</li> <li>• surrogate decision making; organ donation and retention.</li> <li>• communicable disease notification</li> <li>• medical risk and driving</li> <li>• Data Protection and Freedom of Information Acts</li> <li>• provision of continuing care and community nursing care by a local authority</li> </ul>	T, C, I, HEI	1, 2
Understands the differences between legislation in the four countries of the UK	C, HEI	1
Understands sources of medical legal information	T, C, I	1
Understands disciplinary processes in relation to malpractice	T, C, I, M	1
Understands 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	T, C, I, M	1
<b>Skills</b>		
Cooperates with other agencies with regard to legal requirements – including reporting to the Coroner's Officer, Procurator Fiscal or the proper officer of the local authority in relevant circumstances	T, C, I	1
Prepares appropriate statements for submission to the Coroner's Court, Procurator Fiscal, Fatal Accident Inquiry and other legal proceedings and be prepared to present such material in Court	C, M	1
Incorporates legal principles into day-to-day practice	T, C, I	1
Practices and promotes accurate documentation within clinical practice	T, C, I	1, 3
<b>Behaviours</b>		
Shows willingness to seek advice from the employer, legal bodies (including defence unions), and their regulator on medico-legal matters	T, C, I, M	1
Promotes reflection on legal issues by members of the team	T, C, I, M	1, 3
Demonstrates that all decisions and actions must be in the best interests of the patient	C, M	1

<i>Scope of Practice</i>	
Is able to perform independently	<ul style="list-style-type: none"> <li>• Demonstrates knowledge of the legal framework associated with qualification and practice and the responsibilities of registration.</li> <li>• Demonstrates knowledge of the limits to professional capabilities</li> </ul>

<b>3.20 Ethical research</b>		
<i>Objective:</i>		
<ul style="list-style-type: none"> <li>• To ensure that research is undertaken using relevant ethical guidelines</li> </ul>		
<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Outlines the GMC guidance on good practice in research	T, C	1
Outlines the differences between audit and research	Audit, C, I	1
Describes how clinical guidelines are produced	C, HEI	1
Demonstrates a knowledge of research principles	C, I, HEI	1
Outlines the principles of formulating a research question and designing a project	C, I, HEI	1
Comprehends principal qualitative, quantitative, bio-statistical and epidemiological research methods	C, HEI	1
Outlines sources of research funding	C	1
Evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods, then acting on the findings	C, QI, T	1
<b>Skills</b>		
Develops critical appraisal skills and applies these when reading literature	C, HEI	1
Demonstrates the ability to write a scientific paper	C, HEI	1
Applies for appropriate ethical research approval	C	1
Demonstrates the use of literature databases	C, HEI	1
Demonstrates good verbal and written presentations skills	C, D	1
Understands the difference between population-based assessment and unit-based studies and should be able to evaluate outcomes for epidemiological work	C, HEI	1
Understand and contribute to development of robust governance systems for research activity	A, C, O	1
<b>Behaviours</b>		
Follows guidelines on ethical conduct in research and consent for research	C	1
Shows willingness to the promotion of involvement in research	C	1
Critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice and to inform that of others	C	1
Take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way.	C	1
Actively identify potential need for further research to strengthen evidence for best practice.	C	1
Disseminate best practice research findings and quality improvement projects through appropriate media and fora (e.g. presentations and peer review research publications).	C	
Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers as required	C	1
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>• Defines ethical research and demonstrates awareness of GMC guidelines.</li> <li>• Differentiates audit and research.</li> <li>• Knows how to use databases.</li> <li>• Demonstrates critical appraisal skills</li> </ul>	



### 3.21 Working within the scope of practice

*Objective:*

- ACCPs to acknowledge any limitations in their knowledge and skills and must not perform clinical activities they do not feel skilled or competent to perform.
- Develop a high level of clinical judgement and decision making

<i>Capability</i>		<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>			
Outlines the skills, procedures and behaviours required		T, O, M	1, 2
Describes the actions to take if do not possess capability of carrying out a task required		C, T, O	1, 2
Able to locate appropriate information related to capabilities required		O, I, S, T	1, 2
Able to appraise the information accessible to decide whether a procedure is required		D, O, T, M	1, 2, 4
Able to define own scope of practice		C, I	1, 3
<b>Skills</b>			
Demonstrate a range of skills and capabilities		D, I, C, T, S, O	1
Demonstrates application of advanced clinical judgement in relation to a range of clinical scenarios as applied to their scope of practice		D, I, C, T, S, O	1
<b>Behaviours</b>			
Practice safely and effectively within given scope of practice		D, O, S, M	1, 4
Work lawfully, safely and effectively		D, O, S, M	1, 2, 4
Exercise personal judgement by undertaking appropriate training required		D, T, S, O	1, 3
<i>Scope of Practice</i>			
Is able to perform independently	<ul style="list-style-type: none"> <li>• Provide evidence when requested of capability and currency of skills carrying out.</li> <li>• Completion of logbook of procedures and patient groups</li> <li>• Undertakes appropriate training to increase scope of practice</li> </ul>		

### Standards of Care and Education

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 that may be possible. An awareness of the evidence bases behind current practice and a need to audit one's own practice is vital for the ACCP.

### 3.22 Evidence and guidelines

*Objectives:*

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

<i>Capability</i>		<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>			
Knows how to apply statistics in scientific medical practice		C, HEI	1
Understands the advantages and disadvantages of different study methodologies (randomised control trials, case-controlled cohort etc)		C, HEI	1
Outlines the principles of critical appraisal		C, HEI	1
Outlines levels of evidence and quality of evidence		C, HEI	1
Understands the role and limitations of evidence in the development of clinical guidelines		C, HEI	1
Understands the use of, and differences between, the basic measures of risk and uncertainty		C, HEI	1
Understands the processes that result in nationally applicable guidelines (e.g. NICE and SIGN)		C, HEI	1
Knows the principles of service development		C, HEI	1
<b>Skills</b>			



Engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services.	C, HEI	1
Demonstrates ability to search the medical literature including use of PubMed, Medline, Cochrane reviews and the internet	C, HEI	1
Appraises retrieved evidence to address a clinical question	C, HEI	1
Applies conclusions from critical appraisal into clinical care	C	1
Contributes to the construction, review and updating of local (and national) guidelines of good practice using the principles of evidence-based medicine	C, HEI	1
<b>Behaviours</b>		
Identify further developmental needs for the individual and the wider team and supporting them to address these	T, C, I, M	1
Keeps up to date with national reviews and guidelines of practice (e.g. NICE and SIGN)	C	1
Aims for best clinical practice (clinical effectiveness) at all times, responding to evidence-based medicine	T, C, I	1
Recognises knowledge gaps, and keeps a logbook of clinical questions	Portfolio	1
Recognises the necessity to practice outside clinical guidelines at times	T, C, I	1
Communicates risk information, and risk-benefit trade-offs, in ways appropriate for individual patients	C, I	3, 4
Encourages discussion amongst colleagues on evidence-based practice	T, C, I, M	1
Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning	T, C, I, M	1
Supporting the wider team to build capacity and capability through work-based and interprofessional learning, and the application of learning to practice	T, C, I, M	1
Proposes and tests ways to improve patient care	T, C, I, M	1
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>• Participates in departmental or other local journal club</li> <li>• Critically reviews an article to identify the level of evidence.</li> <li>• Undertakes a literature review in relation to a clinical problem or topic.</li> </ul>	

### 3.23 Audit and quality improvement

#### Objective:

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

<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Understands the different methods of obtaining data for audit including patient feedback questionnaires, hospital sources and national reference data	A, C	1
Understands the role of audit in improving patient care, risk management etc	A, C	1
Understands the steps involved in completing the audit cycle	A, C	1
Describes the working and uses of national and local databases used for audit such as ICNARC and SICSAG, and the working and uses of local and national systems available for reporting and learning from clinical incidents and near misses in the UK	C, HEI	1
<b>Skills</b>		
Designs, implements and completes audit cycles	A, C	1, 2
Contributes to local and national audit projects as appropriate (e.g. NCEPOD, ICNARC, SICSAG))	C	1, 2
Supports audit by junior medical trainees and within the multi-disciplinary team	A, C	1, 2
<b>Behaviours</b>		
Recognises the need for audit in clinical practice to promote standard setting and quality assurance	A, C	1, 2
<i>Scope of Practice</i>		

Is able to perform independently	<ul style="list-style-type: none"> <li>• Attends departmental audit meetings.</li> <li>• Contributes data to a local or national audit.</li> <li>• Identifies a problem and develops standards for a local audit.</li> <li>• Understands the principles of Quality Improvement (QI)</li> <li>• Describes the Plan, Do, Study, Act (PDSA) cycle and takes an audit or QI project through the first steps.</li> <li>• Compares the results of an audit with criteria or standards to reach conclusions</li> </ul>
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### 3.24 Education: Teaching and training

#### Objectives:

- To develop the ability to facilitate learning through a variety of different means across a range of contexts.
- To develop the ability to plan and deliver programmes of education and training.
- To develop the ability to use assessment to promote learning and to evaluate the effectiveness of own teaching

<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Describes educational theories and principles relevant to clinical and medical education	C, HEI	1
Differentiates between, and understands the purposes of appraisal, performance review and assessment	C, HEI	1
Differentiates between formative and summative functions of assessment and defines their role in clinical education	C, HEI	1
Demonstrates knowledge of relevant literature relevant to developments in clinical education	C, HEI	1
Outlines the structure of the effective appraisal interview	C	1
Defines the roles of the various bodies involved in ACCP education	C	1
Outlines the workplace-based assessments in use and the appropriateness of each	C	1
Knows the principles of service development and CPD	C	1
<b>Skills</b>		
Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced clinical practice.	C, HEI	1
Demonstrates the application of education literature relevant to teaching	C, HEI	1
Identifies the needs of learners and plans educational activities to meet these	C, HEI	1
Uses appropriate and current curricula to inform teaching practice	C	1
Varies teaching format and stimulus, appropriate to situation and subject	C	1
Provides effective feedback after teaching, and promotes learner reflection	C, M, HEI	1
Conducts developmental conversations to promote learner reflection through appraisal, supervision and mentoring	C, M, HEI	1
Demonstrates effective lecture, presentation, small group and bed side teaching abilities	C, M, HEI	1, 3
Provides appropriate career advice, or refers trainee to an alternative effective source of career information	C, M	1, 3
Participates in strategies aimed at improving patient education e.g. talking at support group meetings	C, M	1
Be able to lead departmental teaching programmes including journal clubs	C	1
Recognises the trainee in difficulty and takes appropriate action	C	1
Contributes to educational research or projects e.g. through the development of research ideas of data/information gathering	C	1, 2
Is able to manage personal time and resources effectively to the benefit of the educational faculty and the needs of the learners	C	1, 3
<b>Behaviours</b>		
In discharging educational duties acts to maintain the dignity and safety of patients at all times	C, M	1, 4
Recognise the importance of the role of the ACCP as an educator within the multi-professional healthcare team and uses medical education to enhance the care of patients	C, M	1
Balances the needs of service delivery with the educational imperative	C, M	1

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	1
Encourages discussions with colleagues in clinical settings to share knowledge and understanding	C, M	1, 3
Maintains honesty and objectivity during appraisal and assessment	C, M	1
Shows willingness to participate in workplace-based assessments	C, M	1
Shows willingness to take up formal tuition in education and respond to feedback obtained after teaching sessions	C, M	1, 3
Advocate for and contribute to a culture of organisational learning to inspire future and existing staff.	C, M	1,3
Demonstrates a willingness to become involved in the wider medical education activities and fosters an enthusiasm for education activity in others	C, M	1
Recognises the importance of personal development as a role model to guide trainees in aspects of good professional behaviour	C, M	1
Demonstrates willingness to advance own educational capability through continuous learning	C, M	1
Acts to enhance and improve educational provision through evaluation of own practice	C, M	1, 3
Demonstrates consideration for learners including their emotional, physical and psychological well-being with their development needs	C, M	1
Act as a role model, educator, supervisor, coach and mentor, seeking to instil and develop the confidence of others.	C, M	1,3
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>• Develops basic PowerPoint presentation to support educational activity.</li> <li>• Seeks and interprets simple feedback following teaching.</li> <li>• Is able to supervise a medical student, nurse or colleague through a procedure.</li> <li>• Is able to perform a workplace-based assessment including being able to give effective feedback.</li> <li>• Delivers small group teaching to medical students, nurses or colleagues.</li> <li>• Is able to teach clinical skills effectively</li> </ul>	
Demonstrates knowledge of	<ul style="list-style-type: none"> <li>• The basic principles of how adults learn</li> </ul>	

### 3.25 Health promotion and health improvement

#### *Objective:*

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

<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Understand the factors which influence the incidence and prevalence of common conditions	T, C, I	1
Understand the factors which influence health and illness – psychological, biological, social, political, cultural and economic (especially poverty)	T, C, I	1
Understand the influence of lifestyle on health and the factors that influence an individual patient to change their lifestyle	T, C, I	1
Understand the influence of culture and beliefs on patients perceptions of health	T, C, I	1
Understand the purpose of screening programmes and know in outline the common programmes available within the UK	C, I	1
Understand the positive and negative effects of screening on the individual	C, I	1
Understand the possible positive and negative implications of health promotion activities e.g. immunisation	C, I	1
Understand the relationship between the health of an individual and that of a community, and vice versa	C, I	1
Know the key local concerns about health of communities such as smoking and obesity and the potential determinants	T, C, I	1

Understand the role of other agencies and factors including the impact of globalisation (including climate change) in increasing disease, and in protecting and promoting health.	T, C, I	1
Demonstrate knowledge of the determinants of health worldwide and strategies to influence policy relating to health issues including the impact of more economically developed countries' strategies on less economically developed countries	T, C, I	1
Outline the major causes of global morbidity and mortality and effective, affordable interventions to reduce these	T, C, I	1
Recall the effect of addictive and self-harming behaviours, especially substance misuse and gambling, on personal and community health and poverty	T, C, I	1
<b>Skills</b>		
Identifies opportunities to prevent ill health and disease in patients	T, C, I, PS	1, 2
Identifies opportunities to promote changes in lifestyle and other actions which will positively improve health and/or disease outcomes	T, C, I	1, 2
Identifies the interaction between mental, physical and social wellbeing in relation to health	T, C, I	1
Counsels patients appropriately on the benefits and risks of screening and health promotion activities	T, C, I, PS	1, 3
Identifies patients' ideas, concerns and health beliefs regarding screening and health promotion programmes and is capable of appropriately responding to these	C, I	1, 3
Works collaboratively with other agencies to improve the health of communities	C, I	1
Recognises and is able to balance autonomy with social justice	C, I	1
<b>Behaviours</b>		
Engages effective team-working around the improvement of health	T, C, M	1, 3
Encourages (where relevant) screening to facilitate early intervention	C	1
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>• Maintains own health and is aware of own responsibility as an ACCP for promoting healthy approach to life.</li> <li>• Supports an individual in a simple health promotion activity e.g. smoking cessation.</li> <li>• Communicates to an individual and their relatives and carers (where relevant), information about the factors which influence their personal health.</li> <li>• Support small groups in a simple health promotion activity e.g. smoking cessation.</li> <li>• Provides information to an individual about a screening programme and offers information about its risks and benefits. Discusses with small groups the factors that have an influence on their health and describe steps they can undertake to address these.</li> <li>• Provides information to individual patients about screening programmes. Offering specific guidance concerning the factors that affect the risks and benefits of screening to them as an individual in relation to their personal health and circumstances.</li> <li>• Engages with local or regional initiatives to improve individual healthcare and reduce inequalities in health between communities.</li> </ul>	
Demonstrates knowledge of	<ul style="list-style-type: none"> <li>• Local public health and communicable disease networks</li> <li>• Factors which could influence patients personal health</li> </ul>	

## Personal attitudes and behaviours

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.

### 3.26 Personal behaviour

#### Objectives:

- To demonstrate the behaviours that will enable the ACCP 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 demonstrate the attributes of someone who is trusted to be able to manage complex human, legal and ethical problems.
- To be someone who is trusted and is known to act fairly in all situations.

<i>Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<b>Knowledge</b>		
Outlines the main methods of ethical reasoning: casuistry, ontology and consequential	T, C, I, M	1, 2, 3, 4
Knows the overall approach of value-based practice and how this relates to ethics, law and decision-making	O, M	1, 3, 4
Defines the concept of modern professionalism	C	1
Outlines the relevance of professional bodies (Faculty of Intensive Care Medicine, NMC, PSC, GMC, specialist societies, defence organisations)	C	1
<b>Skills</b>		
Practice with: <ul style="list-style-type: none"> <li>integrity</li> <li>compassion</li> <li>altruism</li> <li>continuous improvement</li> <li>aspiration to excellence</li> <li>respect of cultural and ethnic diversity</li> <li>regard to the principles of equity</li> </ul>	T, C, I, M	1, 2, 3, 4
Work in partnership with members of the wider healthcare team	T, C, I, M	3
Liaises with colleagues to plan and implement work rotas	T, M	3
Promotes awareness of the ACCP role in utilising healthcare resources optimally	T, C, I, M	1, 3
Recognises and responds appropriately to unprofessional behaviour in others	T, C	1
Is able to provide specialist support to hospital and community-based services	T, C, M	1
<b>Behaviours</b>		
Recognises personal beliefs and biases and understands their impact on the delivery of health services	T, C, I, M	1
Appropriately refers patients where ACCP's own personal beliefs and biases could impact upon professional practice	C, I, M	1, 3
Recognises the need to use all healthcare resources prudently and appropriately	T, C, I	1, 2
Improves clinical leadership and management skills	T, C, I	1
Recognises situations when it is appropriate to involve professional and regulatory bodies	T, C, I	1
Acts as a mentor, educator and role model	T, C, I, M	1
Deals with inappropriate patient and family behaviour. Respects the rights of children, elderly, people with physical, mental, learning or communication difficulties. Adopts an approach to eliminate discrimination against patients from diverse backgrounds including age, gender, race, culture, disability, spirituality and sexuality. Places needs of patients above own convenience. Behaves with honesty and probity. Acts with honesty and sensitivity in a non-confrontational manner	C, I, M	1, 2, 3
Accepts mentoring as a positive contribution to promote personal professional development	T, C, I	1
Participates in professional regulation and professional development	C, I, M	1
Takes part in 360-degree feedback as part of appraisal	C, M	1, 2, 4
Recognises the right for equity of access to healthcare	T, C, I	1
Demonstrates reliability and accessibility throughout the healthcare team	T, C, I, M	1
Recognise the pitfalls of human behaviour and decision making in stressful situations	T, C, I	1
Recognise their responses to stressful situations and strategies to mitigate these	T, C, I	1
<i>Scope of Practice</i>		

Is able to perform independently	<ul style="list-style-type: none"> <li>• Works as a valued member of multi-professional teams.</li> <li>• Listens well to others and takes other viewpoints into consideration.</li> <li>• Supports patients and relatives at times of difficulty e.g. after receiving difficult news.</li> <li>• Is polite and calm when called or asked to help.</li> <li>• Acknowledges the skills of all members of the team.</li> <li>• Responds to criticism positively and seeks to understand its origins and works to improve.</li> <li>• Praises staff when they have done well and where there are failings in delivery of care provides constructive feedback.</li> <li>• Wherever possible, when appropriate, involves patients in decision making.</li> <li>• Recognises when other staff members are under stress and not performing as expected and provides appropriate support for them.</li> <li>• Takes action necessary to ensure that patient safety is not compromised</li> </ul>
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## Leadership and Management

Working within the health service there is a need to understand and work within the organisational structures that are set.

3.27 Management and NHS structure		
<i>Objective:</i>		
<ul style="list-style-type: none"> <li>• 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.</li> </ul>		
Capability	Assessment Methods	GMP
<b>Knowledge</b>		
Understands the structure of NHS systems in your locality recognising the potential differences between the four countries of the UK	T, C	1
Understands the structure and function of healthcare systems as they apply to your speciality	T, C	1
Understands 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	1
Understands the importance of local demographic, socio-economic and health data and its use to improve system performance	C	1
Understands the principles of: <ul style="list-style-type: none"> <li>• Clinical coding</li> <li>• European Working Time Regulations</li> <li>• National Service Frameworks</li> <li>• Health regulatory agencies (e.g., NICE, Scottish Government)</li> <li>• NHS Structure and relationships</li> <li>• NHS finance and budgeting</li> <li>• Resource allocation</li> <li>• The role of the independent sector as providers of healthcare</li> </ul>	T, C, I	1
Understand the principles of recruitment and appointment procedures	C	1
<b>Skills</b>		
Participates in managerial meetings	T, C	1
Works with stakeholders to create and sustain a person and patient-centred service	T, C, I	1
Employs new technologies appropriately, including information technology	T, C, I	1
Acts as a role model demonstrating a person-centred approach to service delivery and development	T, M, C	1, 2, 3
Demonstrate team leadership, resilience and determination, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence in others.	T, M, C, O	1, 2, 3
<b>Behaviours</b>		
Recognises the importance of just allocation of healthcare resources	C	1, 2
Recognises the role of ACCP as active participants in healthcare systems	T, C, I	1, 2
Responds appropriately to health service targets and takes part in the development of services	T, C, I	1, 2

Recognises the role of patients/carers as active participants in healthcare systems and service planning actively seeking feedback	T, C, I, PS	1, 2, 3
Takes an active role in promoting the best use of healthcare resources	T, C, I	1
Shows willingness to improve managerial skills (e.g. management courses) and engage in management of the service	C, M	1
Pro-actively initiate and develop effective relationships, fostering clarity of roles within teams, to encourage productive working	C, M	1
Evaluate own practice, and participate in multi-disciplinary service and team evaluation, demonstrating the impact of advanced clinical practice on service function and effectiveness, and quality	T, C, I, A	1,3
Actively engage in peer review to inform own and other's practice, formulating and implementing strategies to act on learning and make improvements.	T, C, I, M	1
Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect individuals', families', carers', communities' and colleagues' safety and well-being when necessary	T, C, I	1
Demonstrate advanced clinical expertise in appropriate ways to provide appropriate advice across professional and service boundaries, influencing clinical practice in the best interests of the patient.	T, I, C	1
Demonstrate a flexible response to changing patient needs and changing service delivery	T, C, I	1
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>• Describes in outline the roles of primary care, including general practice, public health, community, mental health, secondary and tertiary care services within healthcare.</li> <li>• Describes the roles of members of the clinical team and the relationships between those roles.</li> <li>• Participates fully in clinical coding arrangements and other relevant local activities.</li> <li>• Can describe the relationship between CCGs/Health Boards, General Practice, Health Boards and Trusts including relationships with local authorities and social services.</li> <li>• Participates in team and clinical directorate meetings including discussions around service development.</li> <li>• Discuss the most recent guidance from the relevant health regulatory agencies in relation to the specialty.</li> </ul>	



## 4. Specialist Intensive Care Medicine Capabilities

Within the National Education and Competence Framework [2008] each capability statement defines the scope of practice expected at three levels as follows:

- Is able to perform independently
- Is able to perform with indirect/direct supervision
- Demonstrates knowledge of

The level 'Is able to perform independently' refers to capabilities that are considered **essential** for the role and remit of an ACCP working within any critical care setting.

The level 'Is able to perform under supervision' refers to capabilities that require a level of supervision, from the critical care consultant or designated deputy, due to either the risk associated with the practice element or policy requirements.

Supervision falls into two levels:

- **Indirect** – where the supervisor is contactable but does not need to be physically present with the ACCP. This level of supervision requires attendance of the supervisor within 5 to 30 minutes. The time allowed for the supervisor to attend would depend on the experience of the individual ACCP, the clinical condition of the patient and local circumstances
- **Direct** – where the supervisor is present with the ACCP

The level 'Demonstrates knowledge of' refers to those capabilities that are not considered core requirements of the ACCP role. However, some capabilities designated to this level may be appropriate to develop further if appropriate to local circumstances.

**The capabilities reflect the specific requirements of the role and are intended to complement the existing mandatory requirements of employer/employee responsibilities for standing obligations such as:**

- Equipment training
- Infection control
- Health and safety
- Risk management
- Cardiopulmonary resuscitation
- Handling and moving
- Fire safety

The core capabilities identified in this document are divided into four main domains (these map to the capabilities for advanced practice in England. For the devolved nations, these capabilities map to the accepted capabilities for advanced practice):

- Clinical practice
- Professional / research
- Leadership and management
- Education

There are a number of capabilities that may be relevant to more than one domain; however, in order to reduce repetition they have been placed in the most appropriate domain.



<b>Clinical Capabilities</b>	
4.1	Resuscitation and first stage management of the critically ill patient
4.2	Interpretation of clinical data and investigations in the assessment and management of critical care patients
4.3	Diagnosis and disease management within the scope of critical care
4.4	Therapeutic interventions/organ system support
4.5	Practical procedures
4.6	Peri-operative care
4.7	Patient comfort and psychological care
4.8	Discharge planning and rehabilitation
4.9	End of life care
4.10	Patient transport
<b>Professional Capabilities</b>	
4.11	Patient safety and health systems management
4.12	Professionalism
<b>Leadership Capabilities</b>	
4.13	Professional relationships with members of the healthcare team
4.14	Development of clinical practice
<b>Teaching and Supervising Capabilities</b>	
4.15	Participates in multi-disciplinary teaching and assessment of others

### ***Clinical capabilities***

The capabilities are presented as broad statements and do not specify the individual skills required to undertake a particular capability. Patient care at this level is much more than a list of practical tasks and the use of these overarching statements more clearly reflects the skills required of an ACCP. Local users may find it helpful for particular instances or particular trainees to break some of these stems down to their component tasks; further guidance on these is available in the detailed syllabus within the CoBaTrICE framework<sup>2</sup>.

Although there is an expectation that the ACCP will make an initial differential diagnosis, their diagnostic skills will be predominantly physiologically based, definitive diagnosis of the underlying disease process in what maybe a complex clinical scenario is not within their defined scope and remains the remit of the broader medical team.

In order for the ACCP to manage any situation there are a number of common elements they need to undertake as part of an ordered approach to the assessment and management of the critically ill patient, including to:

- Develop a systematic approach to the recognition, assessment and initial management of the critically ill patient including assessment and recognition of signs and symptoms of acute physiological instability.
- Order relevant investigations and monitoring.
- Identify life-threatening conditions and institute appropriate measures to promote physiological stability.
- Appreciate importance of taking a structured history and performing a targeted clinical examination and creation of a working differential diagnosis.

<sup>2</sup> [www.cobatrace.org](http://www.cobatrace.org).

- Recognise importance of definitive treatment in addition to supportive therapy
- Understand pathophysiology and altered physiology.
- Initiate management strategies and care plans.
- Make and agree a management plan.
- Give an accurate handover.
- Know when and how to call for help.
- Apply protocols and care bundles.
- Instigate appropriate 'referral on' mechanisms to the appropriate healthcare professional.

These specialist capabilities draw on the Basic Clinical Capabilities of history taking (3.1); and clinical examination (3.2)

<b>4.1 Resuscitation and first stage management of the critically ill patient</b>		
<i>Objective:</i> The ACCP will be required to manage a critically ill patient who has acutely deteriorated, often in circumstances where the specific cause or underlying medical diagnosis is unclear. The ACCP will be required to recognise, diagnose and manage the presenting signs and symptoms in order to prevent further deterioration and stabilise the patient's condition.		
<i>Scope of Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<p>The altered physiology which the ACCP may be expected to recognise and to manage as part of the multi-disciplinary team includes:</p> <ul style="list-style-type: none"> <li>• Cardiovascular instability including hypotension and hypertension, shock (cardiogenic, hypovolaemic, septic), acute chest pain, common rhythm disturbances</li> <li>• Respiratory impairment including bradypnoea, hypoventilation, tachypnoea, hyperventilation, dyspnoea, the unprotected airway, pulmonary oedema, hypoxaemia, hypercarbia, collapse or consolidation, pleural effusion, pneumothorax (simple and tension), upper and lower airway obstruction</li> <li>• Gastrointestinal impairment including abdominal pain and distension, upper and lower GI haemorrhage, diarrhoea and vomiting</li> <li>• Metabolic, hormonal and toxicological derangement including electrolyte and Acid–base disturbances, hypothermia, hyperthermia</li> <li>• Neurological impairment including altered consciousness, acute confusional states, coma, acute seizures</li> <li>• Haematological impairment including severe anaemia, coagulation disorders</li> <li>• Musculoskeletal impairment including burns</li> <li>• Genito-urinary and renal impairment including altered renal function</li> </ul>	D, C, M	1, 2, 3
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>• Can recognise, assess, stabilise and manage a critically ill patient who has acutely deteriorated or collapsed</li> <li>• Can diagnose cardio-respiratory arrest and manage cardiopulmonary resuscitation to advanced life support provider level to include the management of common arrhythmias</li> <li>• Can manage the post-resuscitation period including the management of the airway, circulation, dysrhythmias and metabolic state</li> <li>• Can triage and prioritise patients appropriately within the critical care environment</li> </ul>	

These specialist capabilities draw on the Basic Clinical Capabilities of history taking (3.1); clinical examination (3.2); and Integrated Clinical Practice and Patient Safety Capabilities of decision making and clinical reasoning (3.5).

## 4.2 Interpretation of clinical data and investigations in the assessment and management of critical care patients

*Objective:*

The ACCP will be required to synthesise large amounts of data in order to promote an informed assessment and management plan.

<i>Scope of Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
The ACCP's development of an informed assessment and management plan will include the ability to make a proper physical examination of the following systems in the context of critical care: <ul style="list-style-type: none"> <li>• Cardiovascular</li> <li>• Respiratory</li> <li>• Gastrointestinal</li> <li>• Metabolic</li> <li>• Neurological</li> <li>• Nutritional state</li> <li>• Musculoskeletal</li> <li>• Genito-urinary and renal</li> </ul>	D, C, M, S	1, 2, 3

### *Scope of Practice*

Is able to perform independently	<ul style="list-style-type: none"> <li>• Can obtain a history of the current condition and previous health status and perform an accurate clinical examination</li> <li>• Can undertake timely and appropriate investigations including microbiological sampling</li> <li>• Can perform, interpret and adjust respiratory management plans according to blood gas analysis</li> <li>• Within legal frameworks can order and interpret chest x-rays</li> <li>• Can monitor appropriate physiological functions and recognise and manage trends in variables</li> <li>• Can integrate clinical findings with laboratory investigations to form a differential diagnosis of organ dysfunction</li> <li>• Can initiate and manage basic organ support as defined in the Critical Care Minimum Dataset</li> </ul>
Is able to perform under indirect supervision. (indirect = onsite and off-site)	<ul style="list-style-type: none"> <li>• Can integrate clinical findings to advanced organ support after consultation with critical care consultants</li> </ul>
Demonstrates knowledge of	<ul style="list-style-type: none"> <li>• Indications for Computerised Tomography (CT) imaging</li> <li>• Indications for Ultrasound Scan (USS) imaging</li> <li>• Indications for Magnetic Resonance Imaging (MRI)</li> <li>• Indications for Echocardiography (transthoracic/transoesophageal)</li> </ul>

## 4.3 Diagnosis and disease management within the scope of critical care

*Objective:*

The ACCP will need to make accurate initial diagnosis to ensure the immediate treatment and support of the patient within their scope of practice. The ACCP will be required to review the patient's clinical progress and modify treatments according to the patient's response.

<i>Scope of Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
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<p>Critical care diseases and conditions should be specified according to national and local need but may include, for example:</p> <ul style="list-style-type: none"> <li>• Sepsis including shock syndromes, inflammatory response, common infection-causing organisms, multi-organ failure sequelae.</li> <li>• Cardiovascular disorders including crescendo or unstable angina, acute myocardial Infarction, left ventricular failure, right ventricular failure, pulmonary embolus, cardiac tamponade, atrial tachycardia, ventricular tachycardia, atrial and ventricular fibrillation, pacing failure.</li> <li>• Respiratory disorders including pneumonia, asthma, chronic obstructive pulmonary disease, ARDS, TRALI</li> <li>• Gastrointestinal disorders including altered nutritional states (bariatric to cachectic), pancreatitis, jaundice, hepatobiliary disorders, gut failure, bleeding.</li> <li>• Metabolic and endocrine disorders including diabetes, adrenal insufficiency, thyroid dysfunction and electrolyte disorders.</li> <li>• Neurological and neuromuscular disorders including traumatic brain injury, intracranial bleeding including subarachnoid haemorrhage, stroke, meningitis/encephalitis, epilepsy, brain death, Guillain-Barre syndrome, critical illness neuropathy.</li> <li>• Haematological disorders including major blood transfusion, immunosuppression neutropenic sepsis.</li> <li>• Renal disorders including acute renal failure, hyperkalaemia and metabolic acidosis</li> </ul>	D, C, I	1, 2, 3
<i>Scope of Practice</i>		
<p>Is able to perform under indirect supervision. (indirect = onsite and off-site)</p>	<ul style="list-style-type: none"> <li>• Can manage the care of the critically ill patient with the specific medical conditions listed above</li> <li>• Can manage the care of the critically ill patient with chronic and co-morbid diseases and identify the implications of chronic disease on the critically ill patient</li> <li>• Can manage the patient with pulmonary infiltrates including acute lung injury syndromes (ALI/ARDS) and their causative factors</li> <li>• Can manage the care of the septic patient</li> <li>• Can identify and minimise factors contributing to impaired renal function</li> <li>• Can identify and minimise factors contributing to impaired liver function</li> </ul>	
<p>Demonstrates knowledge of</p>	<ul style="list-style-type: none"> <li>• How to manage a patient in the critical care environment following trauma</li> <li>• How to manage a patient in the critical care environment following burns</li> <li>• How to manage a patient in the critical care environment following spinal injuries</li> <li>• The implications of critical illness in the context of pregnancy</li> <li>• How to manage a patient in the critical care environment following intoxication with drugs or environmental toxins</li> <li>• How to identify significant rises in intracranial pressure</li> <li>• How to manage a patient preparing for or following organ transplantation</li> <li>• How to manage a patient with malignant disease</li> </ul>	

These specialist capabilities draw on the Basic Clinical capabilities of Therapeutics and Safe Prescribing (3.3); Integrated Clinical Practice and Patient Safety capabilities of decision making and clinical reasoning (3.5); and Legal and Ethical Aspects of Care capabilities of valid consent (3.18).

4.4 Therapeutic interventions/organ system support		
<p><i>Objective:</i> The ACCP will be required to initiate, manage and perform interventions for continued patient organ support and patient treatment within the critical care environment.</p>		
Scope of Capability	Assessment Methods	GMP
<p>In order for ACCPs to undertake patient organ support and treatment they need to apply an ordered approach to the initiation and delivery of therapeutic interventions, which takes account of a number of key elements including the ability to:</p> <ul style="list-style-type: none"> <li>• Describe and identify relevant anatomy</li> <li>• Understand pathophysiology and altered physiology</li> <li>• Understand the implications and associated risks</li> <li>• Describe and perform methods and techniques</li> <li>• Ensure safe use and management of equipment and monitoring devices</li> <li>• Order relevant investigations and monitoring</li> <li>• Initiate therapeutic strategies and care plans including modification according to patient response</li> <li>• Instigate appropriate 'referral on' mechanisms to the appropriate healthcare professional</li> </ul> <p>National legal frameworks for authorisation of blood products and for non-medical drug prescribing exist and must be adhered to.</p>	D, C, I, S	1, 2, 3, 4
Scope of Practice		
Is able to perform independently	<ul style="list-style-type: none"> <li>• Can independently prescribe drugs and therapies</li> <li>• Can manage and wean patients from invasive ventilatory support</li> <li>• Can initiate, manage and wean patients from non-invasive ventilatory support</li> <li>• Can manage fluids and vasoactive drugs to support the circulation, including the drug groups vasopressors and inotropes</li> <li>• Can correct electrolyte, glucose and acid-base disturbances</li> <li>• Can assess for and prescribe nutritional support</li> <li>• Can manage acute renal replacement therapy</li> </ul>	
Is able to perform under indirect supervision. (indirect = onsite and off-site)	<ul style="list-style-type: none"> <li>• Can manage the care of the critically ill patient with specific acute medical conditions</li> <li>• Can initiate non-invasive ventilatory support</li> <li>• Can initiate acute renal replacement therapy</li> <li>• Can manage antimicrobial drug therapy in consultation with appropriate medical teams</li> <li>• Can manage multiple organ dysfunction (MODS) and the interactions between organ system support interventions</li> </ul>	
Demonstrates knowledge of	<ul style="list-style-type: none"> <li>• Mechanical assist devices to support the circulation</li> <li>• Mechanisms for authorising blood and blood related products</li> </ul>	

These specialist capabilities draw on the Integrated Clinical Practice and Patient Safety capabilities of prioritisation of patient safety (3.7); infection control (3.10); and Legal and Ethical Aspects of Care capabilities of valid consent (3.18).

4.5 Practical procedures
<p><i>Objective:</i> The ACCP will be required to initiate and perform practical procedures necessary to facilitate organ support and therapeutic interventions. Legal frameworks for consent need to be considered locally.</p> <p><b>N.B.</b> The list of practical procedures detailed here includes a number of fundamental elements e.g. immediate airway assessment and support, ALS, peripheral cannulation and a number of more advanced procedures such as central venous cannulation. The rate of acquisition of these skills will also vary between training centres and individual practitioners.</p> <p>Skills trainers and simulation can play an important part in acquisition of these skills however an ACCP must be able to demonstrate competent performance of practical skills on patients.</p>

<i>Scope of Capability</i>		<i>Assessment Methods</i>	<i>GMP</i>
<p>In order for the ACCP to undertake the relevant practical procedures they need to undertake an ordered and safe approach to the execution of the procedures that takes account of a number of key elements, including the ability to:</p> <ul style="list-style-type: none"> <li>• Take informed consent and use appropriate consent documentation.</li> <li>• Describe and identify relevant anatomy and physiology.</li> <li>• Understand the implications, risks and complications associated with the procedure(s)</li> <li>• Describe and understand methods and techniques.</li> <li>• Ensure safe use and management of equipment including aseptic techniques.</li> <li>• Order relevant investigations.</li> <li>• Prioritise workload order.</li> <li>• Prepare the patient and environment for the procedure.</li> <li>• Ensure a safe approach to, and execution of, the procedure.</li> <li>• Initiate therapeutic strategies and care plans including modification according to patient response.</li> <li>• Manage procedure aftercare and complications.</li> <li>• Request help from appropriate healthcare professional when required</li> </ul>		D, S	1, 2, 3
<i>Scope of Practice</i>			
Is able to perform independently	<ul style="list-style-type: none"> <li>• Can perform comprehensive airway assessment.</li> <li>• Can perform emergency airway management to ALS provider standard.</li> <li>• Can initiate and manage oxygen administration devices.</li> <li>• Can perform needle thoracocentesis for immediate management of tension pneumothorax.</li> <li>• Can initiate and manage appropriate methods for measuring cardiac output and derived haemodynamic variables.</li> <li>• Can perform peripheral venous catheterisation.</li> <li>• Can perform central venous catheterisation, including renal replacement catheters, using USS and landmark techniques.</li> <li>• Can perform arterial catheterisation and arterial blood sampling.</li> <li>• Can perform external cardiac pacing.</li> <li>• Can perform defibrillation and cardioversion.</li> <li>• Can perform electrocardiography (ECG)</li> <li>• Can perform nasogastric tube placement in a critically ill patient.</li> <li>• Can perform urinary catheterisation</li> </ul>		
Demonstrates knowledge of	<ul style="list-style-type: none"> <li>• How to recognise and manage difficult intubation</li> <li>• How to manage a failed intubation</li> <li>• How to perform thoracocentesis via a chest drain for pleural effusions using Seldinger technique</li> <li>• Invasive and non-invasive methods of measuring cardiac output</li> <li>• The principles of Sengstaken tube use (or equivalent) and placement and the management of portal hypertension</li> <li>• The indications for and safe conduct of gastroscopy</li> <li>• How to manage the airway during percutaneous tracheostomy</li> </ul>		

These specialist capabilities draw on the Integrated Clinical Practice and Patient Safety capabilities of team working and patient safety (3.8).

<b>4.6 Perioperative care</b>			
<i>Objective:</i> The ACCP will be required to manage peri-operative patients within their scope of practice in collaboration with multi-professional teams.			
<i>Scope of Capability</i>		<i>Assessment Methods</i>	<i>GMP</i>
In specialist units and after appropriate extra training practitioners may manage the care of patients following specialist surgery e.g. cardiac.		D, I, C, M, S	1, 2, 3
<i>Scope of Practice</i>			
Is able to perform under indirect supervision. (indirect = onsite and off-site)	<ul style="list-style-type: none"> <li>• Can manage and optimise the pre-operative care of the high-risk patient</li> <li>• Can manage and optimise the pre-operative care of the elective patient</li> <li>• Can manage the post-operative care of patients following high risk, emergency and elective surgery</li> </ul>		
Demonstrates knowledge of	<ul style="list-style-type: none"> <li>• How to manage the care of the patient following cardiac surgery</li> <li>• How to manage the care of the patient following craniotomy</li> <li>• How to manage the care of the patient following solid organ transplantation</li> </ul>		

These specialist capabilities draw on the Basic Clinical capabilities of Therapeutics and Safe Prescribing (3.3); Integrated Clinical Practice and Patient Safety capabilities of the patient as central focus of care (3.6); and Communication capabilities (3.13-3.16).

<b>4.7 Patient comfort and psychological care</b>			
<i>Objective:</i> The ACCP will be required to support patients and dependants in a compassionate and understanding manner during the period of the patient's critical illness			
<i>Scope of Capability</i>		<i>Assessment Methods</i>	<i>GMP</i>
In addition to the core skills the ACCP will need to: <ul style="list-style-type: none"> <li>• Communicate effectively and explain difficult clinical information using terms and language understandable to the patient and relatives</li> <li>• Enable patients and relatives to make informed choices and understand the consequences of the choices they make</li> <li>• Provide supportive care and coaching (distraction techniques) through difficult procedures</li> </ul>		D, I, C, M, S	1, 2, 3, 4
<i>Scope of Practice</i>			
Is able to perform independently	<ul style="list-style-type: none"> <li>• Can identify and aim to minimise psychological sequelae of critical illness for patients and dependants</li> <li>• Can recognise the risks of sedative and neuromuscular drugs in the critically ill patient and limitations of assessment in the setting of multiple organ dysfunction or failure</li> <li>• Can manage the appropriate use of sedation and neuromuscular blockade, including the assessment of both</li> </ul>		
Is able to perform under indirect supervision. (indirect = onsite and off-site)	<ul style="list-style-type: none"> <li>• Can manage the assessment, prevention and treatment of pain including the use and prescription of patient-controlled analgesia</li> <li>• Can manage the administration of analgesia via an epidural catheter including top-up analgesia, the management of overdose and inappropriate placement</li> </ul>		

These specialist capabilities draw on the Integrated Clinical Practice and Patient Safety capabilities of managing long term conditions and promoting patient self-care (3.12).

#### 4.8 Discharge planning and rehabilitation

*Objective:*

The ACCP will be required to support the rehabilitation process of the critically ill patient which starts on admission to critical care and continues after discharge.

<i>Scope of Capability</i>		<i>Assessment Methods</i>	<i>GMP</i>
The ACCP within their scope of practice needs to minimise the physical and psychological consequences of critical illness.		C, M	1, 2, 3
<i>Scope of Practice</i>			
Is able to perform independently	<ul style="list-style-type: none"> <li>• Can identify and minimise the long-term consequences of critical illness</li> <li>• Can inform patients and carers about the requirements for continuing care after discharge from critical care</li> <li>• Can manage the safe and timely discharge of patients from the ICU/HDU</li> </ul>		
Demonstrates knowledge of	<ul style="list-style-type: none"> <li>• The physical and psychological challenges for rehabilitation</li> <li>• The significance and relevance of critical care patient follow-up both within hospital and following discharge</li> </ul>		

These specialist capabilities draw on the Legal and Ethical Aspects of Care capabilities of legal framework for practice (3.19); Communication capabilities of breaking bad news (3.14); and communication with colleagues and cooperation (3.16).

#### 4.9 End of life care

*Objective:*

The ACCP within their scope of practice may be required to actively participate in the management of the dying patient. This involvement will include situations where management and care plans include the limitation or withdrawal of treatment to a critically ill patient where the emphasis of care is placed on the minimisation of distress to both the patient and their dependants.

<i>Scope of Capability</i>		<i>Assessment Methods</i>	<i>GMP</i>
In addition to the core skills, the ACCP will need to: <ul style="list-style-type: none"> <li>• Take account of ethical issues</li> <li>• Minimise the distress to patients and dependants</li> </ul>		I, C, M, S	1, 2, 3, 4
<i>Scope of Practice</i>			
Is able to perform independently	<ul style="list-style-type: none"> <li>• Can manage the appropriate aspects of the procedure for withholding or withdrawing treatment once agreed with the multi-disciplinary team.</li> <li>• Can communicate care plans and discuss end of life care with patients and their dependents.</li> <li>• Can manage the process of palliative care of the critically ill patient</li> </ul>		
Is able to perform under indirect supervision. (indirect = onsite and off-site)	<ul style="list-style-type: none"> <li>• Can optimise organ function ready for brain-stem death testing</li> </ul>		

These specialist capabilities draw on the Communication capabilities (3.13-3.16); and Personal Attitudes and Behaviours capabilities of personal behaviour (3.26).



4.10 Transport			
<i>Objective:</i> The Advanced Critical Care Practitioner may be required to transport critically ill patients safely, both intra- and inter-hospital.			
Scope of Capability		Assessment Methods	GMP
The Advanced Critical Care Practitioner must consider national and local transportation guidelines including those produced by the Intensive Care Society and Association of Anaesthetists of Great Britain and Ireland (AAGBI).		D	1, 2, 3
Scope of Practice			
Is able to perform independently	<ul style="list-style-type: none"> <li>Can undertake intra- hospital transport of the critically ill patient outside the ICU/HDU including the mechanically ventilated and spontaneously breathing patient in accordance with local guidelines and standards.</li> </ul>		

### Professional Capabilities

These specialist capabilities draw on the Integrated Clinical Practice and Patient Safety Capabilities of Principles of quality and safety management (3.9); Prioritisation of patient safety in clinical practice (3.7); and the Communication Capabilities of Dealing with complaints and medical error (3.15).

4.11 Patient safety and health systems management			
<i>Objective:</i> The Advanced Critical Care Practitioner will have a responsibility to promote and help ensure the safety of patients, colleagues, visitors and staff. This responsibility involves a professional approach to the maintenance and improvement of healthcare systems, standards and processes in the delivery of the service.			
Scope of Capability		Assessment Methods	GMP
In order for the Advanced Critical Care Practitioner to contribute to patient safety and healthcare management systems they need to undertake an ordered approach which takes account of a number of key elements, including the ability to: <ul style="list-style-type: none"> <li>Behave in a professional manner</li> <li>Identify and minimise risk in the work environment</li> <li>Apply protocols and guidelines</li> <li>Adhere to local and national policy and guidelines</li> <li>Communicate and document appropriately</li> <li>Develop collaborative care plans</li> <li>Participate in monitoring processes</li> </ul>		C, M, S	1, 2, 3, 4
Scope of Practice			
Is able to perform independently	<ul style="list-style-type: none"> <li>Can participate in a daily ward round as part of the multidisciplinary team</li> <li>Can comply with local infection control measures</li> <li>Can identify environmental hazards and promote safety for patients and staff</li> <li>Can identify and minimise risk of critical incidents and adverse events</li> <li>Can organise a case conference with multidisciplinary team involvement</li> <li>Can apply local and national protocols, guidelines and care bundles</li> <li>Can apply appropriate critical care scoring systems for assessment of severity of illness, case mix and workload</li> <li>Can demonstrate an understanding of the Advanced Critical Care Practitioner position within the wider and local organisation including clinical responsibilities, levels of accountability and systems of working</li> </ul>		

These specialist capabilities draw on the core knowledge of Communication (3.13 – 3.16); and Personal behaviour (3.26).

<b>4.12 Professionalism</b>		
<i>Objective:</i> The ACCP will be expected to function as an autonomous practitioner within a specialist healthcare team. The professional behaviour required includes maintaining capability and standards of care delivery, the maintenance of ethical standards, critical appraisal and continuing personal and professional development.		
<i>Scope of Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<p>Professionalism includes elements of communication, professional relationships with patients and relatives, and self-governance as described below:</p> <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Understands communication is a two-way process</li> <li>• Is sensitive to the reactions and emotional needs of others</li> <li>• Is able to communicate at all levels</li> <li>• Gives accurate information and ensures comprehension, clarifies ambiguities</li> <li>• Listens and hears</li> <li>• Uses appropriate non-verbal communication</li> </ul> <p><b>Professional relationships with patients, relatives and carers</b></p> <ul style="list-style-type: none"> <li>• Is caring</li> <li>• Focuses on the needs of the patient, family and carers.</li> <li>• Maintains trust and reassures appropriately</li> <li>• Listens</li> <li>• Is polite</li> <li>• Seeks the views and opinions of the patient</li> <li>• Shows respect for the patient’s wishes, privacy, dignity and confidentiality</li> <li>• Is unprejudiced</li> <li>• Views each patient as an individual</li> </ul> <p><b>Self-governance</b></p> <ul style="list-style-type: none"> <li>• Accepts responsibility for safe patient care, including continuity of care</li> <li>• Shows initiative and adopts a proactive, problem-solving approach</li> <li>• Manages stress</li> <li>• Is decisive when action is needed</li> <li>• Respects and applies ethical principles</li> <li>• Promotes the highest quality of practice, education and research</li> <li>• Is unbiased</li> <li>• Is interested and motivated</li> <li>• Seeks learning opportunities and has insight into personal educational needs, strengths and limitations</li> <li>• Seeks help, appropriately acknowledges and learns from mistakes</li> <li>• Recognises and seeks to address unprofessional behaviour in others</li> <li>• Manages time and organises self effectively</li> <li>• Wears appropriate attire and has good personal hygiene</li> <li>• Is accessible, punctual and reliable</li> </ul>	C, M	1, 2, 3, 4
<i>Scope of Practice</i>		

Is able to perform independently	<ul style="list-style-type: none"> <li>• Can communicate effectively with patients, relatives and carers.</li> <li>• Can communicate effectively with members of the multi-professional healthcare team and other agencies.</li> <li>• Can maintain accurate and legible records.</li> <li>• Can involve patients, dependants and carers in decisions about care and treatment as appropriate to the critical care setting.</li> <li>• Can respect cultural and religious beliefs and demonstrate an awareness of the impact of these beliefs on care of the critically ill patient and their dependants and carers.</li> <li>• Can ensure patient confidentiality and apply legal frameworks related to patient information.</li> <li>• Can take responsibility for safe patient care appropriate to level of practice.</li> <li>• Can formulate clinical decisions within their area of practice with respect for ethical and legal principles in the multidisciplinary team context.</li> <li>• Is aware of the implications of consent and relevant issues as applied to the critical care environment</li> </ul>
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## Leadership Capabilities

These specialist capabilities draw on the core knowledge of Personal behaviour (3.26).

4.13 Professional relationships with members of the healthcare team		
<i>Objective:</i>		
The ACCP will be approachable and will lead and delegate appropriately. This includes the promotion of respect and value of others' roles, effective exchange of information, and support of all members of the multidisciplinary team. The ACCP will be punctual and reliable and arrange cover for their absence. The individual practitioner will behave as a good ambassador for the role of Advanced Practitioners, acting professionally and behaving considerably towards other professionals and patients, acting as a role model.		
<i>Scope of Capability</i>	<i>Assessment Methods</i>	<i>GMP</i>
<p><b>Professional Values for Advanced Practitioners</b> Adapted from NES Developmental Needs Analysis Tool for Advanced Practitioners &amp; DOH (2008) The Education and Competence Framework for ACCPs</p> <p><b>Accountability</b></p> <ul style="list-style-type: none"> <li>• Demonstrates a high level of awareness and accountability regarding scope of professional practice for Advanced Practitioners.</li> <li>• Participates in and influence local policy making activities that relate to sphere of professional practice.</li> </ul> <p><b>Change Management and quality improvement.</b></p> <ul style="list-style-type: none"> <li>• Establish the need for, lead and manage change.</li> <li>• Monitors the effectiveness and impact of change for patients, next of kin and multi-disciplinary team to ensure the delivery of high-quality best practice care.</li> <li>• Leads on developments to improve patient safety.</li> </ul> <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Uses expertise in advanced communication strategies to develop and enhance therapeutic relationships with patients, next of kin and members of the multi-disciplinary team.</li> <li>• Uses interpersonal skills to develop, inform and promote a climate within the multi-disciplinary team which enables person centred compassionate care.</li> <li>• Collaborates, consults and promotes team-working.</li> <li>• Audit</li> <li>• Uses local and national guidelines and research to develop, implement and audit policy and protocols to improve clinical practice.</li> <li>• Identifies and minimises risk of critical incidents and adverse events.</li> </ul> <p><b>Teaching, coaching and mentoring.</b></p>	C, M, S	1, 2, 3, 4

<ul style="list-style-type: none"> <li>• Seeks learning opportunities and integrates new knowledge into clinical practice including clinical decision making.</li> <li>• Has insight into personal educational needs, strengths and areas for development.</li> <li>• Initiates and provide a skilled supporting learning infrastructure for members of the team and peers.</li> </ul>			
<i>Scope of Practice</i>			
Is able to perform independently	<ul style="list-style-type: none"> <li>• Can collaborate, consult and promote team working</li> <li>• Can ensure continuity of care through effective communication with the multidisciplinary team</li> <li>• Can appropriately supervise, and delegate to others, the delivery of patient care as appropriate to their level of expertise and practice</li> <li>• Can support clinical staff outside the critical care unit to enable the delivery of effective care as appropriate to the ACCP scope and level of expertise</li> </ul>		

These specialist capabilities draw on the Management and Leadership capabilities of management and NHS structure (3.27).

<b>4.14 Development of clinical practice</b>			
<i>Objective:</i> Dynamic development of clinical practice is essential for the ACCP to deliver high quality patient care. Transparent evaluation and audit of the service delivered provides crucial evidence for the improvement of clinical standards, not only enhancing local care delivery but also adding to the body of knowledge, promoting best practice within the wider critical care community.			
<i>Scope of Capability</i>		<i>Assessment Methods</i>	<i>GMP</i>
This capability will include elements relating to: <ul style="list-style-type: none"> <li>• Current developments in clinical practice and guiding principles of critical care professional and specialist organisations</li> <li>• Current developments and guiding principles of the local NHS trust, Health Board and regional critical care network</li> </ul>		C, M	1, 2, 3, 4
<i>Scope of Practice</i>			
Is able to perform independently	<ul style="list-style-type: none"> <li>• Can seek learning opportunities and integrates new knowledge into clinical practice, including that of clinical decision making</li> <li>• Can take a lead to develop clinical and professional practice relevant to the role in order to ensure the delivery of high-quality best practice care</li> <li>• Can participate in research or audit and quality assurance activities under supervision</li> <li>• Can support patients (and their dependants and carers, as appropriate) in understanding the evidence base for their care and clinical management in terms of their personal circumstances</li> </ul>		

## Teaching and Supervising Capabilities

<b>4.15 Participates in multi-disciplinary teaching and assessment of others</b>			
<i>Objective:</i> Teaching and assessment of others is an essential role for ACCPs, in order to ensure the development of others and maintenance of a level of skill. This will equip others with the knowledge, skills and understanding to provide succession of the ACCP role and development of other members of the multi-disciplinary team.			
<i>Scope of Capability</i>		<i>Assessment Methods</i>	<i>GMP</i>
This capability will include elements relating to: <ul style="list-style-type: none"> <li>• Formative assessments in the workplace, with a focus on trainee-trainer discussion and reflection to guide learning in clinical scenarios and professional judgements used to demonstrate that trainees meet the standards expected of them at each stage of their training.</li> </ul>		C, M, S, I, D, O	1, 3, 4

<ul style="list-style-type: none"> <li>Supporting the development of other members of the multi-disciplinary team by selecting appropriate assessment method required for the capability being demonstrated/assessed.</li> </ul> <p>Face to face and online teaching of a variety of topics to various members of the multi-disciplinary team</p>		
<i>Scope of Practice</i>		
Is able to perform independently	<ul style="list-style-type: none"> <li>Participate in the training and development of other members of the multi-disciplinary team.</li> <li>Carries out assessment of others carrying out a skill that the ACCP can independently do.</li> <li>Appropriately select and completes supporting documentation to accompany assessment carried out.</li> <li>Provide appropriate feedback to members of the multi-disciplinary team regarding current practice.</li> <li>Carries out 'train the trainer' training, to allow appropriate skill sign-off</li> </ul>	

Consultation