

# Advanced Clinical Practice in Older People Curriculum Framework



## Credential specification endorsed by HEE's Centre for Advancing Practice

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

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

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

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# 1. Introduction

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

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

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

This curriculum framework defines the purpose, learning content, and structure of training and assessment for ACPs working with older people.



## 2. Purpose

### 2.1 Purpose statement

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

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

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

- Clinical practice
- Leadership and management
- Education
- Research

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

The capabilities in practice (CiPs) within this curriculum framework have been mapped to the multi-professional framework<sup>1</sup>. The essential ACP CiPs are divided into three groups: core, generic clinical, and specialty clinical. The core and generic clinical CiPs will be standard across all the advanced practice curriculum frameworks developed by HEE in conjunction with the ACP Development Committee (ADC) of the Royal College of Physicians (RCP). This will facilitate the curriculum framework's delivery and reduce the burden of assessment, thereby maximising workforce development and learning opportunities. As part of the holistic development of responsible clinicians, these core professional capabilities must be demonstrated at every stage of training. During their training, ACPs will learn in a variety of settings using a range of methods, including formal postgraduate teaching, workplace-based experiential learning, and simulation.

### 2.2 Rationale

The NHS Long Term Plan outlined the importance of workforce planning, and the need to do more to provide development and career progression opportunities for existing staff. The plan details an expansion for multi-professional credentialing (sic) to enable clinicians to develop new, formally recognised capabilities in specific areas of competence. Not only is this expected to improve staff retention by providing the opportunity for development and progression, but it will also equip individuals with the advanced skills needed to meet the needs of patients in the future.

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

### 2.3 Development

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

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

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

### 2.4 Eligibility Criteria

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

### 2.5 Duration of training

Additional eligibility criteria are detailed below:

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

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

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

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

Recognition and accreditation of prior (certified or experiential) learning for ACPs who already hold a master's level qualification in advanced practice and for those who have experience of working as an ACP with older people will be at the discretion of the training provider.

### 2.6 Flexibility

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

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





## 3. Content of learning

### 3.1 Capabilities in practice and high-level learning outcomes

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

#### 3.1.1 Capabilities in practice

The CiPs are grouped in three categories:

**Core** CiPs cover the universal requirements of all ACP specialties, and largely focus on the wider professional skills, knowledge and behaviours required to deliver advanced practice.

**Generic clinical** CiPs cover the universal requirements of all ACP specialties, and largely focus on the clinical aspects of advanced practice that are common across all specialties.

**Specialty clinical** CiPs cover the specialty-specific requirements for advanced practice within a particular specialty.

Each CiP is linked to a set of descriptors which are intended to provide the minimum level of knowledge, skill and behaviours which should be demonstrated by trainee ACPs. These descriptors are not exhaustive and should not be viewed as a tick-list; they are intended to help supervisors and trainees recognise the minimum standards that should be demonstrated for entrustment. There may be many more examples outside of the descriptors list that would provide equally valid evidence of performance.

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

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

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

### 3.1.2 Learning outcomes

#### Core:

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

#### Generic clinical:

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

#### Specialty clinical – older people:

1. Critically uses advanced knowledge and understanding of older people and their contexts
2. Demonstrates advanced communication skills in working with older people
3. Assesses, formulates, plans, implements, and evaluates specialist interventions
4. Applies expertise in advance and anticipatory care planning.

## 3.2 The capabilities in practice for advanced clinical practice older people

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

### Core CiPs

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

##### Descriptors

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

##### Links to MPF

#### Pillar 1 – Clinical practice

- 1.1
- 1.2
- 1.5
- 1.6

- 1.8
- 1.9

## **Pillar 2 – Leadership and management**

- 2.2
- 2.3
- 2.8
- 2.9

## **Pillar 3 – Education**

- 3.4

### **Evidence to inform decision**

Co-ordinating educational supervisor's report (CESR)  
Multi-source feedback (MSF)  
Associate workplace supervisor report (AWSR)  
Case-based discussions (CBD)  
Activity and role in governance structures  
Reflection and portfolio of evidence  
Evidence of involvement in business plans and quality improvement projects.

### **Core CiPs**

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

### **Descriptors**

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

- Critically reflects on their involvement in situations where the legal or ethical issues are challenging or complex and uses that reflection to further develop their own and other's practice

## Links to MPF

### Pillar 1 – Clinical practice

- 1.3
- 1.8

## Evidence to inform decision

Co-ordinating educational supervisor's report

CBD

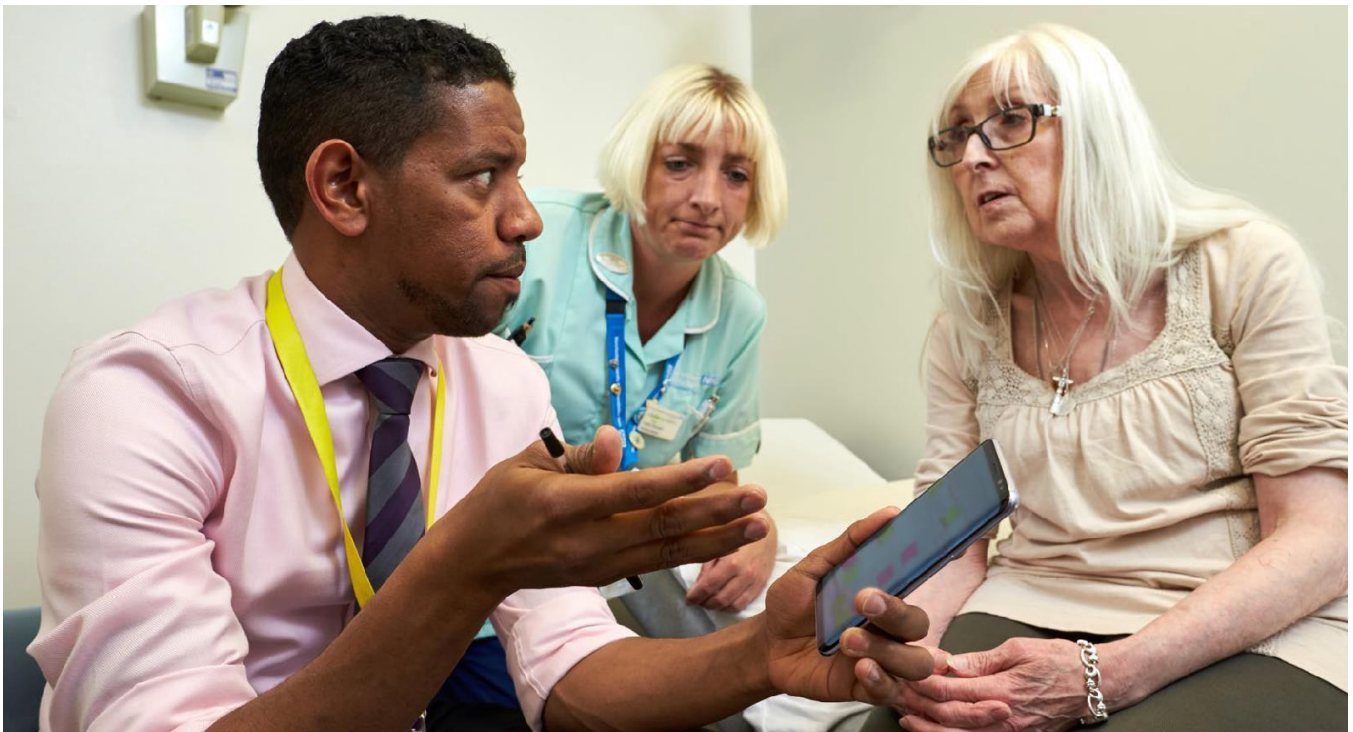
MSF

AWSR

Reflective diary (for example, on complaints, coroner reports etc)

Assessment of clinical effectiveness (ACE)

Evidence of attendance at relevant training



## Core CiPs

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

#### Descriptors

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

## Links to MPF

### Pillar 1 – Clinical practice

- 1.1
- 1.3
- 1.4
- 1.5
- 1.6
- 1.8
- 1.9
- 1.10

### Pillar 2 – Leadership and management

- 2.1
- 2.2
- 2.6
- 2.8
- 2.10

### Pillar 3 – Education

- 3.5
- 3.8

### Pillar 4 – Research

- 4.7

## Evidence to inform decision

Co-ordinating educational supervisor's report  
AWSR  
MSF  
Patient survey

## Core CiPs

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

## Descriptors

- Prioritises patient safety in clinical practice, including in the context of complexity, uncertainty and unpredictability
- Raises and escalates concerns where there is an issue with patient safety or quality of care

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

### Links to MPF

#### **Pillar 1 – Clinical practice**

- 1.1
- 1.5
- 1.6
- 1.8
- 1.9
- 1.10

#### **Pillar 2 – Leadership and management**

- 2.1
- 2.2
- 2.3
- 2.4
- 2.5
- 2.6
- 2.7
- 2.8
- 2.9
- 2.10



### **Pillar 3 – Education**

- 3.1
- 3.2
- 3.4
- 3.5
- 3.8

### **Pillar 4 – Research**

- 4.4
- 4

## **Evidence to inform decision**

AWSR  
MSF  
Quality improvement reports  
Quality improvement project assessment tool (QIPAT)

## **Core CiPs**

### **5. Able to critically appraise and undertake research, including managing data appropriately**

## **Descriptors**

- Manages clinical and research data appropriately
- Understands the importance of information governance
- Demonstrates a critical understanding of the role of evidence in clinical practice and demonstrates shared decision-making with patients with regards to involvement in research
- Can critically evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods, then acting on the findings
- Demonstrates an advanced level of understanding of research methods, including qualitative and quantitative approaches in scientific enquiry
- Demonstrates an advanced level of understanding of research principles and concepts, and can translate research into practice and identify future research opportunities
- Can critically appraise relevant research, evaluation and audit, using the results to inform own and others' clinical practice
- Critically appraises the current evidence base including to identify gaps and its relevance to clinical practice, alerting appropriate individuals and organisations to these and suggesting how they might be addressed

- Critically engages in research activity, adhering to good research practice guidance while following guidelines on ethical conduct in research, consent for research, and documentation practice
- Disseminates best practice research findings and quality improvement projects through appropriate media (e.g., presentations, contributing to local or regional guidelines and peer reviewed research publications)
- Critically reflects on their engagement with research and uses this reflective process to identify areas for personal and role development.

## Links to MPF

### Pillar 1 – Clinical practice

- 1.9
- 1.11

### Pillar 2 – Leadership and management

- 2.3
- 2.4
- 2.5
- 2.6
- 2.9

### Pillar 4 – Research

- 4.1
- 4.2
- 4.3
- 4.4
- 4.5
- 4.6
- 4.7
- 4.8

## Evidence to inform decision

AWSR

MSF

GCP certificate (if involved in clinical research)

QIPAT

Audit assessment (AA)

Evidence of literature search and critical appraisal of research

Involvement in the development of clinical guidelines

Evidence of research activity

## Core CiPs

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

#### Descriptors

- Develops and delivers high quality evidence based and innovative teaching and training to other health and social care professionals using a wide range of resources
- Critically appraises learner's level of understanding and delivers constructive feedback and assists them to develop an appropriate action plan
- Advocates for and contributes to, and role models, a culture of organisational learning to inspire future and existing staff, promoting collaboration with members of the wider team – clinical, academic and patients – to identify and facilitate shared learning
- Able to lead the supervision and assessment of less experienced colleagues in their clinical assessment and management of patients (within their scope of practice)
- Acts as a role model, educator, supervisor, coach and mentor, seeking to develop the capabilities and confidence of others
- Able to supervise less experienced trainees in carrying out practical procedures (within scope of practice)
- Critically evaluates the training needs of individuals and the wider team, supporting them to develop and implement a plan to address these
- Actively seeks feedback on their professional activities, and understands how their own behaviour and values can impact on others
- Critically reflects on their own learning needs and develops an individualised learning plan, seeking out or creating opportunities for their own development.

#### Links to MPF

##### Pillar 1 – Clinical practice

- 1.3
- 1.5
- 1.8
- 1.10

##### Pillar 2 – Leadership and management

- 2.1
- 2.2
- 2.3

- 2.4
- 2.6
- 2.7
- 2.8
- 2.10
- 2.11

### **Pillar 3 – Education**

- 3.1
- 3.2
- 3.3
- 3.4
- 3.5
- 3.6
- 3.7
- 3.8

### **Pillar 4 – Research**

- 4.3

## **Evidence to inform decision**

AWSR

MSF

Teaching observation (TO)

Evidence of attendance at supervisor training, educator training

## **Generic clinical CiPs**

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

#### **Descriptors**

- Takes a comprehensive, collaborative, person-centred history in challenging and uncertain situations
- Critically analyses the patient's history and presentation and performs relevant and accurate physical examinations within their scope of practice
- Synthesises the information available, using critical thinking to formulate appropriate judgements/diagnoses and use a shared decision-making approach to devise a comprehensive plan for investigation and management
- Identifies and responds, in a timely manner, to acuity and/or physiological deterioration

- Deals effectively with differentiated and undifferentiated presentations and complex situations
- Demonstrates an advanced level of clinical reasoning and communicates management decisions effectively to colleagues
- Communicates clinical reasoning and diagnoses with patients and those important to them and works with them to reach management decisions
- Seeks timely engagement with other colleagues / healthcare professionals as appropriate, demonstrating the complex information synthesis and critical thinking process that has led to their diagnoses and referral, and how this has been informed by the evidence base
- Exercises a critical awareness of personal scope of practice, and is aware of own limitations within clinical practice
- Critically reflects on their assessment, diagnostic and decision-making skills, identifies areas for future development and seeks out opportunities to address these development needs

## Links to MPF

### Pillar 1 – Clinical practice

- 1.4
- 1.5
- 1.6
- 1.8
- 1.9
- 1.10

## Evidence to inform decision

Direct observation of procedural skills (DOPS)

Mini clinical evaluation exercise (Mini-CEX)

CBD

MSF

Reflective log CPD activities

Learning needs assessment

Professional development plan (PDP)

## Generic clinical CiPs

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

#### Descriptors

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

#### Links to MPF

#### Pillar 1 – Clinical practice

- 1.1
- 1.2
- 1.3
- 1.4
- 1.5

- 1.6
- 1.7
- 1.8
- 1.9
- 1.10
- 1.11

## **Pillar 2 – Leadership and management**

- 2.8

## **Pillar 4 – Research**

- 4.6

### **Evidence to inform decision**

Basic Life Support, Intermediate Life Support or Advanced Life Support (level required will be dependent on role and agreed by the trainee ACP and their employer)

DOPS

Acute care assessment tool (ACAT)

Mini-CEX

CBD

CPD activity Reflection

MSF

Involvement in QIP

QIPAT

Involvement in debriefs

Patient survey

Attendance at advanced communication skills training

### **Generic clinical CiPs**

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

### **Descriptors**

- Despite challenging circumstances, demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Delivers patient-centred care, including shared decision-making
- Demonstrates advanced consultation skills
- Critically appraises the findings of their assessment to contribute to an appropriate diagnostic and management plan, taking into account patient preferences

- Draws on their advanced clinical reasoning skills to explain the rationale behind diagnostic and clinical management decisions to patients/ carers/guardians and other colleagues
- Appropriately manages comorbidities as part of a multidisciplinary team in outpatient clinic, an oblatory or community setting
- Demonstrates awareness of the quality of patient experience and implements changes to optimise or enhance this
- Demonstrates an advanced and comprehensive understanding of primary and secondary health promotion, barriers to health promotion and concordance issues

## Links to MPF

### **Pillar 1 – Clinical practice**

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

### **Pillar 2 – Leadership and management**

- 2.1
- 2.2
- 2.3
- 2.8

### **Pillar 4 – Research**

- 4.6

### **Evidence to inform decision:**

Letters generated at outpatient clinics

AWSR

Mini-CEX

Patient surveys

ACAT



## Generic clinical CiPs

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

#### Descriptors

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

#### Links to MPF

##### Pillar 1 – Clinical practice

- 1.1
- 1.2
- 1.3
- 1.4
- 1.5
- 1.6
- 1.7
- 1.8
- 1.9

##### Pillar 2 – Leadership and management

- 2.1
- 2.2
- 2.8

#### Evidence to inform decision

AWSR  
ACAT  
CBD

MSF

## Generic clinical CiPs

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

#### Descriptors

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

#### Links to MPF

##### Pillar 1 – Clinical practice

- 1.1
- 1.4
- 1.5
- 1.6
- 1.8
- 1.9

##### Pillar 2 – Leadership and management

- 2.1
- 2.8
- 2.10

#### Evidence to inform decision

AWSR  
MSF

ACAT

Evidence of completing discharge summaries

## Generic clinical CiPs

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

#### Descriptors

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

#### Links to MPF

#### Pillar 1 – Clinical practice

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

## Pillar 2 – Leadership and management

- 2.8

### Evidence to inform decision

AWSR  
CBD  
Mini-CEX  
MSF  
Reflection  
Teaching attendance

## Specialty Clinical CiPs: Working with older people

### 1. Critically uses advanced knowledge and understanding of older people and their contexts

#### Descriptors

- Demonstrates an advanced critical understanding of the complex interplay between the wider social determinants of health which may affect older people's health and wellbeing, including but not limited to their surroundings, education and skills, work, housing, food, money and resources, transport, family, friends and communities
- Applies advanced knowledge and understanding of factors affecting the health of older people, including cognitive impairment, frailty and multimorbidity, and demonstrates an advanced understanding of how these factors influence a patient's current and future health and wellbeing
- Demonstrates critical understanding of biological, psychological, spiritual and social theories of ageing and of dying
- Promotes asset-based, rehabilitative approaches

#### Links to MPF

## Pillar 1 – Clinical practice

- 1.6  
- 1.11

## Pillar 2 – Leadership and management

- 2.7  
- 2.9  
- 2.11

### **Pillar 3 – Education**

- 3.1
- 3.2

### **Pillar 4 – Research**

- 4.2

## **Evidence to inform decision**

Co-ordinating educational supervisor's report  
MSF  
CBD  
Mini-CEX  
Patient feedback  
Reflective log / case study

## **Specialty Clinical CiPs: Working with older people**

### **2. Demonstrates advanced communication skills in working with older people**

#### **Descriptors**

- Selects and uses a range of strategies to overcome communication barriers such as cognitive change, diversity, learning disability, sensory impairment and substance misuse, sometimes in challenging situations
- Selects, adapts and uses a range of communication skills to work with older people and their carers to discuss and develop management strategies for both anticipated and unforeseen points of crisis, exploring the potential risks and benefits to support individualised shared decision-making
- Facilitates interdisciplinary communication, both internally and externally, to gather information and share information to support shared decision-making
- Exercises sensitivity in balancing the emotional needs of the family with the choices of the older person
- Competently and sensitively utilises their advanced communication skills to discuss issues of bereavement and loss
- Role models advanced communication skills, including active listening, negotiation, communicating sensitive information and defending own viewpoint

## Links to MPF

### Pillar 1 – Clinical practice

- 1.4
- 1.5
- 1.10

### Pillar 2 – Leadership and management

- 2.1
- 2.2
- 2.3
- 2.6
- 2.10

### Pillar 3 – Research

- 3.3

## Evidence to inform decision

Co-ordinating educational supervisor's report

CBD

Mini-CEX

MSF

Patient feedback and carer feedback

Reflective log / case study

Reflection following attendance at an advanced communication course

## Specialty Clinical CiPs: Working with older people

### 3. Assesses, formulates, plans, implements and evaluates specialist interventions

## Descriptors

- Recognises and addresses acuity in older patients
- Adapts to the needs and preferences of older patients in response to acute deterioration, across multiple settings
- Leads comprehensive person-centred assessment and intervention (comprehensive geriatric assessment)
- Critically appraises and applies current evidence, using professional judgement to assess, diagnose and select from a wide range of potential intervention options, to manage complexity and uncertainty in presentations in older people

- Demonstrates an in-depth critical understanding of the principles of therapeutics, polypharmacy, de-prescribing, optimal prescribing, adverse and toxic medication effects, and medication burden, with specific reference to older people
- Critically applies knowledge of evidence about choice and concordance with intervention, interactions and unwanted effects of intervention
- Articulates and applies a critical understanding of the principles of risk assessment and management
- Applies advanced understanding of assessment, investigation, legislation and professional guidance in recognising adult safeguarding concerns

## Links to MPF

### Pillar 1 – Clinical practice

- 1.4
- 1.6
- 1.7
- 1.8
- 1.9
- 1.11

### Pillar 2 – Leadership and management

- 2.1
- 2.2
- 2.3
- 2.4
- 2.5
- 2.8
- 2.10
- 2.11

## Evidence to inform decision

Co-ordinating educational supervisor's report  
CBD  
Mini-CEX  
MSF  
Patient feedback

## Specialty Clinical CiPs: Working with older people

### 4. Applies expertise in advance and anticipatory care planning

#### Descriptors

- Critically appraises and applies the evidence base to work with older people, their family and carers, to discuss prognosis and develop person-centred advance care plans
- Critically appraises the evidence base and considers the ethical and legal principles involved to balance disease-specific treatment with personalised care, specific support needs, and patient and family wishes
- Applies expertise in working with older people, families and carers to explain interventions aimed at addressing modifiable and reversible presentations
- Utilising advanced assessment, diagnostic and prognostic skills, identifies older adults who may have limited reversibility of their condition, and determines the need for palliative and end-of-life care (including referral to specialist services if appropriate)
- Uses the current evidence base to critically appraise the risk and benefit of medications for primary and secondary prevention (and undertakes medication review and rationalisation within scope of practice)
- Uses detailed understanding of adaptive equipment, telecare/health and other interventions to enable the patient to remain as independent as possible for as long as possible
- Facilitates cross-sector and interdisciplinary working to support older adults to remain in their preferred place of care
- Promotes self-determination
- Demonstrates an advanced level of effective, open and compassionate communication with older adults and those important to them

#### Links to MPF

#### Pillar 1 – Clinical practice

- 1.1
- 1.2
- 1.4
- 1.5
- 1.6
- 1.7
- 1.8
- 1.9



## Pillar 2 – Leadership and management

- 2.1

### Evidence to inform decision

Co-ordinating educational supervisor's report  
CBD  
Mini-CEX  
MSF  
Patient, carer and family feedback  
Reflective log / case study

### 3.3 Conditions in older people

Knowledge pertaining to conditions prevalent in old age, listed below, and the complex interplay between them, is an integral part of this curriculum framework. The depth of expertise required will be determined by the requirements of the role (location, population needs etc), and should be agreed with the trainee ACP and the co-ordinating educational supervisor before embarking upon this curriculum framework.

#### All:

- Acute and atypical presentations
- Bereavement and loss
- Cancer
- Cardiovascular disorders
- Continence and constipation
- Delirium
- Dementia
- Depression
- Endocrine disorders
- Falls and syncope
- Frailty
- Gastroenterology
- Genitourinary disorders
- Impaired mobility
- Loneliness and social isolation
- Long-term conditions
- Mental health
- Movement disorders
- Multiple morbidity
- Musculoskeletal disorders
- Neurological disorders
- Nutrition and malnutrition
- Pain
- Palliative care
- Respiratory disorders
- Rheumatological disorders

- Sensory impairment
- Sexual health
- Stroke / transient ischaemic attack (TIA)
- Substance misuse and addiction
- Tissue viability
- Undifferentiated presentations
- Upper and lower respiratory tract infections

### 3.4 Procedures expected of an ACP working with older people

#### All:

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

- Peripheral venous cannulation
- Urinary catheterisation
- Venepuncture
- Blood transfusion
- ECG interpretation
- Rectal examination
- Vaginal examination
- Intermediate life support
- Medication management

#### Those working on 'on-call' roster:

Those working on the 'on-call' roster will most likely need to be proficient in a higher number of practical procedures. Agreed practical procedures and the year in which the trainee ACP is expected to be competent to practise these unsupervised should be documented using the table in Appendix 1. A list of potential procedures for those working on the 'on-call' roster *may* include:

- Advanced CPR
- Urethral urinary catheterisation
- Arterial blood gas sampling
- Peripheral venous cannulation
- Nasogastric tube insertion
- Setting up non-invasive ventilation
- Femoral venous sampling
- Intraosseous access to circulation for resuscitation
- Central venous access device insertion
- Joint aspiration
- Temporary cardiac pacing using external device
- Direct current (DC) cardioversion

- Abdominal paracentesis
- Level 1 thoracic ultrasound
- Intercostal drain for pneumothorax
- Intercostal drain for effusion
- Pleural aspiration for fluid(diagnostic)
- Pleural aspiration (pneumothorax)
- Lumbar puncture

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

## 4. Teaching and Learning

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

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

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

### 4.1 Teaching and learning methods

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

Possible learning opportunities should include:

#### **Work-based experiential learning**

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

## **Independent self-directed learning**

This may include:

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

## **Simulation**

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

## **Formal study courses**

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

## **Formal teaching**

The content of formal teaching should be based on the curriculum framework and delivered locally. Examples include:

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

# **5. Assessment**

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

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

multiple associate workplace supervisor reports will include global assessment anchor statements.

**Global assessment anchor statements:**

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

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

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

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

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

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

**Level descriptors for generic clinical and specialty clinical CiPs**

**Level 1:** Entrusted to observe only

**Level 2:** Entrusted to act with direct supervision

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

**Level 3:** Entrusted to act with indirect supervision.

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

**Level 4:** Entrusted to act unsupervised

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

### 5.1 Assessment methods

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

#### **Co-ordinating educational supervisor report (CESR)**

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

#### **Associate workplace supervisor report (AWSR)**

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

#### **Self-assessment (SA)**

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

#### **Multi-source feedback (MSF)**

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

#### **Mini-clinical evaluation exercise (Mini – CEX)**

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

### **Case-based discussion (CbD)**

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

### **Direct observation of procedural skills (DOPS)**

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

### **Teaching observation (TO)**

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

### **Quality improvement project assessment tool (QIPAT)**

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

### **Patient survey (PS)**

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



## 5.2 Annual review

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

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

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





### 5.3 ACP decision aid – Older people

Evidence/ requirement	Notes	Year 1	Year 2	Year 3
Co-ordinating educational supervisor's report	One per year to cover the entirety of the training year to be sent to the trainee ACP and the training provider.	Confirms trainee is at least meeting expectations and no concerns	Confirms trainee is at least meeting expectations and no concerns	Confirms trainee will meet the critical progression point criteria and will complete ACP training
Generic ACP capabilities in practice (CiPs)	Mapped to multi-professional framework for advanced practice in England and assessed using global ratings. Trainee ACPs should record self-rating to facilitate discussion with co-ordinating educational supervisor. Co-ordinating educational supervisor's report will record rating for each generic CiP.	Co-ordinating educational supervisor to confirm trainee meets expectations for level of training	Co-ordinating educational supervisor to confirm trainee meets expectations for level of training	Co-ordinating educational supervisor to confirm trainee meets expectations for level of training
Clinical ACP capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainee ACPs must complete self-rating to facilitate discussion with co-ordinating educational supervisor. Co-ordinating educational supervisor report will confirm entrustment level for each individual CiP and overall global rating of progression.	Co-ordinating educational supervisor to confirm trainee is performing at or above the level expected for all CiPs	Co-ordinating educational supervisor to confirm trainee is performing at or above the level expected for all CiPs	Co-ordinating educational supervisor to confirm expected levels achieved for critical progression point at end of ACP training
Specialty older peoples' ACP capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainee ACPs must complete self-rating to facilitate discussion with co-ordinating educational supervisor. Co-ordinating educational supervisor's report will confirm entrustment level for each individual CiP and overall global rating of progression.	Co-ordinating educational supervisor to confirm trainee is performing at or above the level expected for all CiPs	Co-ordinating educational supervisor to confirm trainee is performing at or above the level expected for all CiPs	Co-ordinating educational supervisor to confirm expected levels achieved for critical progression point at end of ACP training

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Associate workplace supervisor report (AWSR)	Minimum number. Each AWSR is completed by a supervisor who has supervised the trainee's clinical work. The co-ordinating educational supervisor should not complete an AWSR for their own trainee. AWSRs must be kept in the trainee ACP's portfolio.	4	4	4
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Evidence/requirement	Notes	Year 1	Year 2	Year 3
Multi-source feedback (MSF)	In line with trainee ACP's local policy MSF must be obtained from a number of staff from a variety of professional backgrounds (e.g., Doctors, nurses, pharmacist, allied health professionals, social care staff, and those who do not provide direct patient care). Replies should be received within 3 months (ideally within the same placement). MSF report must be discussed by the co-ordinating educational supervisor and the trainee ACP before the annual review meeting. If significant concerns are raised, then arrangements should be made for a repeat MSF.	1	1	1



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<p>Supervised learning events (SLEs): Acute care assessment tool (ACAT)</p>	<p>Minimum number to be carried out by supervising clinicians. Trainee ACPs are encouraged to undertake more and co-ordinating educational supervisors may require additional SLEs if concerns are identified. Each ACAT must include a minimum of five cases. ACATs should be used to demonstrate global assessment of trainee's performance on take or presenting new patients (e.g. on ward rounds) encompassing both individual cases and overall performance (e.g., prioritisation, working with the team). It is not for comment on the management of individual cases. Each ACAT must be kept in the trainee ACP's portfolio.</p>	<p>4</p>	<p>4</p>	<p>4</p>
<p>Supervised learning events (SLEs): Case- based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX)</p>	<p>Minimum number to be carried out by supervising clinicians. Trainees are encouraged to undertake more and co-ordinating educational supervisors may require additional SLEs if concerns are identified. SLEs should be undertaken throughout the training year by a range of assessors. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee. Each SLE must be kept in the trainee ACP's portfolio,</p>	<p>4</p>	<p>4</p>	<p>4</p>
<p>Advanced/ immediate/ basic life support (ALS/ILS/ BLS)</p>	<p>(Level required for role will be agreed between the ACP and their employer)</p>	<p>Valid</p>	<p>Valid</p>	<p>Valid</p>

Quality improvement (QI) project	QI project plan and report to be completed. Evidence must be kept in the trainee ACP's portfolio.	Participating in QI activity (e.g., project plan)	One project completed with QIPAT	Demonstrating leadership in QI activity (e.g., supervising another healthcare professional)
Simulation	All practical procedures should be taught by simulation initially. Refresher training in procedural skills should be completed if required	Evidence of simulation training (minimum 1 day) including procedural skills	Evidence of simulation training (minimum 1 day) including procedural skills	Evidence of simulation training (minimum 1 day) including procedural skills
Teaching attendance	Minimum hours per training year to be specified at induction. Summary of teaching attendance to be recorded in training portfolio	Evidence of satisfactory attendance at teaching	Evidence of satisfactory attendance at teaching	Evidence of satisfactory attendance at teaching

### Practical procedural skills

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

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

#### Level descriptors:

Level 1: Observation but no execution, even with direct supervision

Level 2: Execution with direct, proactive supervision

Level 3: Execution with reactive supervision, i.e., on request and quickly available

Level 4: Supervision at a distance and/or post hoc

Generic Clinical CiP	Year 1	Year 2	Year 3
Undertakes an advanced clinical assessment in the face of uncertainty, and utilises critical thinking to inform diagnosis and decision-making	2	3	4
Leads acute intervention for patients, recognises the acutely deteriorating patient and delivering resuscitation	2	3	4
Manages the assessment, diagnosis, and future management of patients in an outpatient clinic, ambulatory or community setting,	2	3	4

including the management of long-term conditions, in the context of complexity and uncertainty			
Managing problems in patients in special cases and other specialties	2	3	4
Manages a multi-professional team, including the planning and management of effective discharge planning in complex, dynamic situations.	2	3	4
Manages end-of-life care and applies palliative care skills in the context of complexity and uncertainty	2	3	4
<b>Specialty CiPs</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
Critically uses advanced knowledge and understanding of older people and their contexts	2	3	4
Demonstrates advanced communication skills in working with older people	2	3	4
Assesses, formulates, plans, implements, and evaluates specialist interventions	2	3	4
Applies expertise in advance and anticipatory care planning	2	3	4

## 6. Supervision and feedback

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

High-quality supervision (i.e., that which supports trainee's progression and provides constructive feedback) is an essential aspect of this curriculum framework. Co-ordinating education supervisors and associate workplace supervisors should be appropriately trained to conduct this important role effectively in line with HEE's Workplace Supervision for Advanced Clinical Practice<sup>5</sup> guidance. It is the trainee ACP employer's responsibility to ensure a suitable co-ordinating educational supervisor is appointed.

### Co-ordinating Educational Supervisor

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

The co-ordinating educational supervisor must have relevant professional registration and be in good standing with their regulatory body. They can either be an experienced ACP (in post 2 or more years), a consultant practitioner or a doctor (either a Specialty and Associate Specialist (SAS) doctor, a specialist registrar (SpR) or consultant). It is essential that the co-ordinating educational supervisor has a detailed understanding of the MPF for advanced clinical practice in

England<sup>1</sup> and of the advanced practice older people curriculum framework. The co-ordinating educational supervisor must be able to meet regularly with the trainee ACP; a minimum of an hour or 0.25 PA/week (or 4 hrs/month) is expected. They will also need to provide Ad Hoc support as needed.

### **Associate Workplace Supervisor**

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

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

Experienced registered health care professional educated to level 7 (or equivalent work-based experience), in post in their specialty 2 or more years, with expertise in one of the 4 pillars of advanced practice

- ACP (in post 2 or more years)
- Consultant practitioner
- Doctor- either an SAS, SpR or consultant

### **Trainee ACPs**

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

## **7. Quality management**

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

The Centre and the Royal College of Physicians will conduct arrangements to assure the quality of the framework's delivery by individual education/training providers. They are also responsible for the periodic review of the framework to ensure that it remains up-to-date and responsive to need. External evaluation may be sought by these organisations to inform the quality management and review processes.

## 8. Equality, diversity, and inclusion

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

## 9. Acknowledgements

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## Appendix 1: Agreed Practical Procedures

Agreed Practical Procedures					
Procedure	Recommended Time Frame for Completion			Agreed Time Frame	Completed
	Year 1	Year 2	Year 3	Or Indicate Not Applicable N/A in Relevant Box	Date & Sign in Relevant Box
Peripheral venous cannulation	Competent to participate in CPR team	Maintain	Maintain		
Urethral urinary catheterisation	Competent to perform unsupervised	Maintain	Maintain		
Venepuncture	Competent to perform unsupervised	Maintain	Maintain		
Blood transfusion	Competent to perform unsupervised	Maintain	Maintain		
ECG interpretation	Competent to perform unsupervised	Maintain	Maintain		
Rectal examination	Competent to participate in CPR team	Maintain	Maintain		
Vaginal examination	Competent to perform unsupervised	Maintain	Maintain		
Intermediate life support	Competent to perform unsupervised	Maintain	Maintain		
Advanced CPR	Competent to participate in CPR team	Maintain	Maintain		

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Medication management	Competent to perform unsupervised	Maintain	Maintain		
Arterial blood gas sampling	Competent to perform unsupervised	Maintain	Maintain		
Nasogastric tube insertion	Competent to perform unsupervised	Maintain	Maintain		
Setting up non-invasive ventilation	Competent to perform unsupervised	Maintain	Maintain		
Femoral venous sampling		Competent to perform unsupervised	Maintain		
Intraosseous access to circulation for resuscitation		Competent to perform unsupervised	Maintain		
Central venous access device insertion (device to be agreed)		Competent to perform unsupervised	Maintain		
Joint aspiration		Competent to perform unsupervised	Maintain		
Temporary cardiac pacing using external device		Competent to perform unsupervised	Maintain		
Direct current (DC) cardioversion		Competent to perform unsupervised	Maintain		
Abdominal paracentesis		Competent to perform unsupervised	Maintain		
Level 1 thoracic ultrasound		Competent to perform unsupervised	Maintain		

Advanced Clinical Practice in Older People Curriculum Framework

Intercostal drain for pneumothorax			Competent to perform unsupervised		
Intercostal drain for effusion			Competent to perform unsupervised		
Pleural aspiration for fluid(diagnostic)			Competent to perform unsupervised		
Pleural aspiration (pneumothorax)			Competent to perform unsupervised		
Lumbar puncture			Competent to perform unsupervised		
<b>Other Agreed Practical Procedures</b>					
<b>Procedure</b>	<b>Recommended Time Frame for Completion</b>			<b>Agreed Time Frame</b>	<b>Completed</b>
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Or Indicate Not Applicable N/A in Relevant Box</b>	<b>Date &amp; Sign in Relevant Box</b>

## Appendix 2: Assessment Tools

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

### Acute Care Assessment Tool (ACAT)

<https://www.jrcptb.org.uk/sites/default/files/ACAT%202020%20FINAL.docx>

### Case Based Discussion (CbD)

<https://www.jrcptb.org.uk/sites/default/files/CbD%20CMT%20SLE%20August%202014.docx>

### Direct Observation of Procedural Skills (DOPS):

Formative routine

<https://www.jrcptb.org.uk/sites/default/files/DOPS%20formative%20routine.docx>

Summative routine

<https://www.jrcptb.org.uk/sites/default/files/DOPS%20summative%20routine.docx>

Formative life threatening

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

Summative life threatening

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

### Mini-Clinical Evaluation Exercise (mini-CEX)

<https://www.jrcptb.org.uk/sites/default/files/mini-CEX%20CMT%20SLE%20August%202014.docx>

### Multi-Course Feedback (MSF)

<https://www.jrcptb.org.uk/sites/default/files/MSF%20August%202014.docx>

### Outpatient Care Assessment Tool (OPCAT)

<https://www.jrcptb.org.uk/sites/default/files/OPCAT%20FINAL.doc>

### Patient Survey

Patient Survey form

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

Patient Survey summary form

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

**Quality Improvement Project Assessment Tool (QIPAT**

<https://www.jrcptb.org.uk/sites/default/files/QIPAT%20May%202017.docx>

**Teaching Observation**

Teaching Observation form

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

Teaching Observation guidance

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