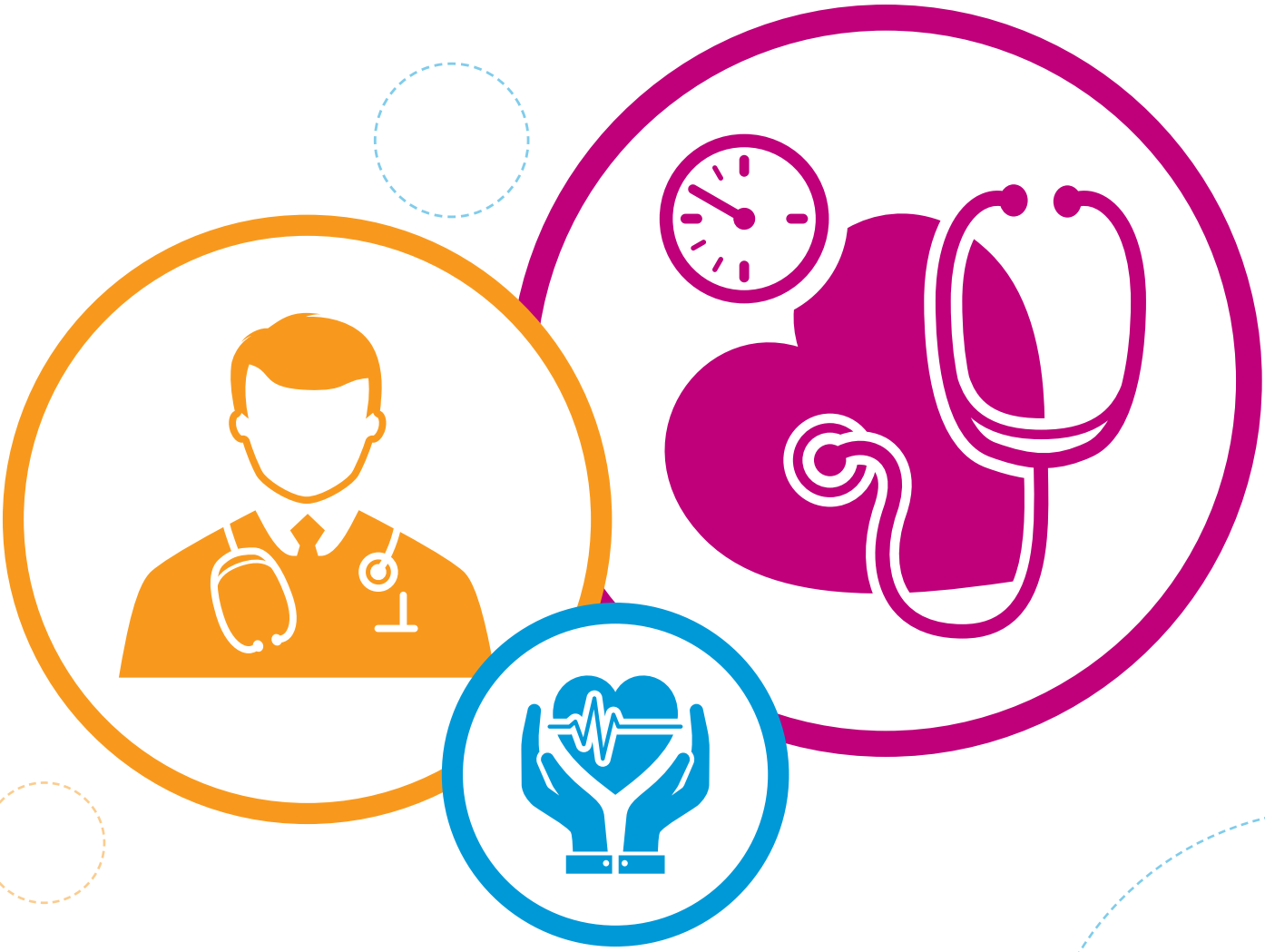
NHS
Health Education England

Surgical Advanced Clinical Practitioner (SACP) Curriculum and Assessment Framework



for Care of the Adult Surgical Patient

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Contents

Acknowledgements

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Introduction

'Over the next 10 years, health and care will change significantly (NHS People Plan, 2020).'
The development of this curriculum has been driven by the evolving requirements of the healthcare workforce and the need to change and adapt to continue to deliver high quality care that is safe, effective and focused on the surgical experience.

Delivering high-quality care will require workforce transformation and support through education, training and development of the people the NHS employs. The **NHS Constitution for England (2015)** demonstrates a commitment to innovation and the development of new roles. New roles and ways of working are one of many solutions to improve the current and future health and care of the population. The development of advanced clinical practice reflects this commitment as an innovative NHS and private sector workforce solution to enhance capacity and deliver improved outcomes for surgical patients.

"Demand for health and care services is growing as a result of a growing and ageing population and the ever-increasing possibilities of medical science. To meet that demand and deliver the vision set out in the NHS Long Term Plan, we will need more people working in the NHS over the next 10 years across most disciplines and in some new ones yet to be fully defined – with a rich diversity of roles and jobs across all settings (NHS People Plan, 2020)."

The principle driver for the implementation of advanced clinical practice is to enable practitioners to practice to their full capability and to optimise their contribution to meeting population, individuals, families and carers needs through different models of service delivery and multidisciplinary working. The development of the Surgical Advanced Clinical Practitioner (SACP) is driven by workforce transformation to maintain surgical services in line with changes within the surgical workforce and the need to maintain safe and high-quality patient care.

Throughout this document the term trainee is synonymous with trainee SACP.

Background

Definition of Advanced Level Clinical Practice

Advanced Clinical Practitioners (ACPs) enhance capacity and capability within multi-professional teams by supporting existing established roles and developing new ways of working. They help to improve clinical continuity, enhance the multidisciplinary team and provide patient focussed safe, accessible and high-quality care. In collaboration with professional and regulatory partners, Health Education England (HEE) developed the following definition of advanced level clinical practice:

"Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a masters level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes"

(HEE, 2017)

Curriculum

Purpose

The purpose of this curriculum is to establish the standard required to work as an SACP and provide guidance for practitioners to develop into competent practitioners capable of delivering excellent outcomes for patients in the UK. The curriculum provides a guide to the education and incremental development of SACPs in both academic and clinical settings, to ensure practitioners achieve comparable standards of surgical care through high quality education and training. The clinical capabilities required in practice have been mapped to the four pillars of advanced practice as well as consideration of both the Core surgical curricula (GMC, 2017) as well as the General surgical curriculum planned for use from 2021 where knowledge and skill is required to be comparative from a patient safety perspective.

The recently published NHS People Plan (2020) discusses new ways of working and delivering care differently and this is clearly visible throughout surgery where a change in surgical workforce and increased integration of the extended surgical team (EST) has led to opportunities of alternative career pathways for the multiprofessional team as well as improving the training experience of surgical trainees. The Royal College of Surgeons (RCS) have produced several excellent documents including Surgical Care Team Guidance Framework **RCS Surgical Care Team Guidance** and **A question of balance** – the extended surgical team (2016) both of which provide detail on the benefits of utilising the multiprofessional team in the care of surgical patients.

In 2015 HEE commissioned The Royal College of Surgeons (RCS) to lead a programme of Improving Surgical Training (IST). This has been a major programme of work with the understanding that for it to be successful the EST will need to be further developed. There has been acknowledgement that a curriculum that clearly defines a standard for a practitioner who has breadth of knowledge across a range of both medical and surgical conditions and who can support workforce transformation will ultimately also facilitate the IST program.

The SACP curriculum articulates how the surgical patient is at the heart of the SACP's practice with the four pillars of advanced practice linking together to support high quality, safe and effective care that is focused on patient experience. This link is illustrated in **Figure 1**.

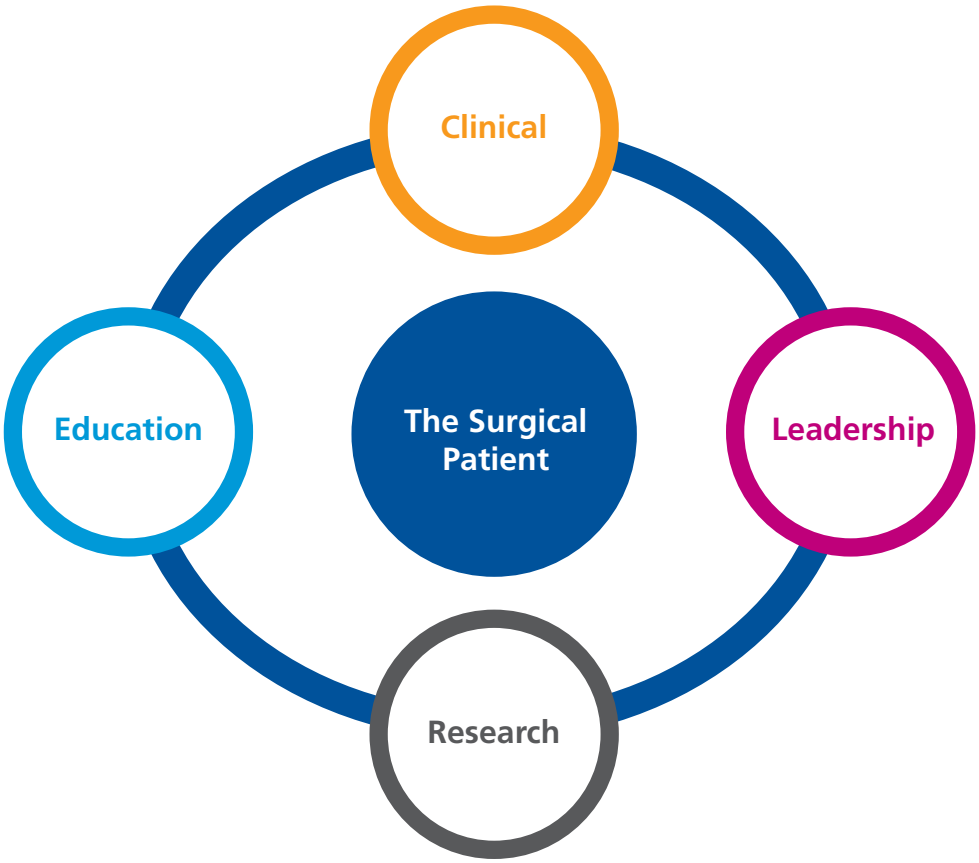


Figure 1. The SACP Curriculum structure

This curriculum has been influenced by several key documents, which each support the training, education and ongoing development of the SACP:

- Multi-professional framework for advanced clinical practice in England (2017)
- Professional standards of practice and behaviour for nurses, midwives and nursing associates (NMC, 2015)
- Standards of conduct, performance and ethics (HCPC, 2016)
- GMC Generic professional capabilities framework (2017)
- Curriculum Framework for the Surgical Care Practitioner
- Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development (HEE, 2020, not yet published).

Curriculum Aims

The aim of this curriculum is to provide guidance and support the training of the SACP to be capable to deliver high quality, safe and effective care for surgical patients. The curriculum supports the achievement of the following aims:

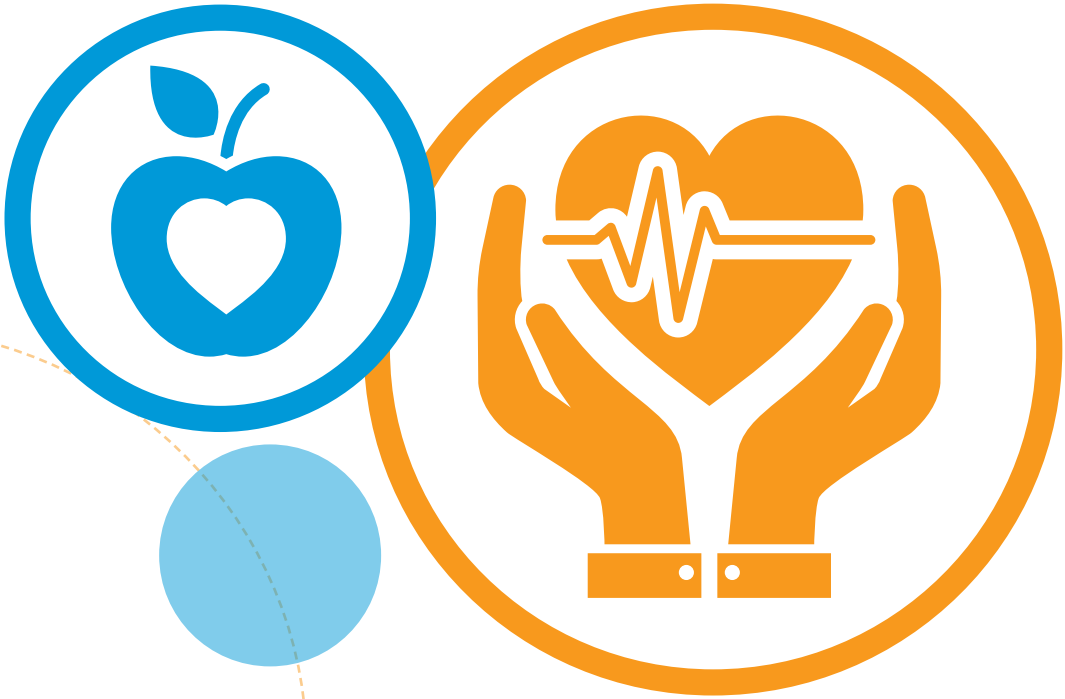
1. Advance the theoretical knowledge and clinical capabilities of experienced regulated non-medical practitioners within specific and specialist areas of surgical care
2. Develop practitioners who can safely undertake a focused history of all systems and utilise clinical reasoning to formulate an appropriate diagnosis and management plan
3. Develop highly skilled practitioners who can act autonomously in providing care to patients requiring complex assessment and treatment within the surgical setting
4. Develop leadership and management skills to support the wider surgical care team
5. Disseminate evidence-based knowledge to continually enhance surgical services and patient care
6 Advance and contribute to a culture of organisational learning to inspire existing and future staff.

Intended Audience

This document is intended for:

- Those wishing to become Surgical Advanced Clinical Practitioners (SACP)
- Higher Educational Institutions (HEIs) delivering ACP programmes leading to ACP qualifications
- Patients and the lay public, to offer definitions, and the standards required for the education and development of a SACP
- Educators in other professions, to provide a detailed framework for the role and education of SACPs
- Any health care provider wishing to employ an SACP or develop an EST
- All those involved in supporting development of the SACP.

This document is the main guidance document for the curriculum and assessment framework for the establishment of standards and quality assurance of SACPs throughout England (the other nations within the UK are recommended to implement use of these standards).



Current Extended Surgical Team (EST)

It is acknowledged that there are currently many excellent practitioners from a plethora of roles within surgery and with a variety of qualifications, collectively referred to as the extended surgical team. It is envisaged that the SACP will complement the EST but with a focus on both elective and emergency inpatient management. For EST practitioners already working in advanced level surgical roles this curriculum may help to support current practices and may be utilised as a guide to support development or to provide evidence of their current standard of practice. It will also enable existing surgical ACPs to have a greater understanding of the standard future trainee ACPs in surgery will be asked to achieve.

The extended surgical team is hugely valuable within surgery however due to the evolving nature of the wider workforce and work that is in progress nationally it is acknowledged there will be some cross over of skills and knowledge especially between the Surgical Care Practitioner (SCP) and the Surgical ACP (SACP). It is broadly understood that SCPs are trained specifically for the management of the surgical patient including complications and with an emphasis on intraoperative practice whereas the SACP will be trained to manage both medical and surgical ward management of patients and to support the on call requirements associated with the Improving Surgical Training initiative. It is anticipated that the two curriculums will show both similarities and differences of these roles more clearly and that both roles enhance the care of the surgical patient.

For practitioners and employers who are required to have a significant proportion of their job in the operating theatre environment the Surgical Care Practitioner role is likely to be more appropriate. The link to more information is here: **SCP Curriculum Framework 2014.**

Scope of Practice of the SACP[1]

The primary responsibility of the SACP will be the autonomous management of the surgical inpatient within a team (level 3 in **Table 1**) rather than working primarily in the operating theatre. Practitioners will be capable of supporting service delivery on the ward as well as for patients presenting as emergencies.

The practice of the SACP requires core and specialty knowledge, skills, behaviours to autonomously manage patients with a wide range of presentations. It involves the integration of both academic and experiential learning to develop competence in a wide range of areas, including:

- Information gathering
- Physical examination and diagnostic reasoning
- Managing uncertainty
- Working within their scope of practice, seeking help when necessary
- Managing comorbidities
- Recognising deterioration in a patient's condition and escalating to another professional or referring for a specialty opinion, if required
- Development of technical skills in the areas and to the level described in the curriculum
- Understanding medicines and therapeutics
- Prescribing treatments to safely manage the surgical patient.

This list identifies a series of critical skills which are fundamental to patient safety and the demonstration of safe practice (**Appendix 1**). Across surgery, these generic skills lie at the heart of patient assessment and good practice.

Outside of Scope of Practice of the Surgical ACP

The following surgical specialties and activities are outside the scope of this curriculum:

1. Paediatrics and neonates
2. Obstetrics and Gynaecology
3. Aesthetics
4. Dental
5. Independent operating (**see SCP Framework**).

If a service requires a practitioner to predominantly work in theatre, either as a Surgical First Assistant (SFA) or independently perform surgical procedures, the Surgical First Assistant (SFA) or Surgical Care Practitioner (SCP) roles may be more suitable.

The surgical assisting capabilities have been mapped to the Association for Perioperative Practice (AfPP) Surgical First Assistant Toolkit and position statement (PCC, 2018) to ensure parity of knowledge and skill in this area. A logbook of procedures where the tSACP has assisted should be maintained by any practitioner assisting in the operating theatre (RCS, 2015). Trainees SACP can access an electronic logbook to facilitate timely documentation online for free at **https://www.elogbook.org/**

[1] The scope of practice is defined by the tSACP's professional registration.

Patient Safety

The acquisition of knowledge and skills can be achieved through a variety of teaching and learning approaches. Concurrent with the development of knowledge and skills must be the development of appropriate clinical judgement and this requires a pedagogical approach that can be mapped to development and ensure patient safety.

Patient safety and competent practice are both essential and the curriculum has been designed so that the learning experience itself should not affect patient safety. Patient safety is the first priority of training demonstrated through safety-critical content, expected levels of performance, critical progression points, required breadth of experience and levels of trainer supervision needed for safe and professional practice. Upon satisfactory completion of training programs, we expect trainees to be able to work safely and competently in the defined area of practice and to be capable to manage or mitigate relevant risks effectively. A feature of the curriculum is that it promotes and encourages excellence through the setting of high-level outcomes, supervision levels for excellence, and tailored assessment and feedback, allowing trainees to progress at their own rate. These principles reflect sound educational theory and are utilised throughout training in healthcare

The National Safety Standards for Invasive Procedures (NatSSIPs) **natssips-safety-standards.pdf** as well as the **WHO Safer Surgery checklist**, are considered essential for any practitioner working within the surgical team. Albeit utilised mainly within the operative setting all practitioners working within surgery should be familiar with these standards.

Curriculum Design

Structure

This curriculum defines the capabilities required for a trainee SACP to complete surgical ACP training. This requires healthcare professionals, working at the level of advanced clinical practice in surgery, to develop and evidence the underpinning capabilities required of a SACP caring **for ADULTS**. The core capabilities identified within this document align with the four pillars of advanced clinical practice (HEE, 2017) namely; clinical practice, leadership and management, education and research and are demonstrated through achievement of 4 higher level outcomes known as capabilities in practice (CiP).

In an increasingly pressured health and care sector, this curriculum has been designed to support the provision of a workforce capable of meeting changing service and patient requirements. Completion of training will enable a SACP to clearly identify the core professional and clinical capabilities required to practice in their role. A selection of specialty capabilities, relevant to specific surgical services and areas, are available to support the SACP in selecting the specialty capabilities most relevant to their place of work (**Appendix 2**). If an SACP is required to work across multiple surgical specialties, or would like to move between different employers, this curriculum enables individuals to complete additional specialty capabilities as required. This approach provides employers and surgical consultants with assurance that a core level of capability has been achieved with specialty capabilities that are transferrable across multiple services to uphold and safeguard patient safety.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Capabilities in Practice (CiPs)

The use of this curriculum aims to produce a SACP who is capable of safely and effectively caring for the majority of surgical patients unsupervised. This level of practice has been carefully considered and is identified as being similar to that of a surgical trainee exiting core surgical training. This comparison does not indicate the SACP is a medical equivalent but merely provides those working with SACPs some indication of a level of practice to which they are more familiar.

The role of a trained SACP includes the sum of all the various tasks which need to be performed through a working week. These tasks are high-level outcomes of the curriculum and by grouping these together we describe the role of a SACP. A capability is a set of skills that can be developed through training from novice to expert and therefore these high-level clinical outcomes are known as Capabilities in Practice (CiP).

To perform at the specified level the SACP is required to be able to integrate areas of learning indicated within the syllabus, including knowledge, clinical skills, professional skills and some technical skills outside of theatre. In addition, they will need to have acquired the generic skills, behaviours and values shared by all practitioners in order to perform this task safely and well.

Assessment of the 4 CiPs will be through the use of the multiple clinician report (MCR) discussed further below. Assessment in an outcomes-based curriculum such as this is through the MCR which examines the tSACP from the perspective of the outcome ("qualified SACP"), and compares performance in each CiP and in the to that level. If the outcome level is not reached, then targeted feedback and development plans can be made with reference to the CiP descriptors contained within the syllabus.

CiP Descriptors

The four CiPs taken together describe the role of an SACP but to support the tSACP develop capability through training detailed feedback and focused development goals are required. Each of the CiPs are broken down into smaller tasks and each of these smaller tasks is a CiP descriptor and are assessed against a supervision scale. To complete training, the trainee SACP must demonstrate that they are capable of working autonomously - supervision level three for all four CiPs (see **Table 1**). This assurance is confirmed through use of multiple clinician reports that assess each of the 4 CiPs and a portfolio of evidence reviewed by a panel that is deemed to meet the required standard as per curriculum.

By describing the component parts of a CiP, descriptors also aid decisions on assessment of the level of supervision required by a tSACP at the time of that assessment, providing prompts for feedback of performance by allowing identification of areas of excellence or specific detail on areas for development, including in behavioural and professional domains. Descriptors can therefore help tSACPs identify where to focus their efforts to become competent and safe independent practitioners.

Each CiP is judged against a scale that describes the level of supervision required to perform the CiP to the standard to complete training. The level of supervision changes in line with the tSACP progression, consistent with safe and effective care for the patient. Decisions about a tSACP progress must be made using the four high level CiPs and "the professional judgement of appropriately trained, expert assessors to provide validity of assessment and a defensible way of forming global judgements of professional performance" (JRCPTB, 2019). Typically, there should be a gradual reduction in the level of supervision required and an increase in the complexity of cases managed until the level of competence for independent practice is acquired.

For example, CiP 2 "Managing the unselected emergency take" (**Appendix 3**). This includes the need to promptly assess acutely unwell and deteriorating patients and deliver resuscitative treatment and initial management and ensure sepsis is recognised and treated in compliance with protocol. If a tSACP has not yet reached the level required of a new SACP in a CiP then the descriptors can be used to describe in standard language what needs to be improved through learning and training to allow the tSACP to get closer towards the outcome of training.

Many descriptors refer specifically to patient centred care and shared decision making to emphasise the importance of patients being at the centre of decisions about their own treatment and care (as illustrated in **Figure 1**).

An Example of a CiP

For example, managing an unselected emergency take (CiP 2) requires the integration of knowledge, clinical and diagnostic skills, and technical skills described in the syllabus, as well as communication and interpersonal skills, time management skills and many other generic skills described in the CPBC in order for care to be delivered safely, professionally and effectively. This will be assessed using the multiple clinician report (MCR), as described later in this document

To evidence how the trainee SACP's performance meets or exceeds the minimum level required at each stage of training, a series of reference points have been mapped to critical progression points (**Appendix 4**). The clinical CiPs require the trainee SACP to demonstrate professional behavior with regard to patients, carers, colleagues and others at all times and appropriate professional behavior should reflect the relevant code of professional conduct to which a trainee is bound. An emphasis of the importance of professionalism underpinning clinical practice has been highlighted through the inclusion of CiP 1.

The Surgical ACP Curriculum has Four CiPs:

The four CiPs indicate what is required to work as a **day one SACP** and are assessed and agreed by multiple senior clinicians. The 4 CiPs include:

1. Core Professional and Behavioral CiP (aligns the 3 non clinical pillars described in Multi-professional framework for advanced clinical practice in England (2017))
2. Manages the unselected emergency take
3. Manages ward rounds and the ongoing care of in patients
4. Participates in or lead multi-disciplinary working.

The syllabus within this curriculum (**Appendix 5**) has been mapped to the four pillars, as described in the **Multi-professional framework for advanced clinical practice in England (2017)**, and directs the trainee and supervisor to the required learning that will facilitate to successfully achieve the four CiPs. Participating in supervised learning events (SLE) and using WBAs (both explained in more detail later in this curriculum) to demonstrate learning and progression will help the tSACP build the required level of knowledge and skill to complete training.

The assessment of progression is made against the level of supervision required for each CiP (**Table 1**). It is important to consider that the syllabus statements referred to as descriptors are a guide to learning and does not require each individual descriptor to be evidenced. A decision on capability will then be made by a group of experienced clinicians who are able to consider higher level performance.

This represents a key move away from the 'tick box' approach of previous assessment frameworks, which often have not provided an effective summative assessment of performance. The use of the workplace based assessment (WBA) however is still acknowledged as an important part of learning where the tools are best used formatively to facilitate learning.

The Syllabus

The syllabus, shown in **Appendix 5**, provides a description of both fundamental through to higher-level specialty-specific topics for which knowledge and clinical skills are required to be evident by the tSACP in order to achieve the satisfactory supervision level for the CiPs. It details the knowledge and clinical skills and where appropriate technical skills required to achieve the 4 Capabilities in practice (CiPs). The inclusion of what may be regarded as fundamental skills such as clinical examination is to ensure a safe effective practitioner and no assumptions of prior learning are made.

For supervisors new to this curriculum and new to ACPs in surgery it is important to remember that the tSACP may come from a variety of professional backgrounds and there will be varying levels of knowledge and skill dependent upon the tSACP previous experience. The baseline of a tSACP is not standardised and as such no assumptions are made within the syllabus. The syllabus contains the expected professional behaviours required for a tSACP as a separate section and also as its own CiP but it is acknowledged the behaviours underpin all clinical practice and as such should be demonstrated throughout.

Syllabus Sections

The syllabus is divided into sections:

- **Core Professional and behavioural capabilities (Appendix 5a)**
- **22 x Core Clinical Capabilities (Appendix 5b) based around body systems**

The core clinical capabilities will provide the knowledge and skills to manage core and critical clinical presentations:

1. Core presentations & conditions (**Appendix 5c**)
2. Core critical conditions in surgery (**Appendix 5d**).

- **Core clinical procedures and skills (Appendix 6)**

Providing evidence for the above will ensure knowledge and skills have been attained and developed. The assessment of the four CiPs will assure that the trainee SACP has developed the capabilities required to deliver safe care for the surgical patient.

- **Specialty Area Capabilities – Surgery (Appendix 2)**

In discussion with the employer and ES, the trainee SACP will identify which of the specialty modules are relevant to service needs and the clinical environment. The curriculum has been designed to provide agility whilst allowing standardisation. The SACP who moves to a new surgical specialty will need to demonstrate capability in the new relevant specialty area capabilities. The area specific capabilities have been mapped against those required by doctors in training within these areas to ensure parity of standard by all those performing the same skill.

It is recommended the trainee SACP completes the majority of the capabilities whilst undertaking their master's award or, if a trainee has already obtained a relevant master's award, the curriculum will support assurance of attainment of the required clinical knowledge and skills to the defined standard.

Learning from Accredited Courses

There is also a requirement to demonstrate evidence of the learning outcomes from these courses (see **Appendix 7**).

1. Immediate Life Support (ILS)[2]
2. Care of the Critically Ill Surgical Patient (CCrISP)
3. Ill Medical Patients' Acute Care and Treatment (IMPACT).

[2] Advanced Life Support (ALS) is recommended for practitioners working as part of a medical emergency or equivalent team. A minimum of ILS is required unless the SACP is going to be required to be a lead within a resuscitation however it is acknowledged that the majority of hospitals a medical team with ALS provider would attend any cardiopulmonary arrest.

Consideration was given whether inclusion of Advanced Trauma Life Support (ATLS) and/or the European Trauma Course (ETC) should be mandatory. The decision was that due to variation in trauma service in trusts this would not be so. If the SACP is expected to support managing trauma then either of the above courses should be included within the tSACPs training. Similarly Basic Surgical Skills course is not mandatory due to an emphasis on non-technical skills. If however a tACP is required to be in theatre and would benefit from these skills then access to the BSS course of demonstration of the learning outcomes is required (**Appendix 7**) which supports patient safety whilst allowing for local delivery.

The tSACP will need to assure supervisors that they can work to the defined level of supervision stated within the SACP curriculum. The syllabus requires core knowledge and skill in the sections stated above which will enable the SACP to manage patients to a defined level of supervision throughout their surgical journey as well as any acute change in either surgical condition or pre-existing or new acute medical complaint.

Professional Behaviours

This curriculum addresses the qualifications, training requirements, knowledge, skills and behaviours required for the SACP role, drawing on educational theory and practice to provide an integrated curriculum approach to learning within a work-based context, underpinned by the **Multi-professional framework for advanced clinical practice in England (2017)**.

The professional standards of conduct and performance are central to the SACP curriculum. It is expected that professional behaviours will be demonstrated in accordance with regulated professional standards of conduct and performance as outlined in the **NHS Constitution for England (2015)**, **Nursing and Midwifery Council (NMC) Code of conduct (NMC, 2018)** and the **Health and Care Professions Council (HCPC) Standards of conduct, performance and ethics (HCPC 2016)**.

Professional standards of conduct and performance are the key professional values and behaviours, knowledge and skills required of all healthcare professionals and form essential components of the SACP capabilities. The importance of professional behaviours in underpinning good clinical practice is acknowledged in the **General Medical Council's (GMC) General Professional Capabilities (GPC) Framework (GMC, 2017)**. The GMC and **Academy of Medical Royal Colleges (AoMRC)** provide a clear comprehensive framework of professional behaviours required to practice and, when demonstrated, this framework provides assurance of ongoing professional behaviours. The framework is applicable to all health and care professionals. The **GPC Framework (2017)** has been adapted for use within this curriculum with the kind permission of the GMC and AoMRC and are reflected in CiP 1 "Core professional and behaviour capabilities (CPBC)". This reflects the importance of professional behaviour in that it has been given equal weight to the clinical capabilities.

Core Presentations and Critical Conditions

A list of core presentations and conditions has been identified which are of significant importance for patient safety and demonstration of a safe breadth of practice (**Appendix 5c**). These core conditions cover both medical and surgical presentations and are assessed individually by means of the Case Based Discussion (CBD), Clinical Evaluation Exercise (CEX) or reflective piece dependent upon supervision level required (**Appendix 5c**) which both include an assessment of clinical judgement and decision-making.

The **CORE CRITICAL SURGICAL** conditions (**Appendix 5d**) require a Case Based Discussion (CBD) or Clinical Evaluation Exercise (CEX) as they require face to face discussion due to their critical nature.

Curriculum Delivery

The curriculum should be used to help inform training to ensure the trainee SACP can develop the necessary skills and knowledge and demonstrate appropriate professional behaviours to complete training. It is recommended those trainees SACPs are able to experience a variety of surgical and medical settings and situations to ensure breadth of knowledge and skill. The curriculum has been designed to ensure it can be applied in a flexible manner; meeting service needs as well as supporting each trainees own learning needs in conjunction with their academic study.

HEIs and supervisors should use this curriculum to help plan learning programmes and teaching strategies to maximise educational opportunities in academic and clinical settings. The trainee SACP can develop their knowledge and skills by engaging with a variety of learning methods, as described later in this document.

Programme of Learning

This section covers the expected learning outcomes, learning methods, breadth of experience and levels of performance at critical progression points in the training programme and the levels of performance expected of those completing training.

What has to be Learnt to Complete the Curriculum?

The Surgical ACP will require the development of competence in diagnostic reasoning, managing uncertainty, dealing with co-morbidities, and recognising when another specialty opinion or care is required (as well as developing technical skills in the areas and to the level described in the syllabus). The main areas for learning are described by the CiPs which are the high-level learning outcomes for tSACP described below

Core Entry Criteria

- Hold current registration with their appropriate professional regulatory body throughout training (and once qualified registration must be maintained in order to practice)
- Have the opportunity to access the clinical training opportunities required to achieve capability (this will be best achieved through recruitment into a trainee post)
- Are allocated a suitably trained and capable educational supervisor (ES)
- Has access to or has successfully completed a master's level award in advanced clinical practice, which should be aligned to the **Multi-professional framework for advanced clinical practice in England (2017)***
- Has been entered onto the HEE Centre for Advancing Practice Directory as meeting the HEE level of advanced practice.

*As from November 2020 HEE is planning to launch The Centre for Advancing Practice which will be providing accreditation of ACP programmes, a voluntary process which HEIs may apply to. ACP trainees who successfully complete an accredited programme will then automatically

be able to be placed onto a national directory if they apply thus providing both employer, the public and the practitioner with clarity they have achieved evidence of practice at advanced level.

In terms of assurance of demonstrating completing the SACP curriculum, HEE is anticipating the HEE Surgical ACP curriculum being supported as a credential with annotation on the directory of having achieved advanced level of practice within surgery.

Recruiting

A practitioner wishing to enter training as a SACP must firstly meet all entry criteria as detailed before. Employers are recommended to recruit practitioners who have a clear desire to work within the surgical environment with an emphasis on ward-based care (non-technical) as opposed to the technical side of surgery. There is no mandated minimum amount of experience required to enter this training pathway but some HEIs will stipulate their own entry requirements. However, it should be recognised that this is an advanced surgical role and a practitioner may be more likely to be successful and meet the capabilities if significant experience in the provision of clinical care is evident with their curriculum vitae (CV) prior to commencing training.

In order to achieve all curriculum capabilities, it is recommended that individuals are recruited into a trainee SACP role using local organisational selection and recruitment processes. The HEE ACP toolkit provides further information on recruitment processes and examples of good practice; **https://www.e-lfh.org.uk/programmes/advanced-clinical-practice-toolkit/**

In the absence of professional regulation for the SACP role and title, an applicant holding a masters award should also provide a clinical portfolio of evidence demonstrating capability against the curriculum. If a practitioner is unable to provide a suitable clinical portfolio, employers are advised to use a Training Needs Analysis (TNA) tool to review prior learning in line with this curriculum to accurately identify an individual's current level of knowledge. Where this is not possible, a trainee SACP should use this curriculum to guide their development to ensure patient safety.

Academic Requirements

It is likely that trainee SACPs will undertake an academic study programme whilst working in clinical practice and working through the curriculum. It is recommended that any academic study programme provides a masters-level award in advanced clinical practice that is accredited by HEE Centre for Advancing Practice. This will provide assurance that the SACP completing training has evidenced knowledge at a level where complexity can be synthesised as well as demonstrating a mastery of advanced level clinical practice. There will also be the requirement to complete the elements within the HEE SACP curriculum to provide assurance of clinical practice for the SACP role – which should be integrated into academic study. The balance of both academic and clinical practice is required in order to complete training.

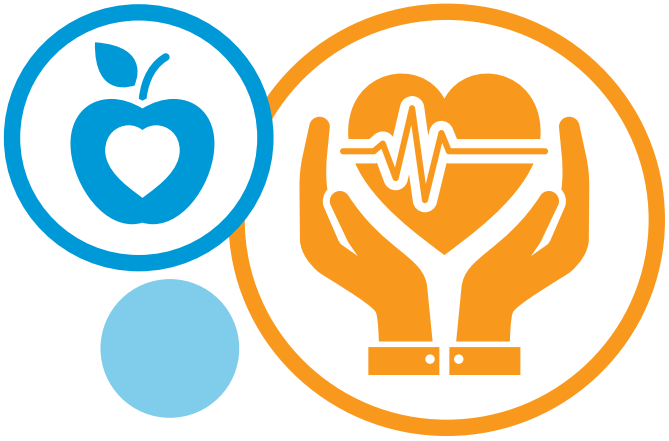
For surgical practitioners without a masters level qualification there is the requirement to demonstrate masters' level practice. Later in 2020 early 2021 the HEE Centre for Advancing Practice will be offering an opportunity for this group of practitioners to demonstrate level of practice using an "independent portfolio route – (IPR). This will require the practitioner to submit a portfolio of evidence which will be reviewed by a panel. More detail about this route will shortly be available on the HEE ACP website.

Clinical Requirements

It is recommended that at least 80% of training is clinically based and relevant to this curriculum which is also reflective of the ACP apprenticeship requirements for trainees enrolled on this pathway. It is acknowledged that some academic pathways vary and may not accommodate 80% clinical however as an outcomes base curriculum final assessment of capability will rest upon successful achievement of the four CiPs and meeting the required level of supervision needed in practice.

Experiential learning is a significant contributor to developing a capable and competent SACP. However, it is acknowledged that the trainee entering training is likely to experience challenges as they move from expert to novice before building back towards expert. The remaining 20% of training time should be focused on building knowledge through a formal programme of study.

The impact of role transition is a vital consideration in the development of the trainee, as individuals may experience a range of emotions as they progress through the training programme. It is important to provide support throughout the training programme to help trainees to build and develop confidence and capabilities until the required supervision level is attained for all four CiPs.



Environment

The required knowledge, skills and behaviours are clearly documented within the syllabus (**Appendix 5**) of this curriculum. It is strongly recommended that a local training programme is developed to ensure the entire syllabus is covered with unnecessary duplication and educationally unrewarding experiences avoided. The sequence of training is likely to be service driven but should be flexible enough to allow the trainee to evidence the four CiPs and provide high quality, safe and effective patient care.

Clinical Progression

The trainee SACP will need to evidence capability and progress against the curriculum through workplace based assessments (WBAs) and supervised learning events (SLE). All evidence of learning should be documented in tSACP portfolio (see **Appendix 8** – Guidance on portfolio and evidence). The Educational Supervisor (ES) should review the portfolio on a regular basis to aid progress planning.

Critical progression points have been developed to assist both trainee and supervisors to identify the rate of progression against expectations during each stage of training (**Appendix 4**). As an outcome based curriculum it is acknowledged tSACPs progression will vary and supports this concept. The trainee with a large amount of experience is therefore likely to progress more quickly than someone with less.

It is recommended that trainees should work a minimum of 30 hours per week in clinical practice (or equivalent if following a prescribed apprenticeship route with block delivery) to complete the SACP training programme within five years. However, it is acknowledged that a tSACP may demonstrate a more rapid development of knowledge and acquisition of clinical capabilities and this outcome-based curriculum allows for accelerated pace. Completing the programme within five years aligns practice to academic regulation and assures currency of knowledge and skills.

Programme of Assessment

Purpose of Assessment

Assessment of learning is an essential component of any curriculum and has both formative and summative aspects throughout the SACP curriculum. The focus is on good practice which is based on fair and robust assessment principles and processes in order to ensure a positive educational impact on learners and to support assessors in making valid and reliable judgements

Assessment in practice will be carried out by a clinical supervisor identified within the clinical setting. This will be an ongoing developmental process of gaining competence through to autonomy, eventually demonstrating expert practice. Assessment of capability at advanced clinical practitioner level is multifaceted in that it includes the acquisition of knowledge, demonstration of skill and evidence of receiving and responding to feedback on several occasions before assessment and sign-off can take place.

Assessments can be described as helping learning or testing learning - referred to as formative and summative respectively. There is a link between the two; some assessments are purely formative (shown in green in **Figure 3**), others are explicitly summative with a feedback element (shown in blue) while others provide formative feedback while contributing to summative assessment (shown in orange).

The overall purpose of assessment is to enhance learning and benchmark progress and includes:

- providing robust evidence that trainee SACPs are meeting the curriculum standards
- demonstrating competence in achieving the core and specialty capabilities identified within the curriculum
- Encouraging formative feedback enabling trainee SACPs to measure their performance and identify areas for further development
- Formative and summative assessment in practice to ensure trainee SACPs have the requisite underlying knowledge and skills required to be capable, safe practitioners
- informing development and identifying any requirements for additional training where necessary and facilitating decisions regarding progression
- supporting any decisions regarding progression.

This can be further divided into formative and summative, the purpose of which includes:

Formative assessment:

- Assess tSACPs' actual performance in the workplace
- Enhance learning by enabling tSACP to receive immediate feedback, understand their own performance and identify areas for development
- Drive learning and enhance the training process by making it clear what is required of tSACP and motivating them to ensure they receive suitable training and experience
- Enable supervisors to reflect on trainee needs in order to tailor their approach accordingly.

Summative assessment:

- provide robust, summative evidence that trainees are meeting the curriculum requirements during their training
- ensure that tSACP possess the essential underlying knowledge required
  Inform the Review of Competency Progression (RoCP), identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression
- Identify tSACPs who may be advised to consider changes of career direction
- Provide information for the quality assurance of the curriculum.

Assessment and Supervision

All tSACPs must have a named educational supervisor (ES) who has responsibility for overseeing their training at all times in the same way an ES would supervise a surgical trainee. Educational principles underpin the role of the ES and the responsibility to ensure standards are confidently met prior to completion of training is the same as supporting a surgical trainee.

It is anticipated that trainee SACPs have:

- access to library and online learning facilities to include e-resources
- local induction to introduce organisational policies, procedures and arrangements comparable to junior doctors
- access to electronic patient records comparable to medical staff consistent with their level of training
- adequate resources to enable trainee SACPs and their supervisors to prepare work and undertake assessment
- access to storage for confidential training records
- access to appropriate local training.

Educational Supervisor (ES)

Every trainee SACP is required to have a named educational supervisor. The educational supervisor has responsibility for patient safety through clinical governance processes and must ensure the standard of performance expected is adhered to.

The educational supervisor should be contacted if there are any concerns identified by any member of the extended faculty and clinical team regarding the trainee SACP. When performance does not meet the required standard or a clinical incident occurs, the educational supervisor is responsible for reporting these issues and informing the trainee.

The Role of the Educational Supervisor

Educational Supervisors are likely to be consultant surgeons, responsible for the management and educational progress of one or more specified trainee SACPs undertaking a formal training placement or series of placements. The ES must be appropriately trained for the role, familiar with the curriculum and have demonstrated an interest and ability in teaching, training, assessing and appraising. They should have gained skills equivalent to recognised training courses, such as a Training the Trainer course offered by an appropriate educational institution. Supervisors must keep up to date with developments in ACP training. They must have appropriate access to teaching resources and time for training allocated to their job plan (recommended approx. 0.25 PA per trainee per week). They must have access to the support and advice of their senior colleagues regarding any issues related to teaching and training and remain up to date with their own professional development.

The ES is responsible for:

- providing induction to the area (where appropriate)
- Ensuring that trainees are familiar with the curriculum and assessment system relevant to the level/ phase of training and undertakes it according to requirements
- Ensuring that trainees have appropriate day-to-day supervision appropriate to their phase of training
- Helping trainees with both professional and personal development
- Agreeing a Learning Agreement with trainees and undertaking appraisal meetings (typically one at the beginning, middle and end of a placement)
- Ensuring the Multiple Clinician Report (MCR) is completed by Clinical Supervisors, ensuring all the CiPs are addressed and any differences in supervision level are explained
- Ensuring a record is kept in the portfolio of any serious incidents (SI).

Clinical Supervisor (CS) – May be referred to as Workplace Supervisor

A clinical supervisor is an appropriately trained assessor with delegated authority from a consultant surgeon. This could be an experienced advanced clinical practitioner who has the necessary skills, knowledge and experience to oversee trainee SACP clinical work. The clinical supervisor should be familiar with the curriculum documentation and the assessment tools and be able to give good quality, constructive feedback to enable the trainee to develop and ensure patient safety.

Clinical supervisors will make an overall, holistic judgment of a trainee's performance in each capability using the supervision levels outlined in **Table 1** earlier in this document.

Assessors

Typically, assessors will be senior medical doctors, experienced advanced clinical practitioners or other senior healthcare professionals who are appropriately qualified and skilled in assessment and have delegated authority from the educational supervisor. Assessors can undertake both formative and summative assessments and must be competent in the area they are assessing and be aware of the standard required. A clinical supervisor will be capable of being an assessor.

The Role of the Assessor

Assessors carry out a range of workplace based assessments and providing verbal and written feedback to the trainee. Assessments during training are usually be carried out by Clinical Supervisors, who will be responsible for the multiple clinician report, recommending the supervision level and providing detailed formative feedback to trainees with reference to the CiPs. Other members of the surgical team including senior trainees, senior nurses and doctors from other medical disciplines may assess trainees in areas where they have particular expertise (e.g. DOPS). Those who are not medically qualified may also act as assessors for the trainee's Multisource Feedback (MSF). Assessors must be appropriately qualified in the relevant professional discipline and trained in the methodology of workplace based assessment (WBA). This does not apply to MSF raters.

Assessors are responsible for:

- Carrying out workplace based assessments, including the multiple consultant report, according to their area of expertise and training
- Providing constructive verbal feedback to trainees, including an action plan, immediately after the event
- Ensuring access to trainee data is kept confidential
- Providing written feedback and/or validating workplace based assessment in a timely manner.

Multiple Clinician Reports (MCR)

The MCR as well as the multisource feedback (MSF) are critical formative and summative assessments for the surgical ACP. The assessment of the CiPs, the high-level outcomes of the curriculum involves a global professional judgement of a range of different skills and behaviours to make decisions about a learner's suitability to take on particular responsibilities or tasks that are essential to complete training as an SACP. The MCR assessment must be carried out by the tSACP supervisors supporting the development of the tSACP, with the Educational supervisor (ES) contributing as necessary. The number of supervisors taking part is expected to be no fewer than two and ideally 3 or more. The exercise reflects what many consultant trainers currently do regularly as part of a faculty group.

The MCR includes a global rating in order to indicate how the trainee is progressing in each of the four CiPs. This global rating is expressed as a supervision level recommendation described in **Table 1**. Supervision levels are behaviorally anchored ordinal scales based on progression to competence and reflect a judgment that has clinical meaning for assessors. Using the scale, supervisors must make an overall, holistic judgement of a trainee's performance on each CiP. Previous terminology refers to entrustment and some colleges have moved to familiar terminology of entrustable professional activity (EPAs).

The MCR examines performance from the perspective of the outcome of the curriculum. If not at the level required to complete training the MCR can identify areas for improvement by using the CiP descriptors or, if further detail is required, through free text.

Supervisors will be able to best recommend supervision levels because they observe the performance of the tSACP in person on a day-to-day basis. The supervisor group, led by a Lead supervisor, should meet at the mid-point and towards the end of a placement to conduct a formative MCR. Through the MCR, they agree which supervision level best describes the performance of a trainee at that time in each of the four CiP areas. It is possible for those who cannot attend the group meeting, or who disagree with the report of the group as a whole, to add their own section (anonymously) to the MCR for consideration by the ES. The ES will provide an overview at the end of the process, adding comments and signing off the MCR.

Supervision levels guiding Multiple Consultant Report

MCR Rating Scale	Anchor statements	Trainer input at each supervision level		
		Does the trainee perform part or all* of the task?	Is guidance required?	Is it necessary for a trainer to be present for the task?
Supervision Level I:	Able to observe only	no	n/a	throughout
Supervision Level IIa:	Able and trusted to act with direct supervision: The supervisor needs to be physically present throughout the activity to provide direct supervision.	yes	throughout	throughout
Supervision Level IIb:	Able and trusted to act with direct supervision: The supervisor needs to guide all aspects of the activity. This guidance may partly be given from another setting, but the supervisor will need to be physically present for part of the activity.	yes, fluent with most of the task	Some aspects	present for most of the task and available to be present as soon as required throughout
Supervision Level III:	Able and trusted to act autonomously but, given the nature of the environment, works with indirect supervision: The supervisor does not need to guide all aspects of the activity. For those aspects which do need guidance, this may be given from another setting. The supervisor may be required to be physically present on occasions.	Yes all of the task	Mostly independent	No but available to attend in the event of particular challenge
Supervision Level IV:	Able and trusted to act autonomously and unsupervised, within scope of practice and with delegated authority.	yes, all of the task	Majority independent	No but available to attend in the event of particular challenge

Table 1. Supervision levels for trainee SACPs

The MCR uses the principle of highlight reporting, where supervisors do not need to comment on every descriptor but use them to highlight areas that are above or below the expected level of performance. The MCR can describe areas where the trainee might need to focus development or areas of particular excellence. Feedback must be given for any CiP that is not rated as level III so where development is required. Feedback must be given to the trainee in person after each MCR and, therefore, includes a specific feedback meeting with the trainee using the highlighted descriptors within the MCR and/or free text comments.

The SACP training may differ from that utilised within surgical training where rotations and training programs are different however the principle underpinning is the same. The tSACP requires regular feedback and objectives setting to support their progression. Towards the end of any placement the MCR should feed into a final review learning agreement meeting, helping to inform the ES report.

The MCR, therefore, gives valuable insight into how well the trainee is performing, highlighting areas of excellence, areas of support required and concerns. The final formative MCR, together with other portfolio evidence, feeds into the ES report which in turn feeds into the RoCP. The RoCP uses all presented evidence to make the definitive decision on progression (see **Appendix 9**).

In making a supervision level recommendation, supervisors should take into account their experience of working with the trainee and the degree of autonomy they were prepared to give the trainee during the placement. They should also take into account all the descriptors of the activities, knowledge, and skills listed in the detailed descriptions of the CiPs. If, after taking all this into account, the supervisors feel the trainee is able to carry out the activity without direct supervision (Level III) then no further detail of this assessment is required, unless any points of excellence are noted. If the trainee requires a degree of supervision to carry out the activity then the supervision should indicate which of the descriptors of the activities, knowledge and skills require further development (to a limit of five items per CiP, so as to allow targets set at feedback to be timely, relevant and achievable). Similarly, if a trainee excels in one or more areas, the relevant descriptors should be indicated.

TSACP Self-Assessment

Trainees should complete the self-assessment of CiPs in the same way as supervisors complete the MCR, using the same form and describing self-identified areas for development with free text or using CiP. Reflection for insight on performance is an important development tool and self-recognition of the level of supervision needed at any point in training enhances patient safety. Self-assessments are part of the evidence reviewed when meeting the ES at the mid-point and end of a placement. Wide discrepancy between the self-assessment of supervision level and the recommendation by supervisor in the MCR allows identification of over or under confidence and for support to given accordingly.

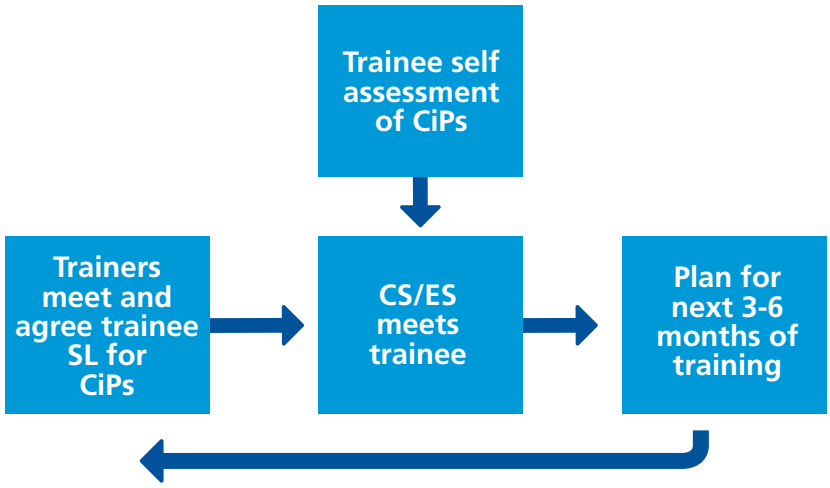


Figure 2. The iterative process of the Multiple Consultant Report

This process illustrates the involvement of trainers, self-assessment by trainees, face to face meeting between trainees and supervisors and development of an action plan focused on identified learning needs over the next 3-6 months of training. Progress against these action plans is reviewed by ES and at the subsequent MCRs.

Delivery of Assessment

The primary assessment in the workplace is the MCR, which, together with other portfolio evidence, contributes to the ES report for the RoCP. Professional judgement is central to the assessment framework with assessors taking responsibility and being held accountable for these judgements. Assessment takes place throughout the training programme to allow tSACPs to continually gather evidence of learning and to provide formative feedback to the tSACP to aid progression.

Reflection and feedback are also integral components of all work based assessment (WBA). In order to maximise the benefit of WBAs, reflection and feedback should take place as soon as possible after the event. Feedback should be of high quality that should include a verbal dialogue between trainee and assessor in reflection on the learning episode, attention to the trainee's specific questions, learning needs and achievements as well as an action plan for the trainee's future development. Both trainees and trainers should recognise and respect cultural differences when giving and receiving feedback. The assessment framework is also designed to identify where trainees may be running into difficulties. Where possible, these are resolved through targeted training, practice and assessment with specific trainers and, if necessary, with the involvement of the ES to provide specific remedial placements, additional time and additional resources.

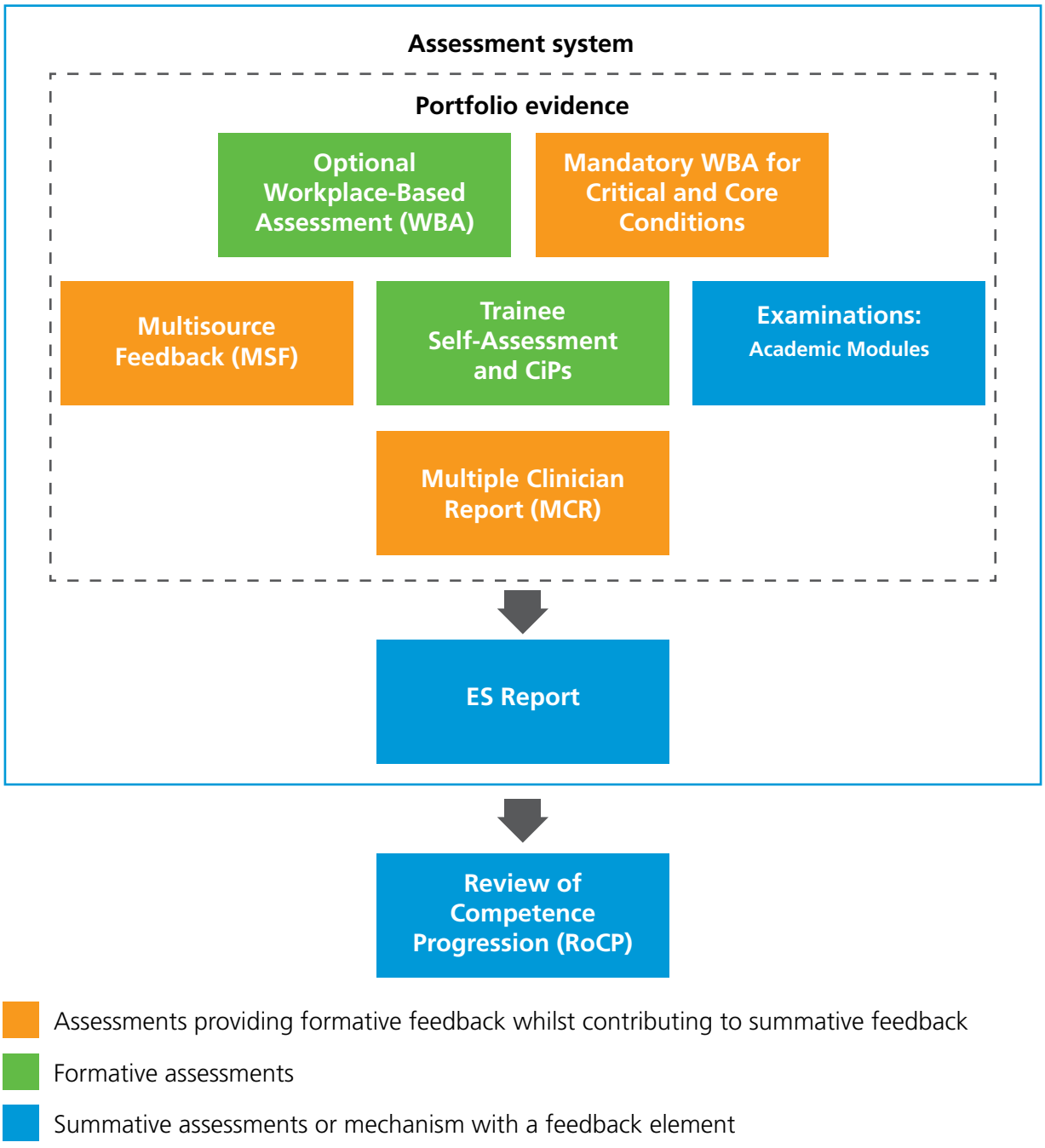


Figure 3. Assessment Framework (graphic taken from General Surgical Curriculum 2021 with permission)

Assessment of Syllabus and CiPs

Review of the progress of the trainee SACP is **required every 12 weeks** and should include a meeting between ES and trainee. This timeframe meets apprenticeship requirements and is also aligned with medical education to provide parity where similar skill sets are being developed.

Assessment of CiP involves looking across a range of different skills and behaviours to make comprehensive decisions about a learner's suitability to take on specific responsibilities or tasks encompassed within the CiP. The standard applied is the level of supervision required against each CiP applying the descriptors to facilitate the decision.

Clinical supervisors and others contributing to assessment will provide formative feedback to the trainee on their performance on a regular basis (see supervision document). This feedback will include a global rating in order to indicate to the trainee and their educational supervisor how they are progressing appropriate to stage of training. To support this, the use of workplace based assessments (WBAs) to inform progress and multiple clinician reports (MCRs) are required every 12 weeks.

Each 12 weeks the trainee SACP will make a self-assessment of their progression using the same format as the MCR, and record this in the portfolio with signposting to the evidence to support their rating. The self-assessment provides an excellent basis for constructive feedback between ES and trainee.

The ES will review and record their judgement on the trainee's performance in the ES report the evidence in the portfolio which must include:

- Workplace based assessments
- Feedback received from clinical supervisors (via the Multiple Clinician Report)
- Trainee's self-assessment
- Review of academic learning (if taking place).

The ES will indicate whether the trainee is meeting expectations or not using global statements from the descriptors. Trainee SACPs will need to be meeting critical progression points for the stage of training as a minimum to be judged satisfactory to progress and learning objectives set from previous meetings.

For CiPs, the ES will make a decision for each CiP and record the indicative level of supervision required with comments to justify their decision. Supervision scales (**Table 1**) are behaviorally attached scales based on progression to competence and reflect a judgement that has clinical meaning for assessors.

The absence of a standardised training programme for SACPs creates complexity when trying to establish critical progression points in the SACP training pathway based on time. Instead however the application of competency based progression is applied to enable the trainee and the supervisor to clearly identify any difficulties and where progression exceeds expectation.

One of the difficulties however in supporting the SACP in surgery is the lack of experience of supervisors in helping develop practitioners in these roles and a lack of confidence in knowing what to expect and when. The following therefore has been provided as guidance to support both trainee SACP and supervisors to guide development.

Trainees can move through training faster and may well do given the experience many trainees enter training with.

Assessment Method

Summative assessment evaluates performance after learning through knowledge acquisition, skill development and behavioural competence. Performance is judged against the capabilities outlined within the core and specialty capabilities and should be assessed in line with a minimum supervision level. The CiPs provide a high-level outcome and are assessed through multiple clinician reports. A minimum of two but preferably three or more senior surgical clinicians such as; consultant surgeon, senior surgical trainees, qualified SACPs with sufficient experience all of whom have worked with the trainee should meet and discuss performance against the CiP using the capabilities within the framework as guidance. It is a requirement that the four CiPs are successfully achieved to form part of completion of training. The requirements in terms of level of assessor can be found within the SACP training guide.

Within the core and specialty capability documents are examples of assessment methods that can be used either formatively or summative. The following are examples of appropriate assessment processes (see **Appendix 10** for assessment forms):

• Multiple clinician report (MCR) • Self-assessment • Multi-source feedback form (MSF) • Case Based Discussion (CbD)	• Clinical Evaluation Examination (CEX) • Direct observation of procedural skills (DOPS) • Teaching observation • Acute Care Assessment Tool (ACAT)

The number of formative assessments the trainee SACP may undertake prior to a summative assessment is not stipulated to ensure individual learning is supported. However, the exception to this is the clinical examination of all body systems. This is acknowledged as a fundamental skill underpinning clinical decisions and, as such, the trainee is required to demonstrate capability on a consistent basis throughout training. Three summative assessments, spaced throughout the training programme, are required for all body systems prior to completion of training.

Feedback

High quality feedback is essential for effective learning therefore trainee SACPs are encouraged to seek feedback on all they do, either informally through verbal feedback at the end of a learning event or formally through work-based assessment, multisource feedback and formal meetings with workplace and educational supervisors.

Support for clinical supervisors on how to provide constructive feedback is available within a variety of documents, including the Intercollegiate Surgical Curriculum Programme (ISCP).

Learning

Workplace Based Learning

Each individual WBA is designed to assess a range of important aspects of performance in different training situations. Taken together the WBAs can assess the breadth of knowledge, skills and performance described in the curriculum. They also constructively align with the clinical CiPs and will be used to underpin assessment in those areas of the syllabus central to the specialty i.e. the core conditions and core procedures, as well as being available for other conditions as determined by the tSACP and supervisors and especially where needed in the assessment of a remediation package to evidence progress in areas of training. The WBAs described have been used in medical education for over ten years and are now an established component within medical and more recently advanced clinical practice education.

The WBA methodology is designed to meet the following criteria:

- **Validity** – the assessment actually does test what is intended; that methods are relevant to actual clinical practice; that performance in increasingly complex tasks is reflected in the assessment outcome
- **Reliability** – multiple measures of performance using different assessors in different training situations produce a consistent picture of performance over time
- **Feasibility** – methods are designed to be practical by fitting into the training and working environment
- **Cost-effectiveness** – the only significant additional costs should be in the training of trainers and the time investment needed for feedback and regular appraisal, this should be factored into trainer job plans
- **Opportunities for feedback** – structured feedback is a fundamental component
- **Impact on learning** – the educational feedback from trainers should lead to trainees' reflections on practice in order to address learning needs.

WBAs use different trainers' direct observations of trainees to assess the actual performance of trainees as they manage different clinical situations in different clinical settings and provide more granular formative assessment in the crucial areas of the curriculum than does the more global assessment of CiPs in the MCR.

WBAs are primarily aimed at providing constructive feedback to trainees in important areas of the syllabus throughout each placement in all phases of training. Trainees undertake each task according to their training phase and ability level and the assessor must intervene if patient safety is at risk. It would be normal for the tSACP to have some assessments which identify areas for development because their performance is not yet at the standard for the completion of that training.

Each WBA is recorded on a structured form to help assessors distinguish between levels of performance and prompt areas for their verbal developmental feedback to trainees immediately after the observation. Each WBA includes the trainee's and assessor's individual comments, ratings of individual competencies (e.g. Satisfactory, Needs Development or Outstanding) and global rating (using anchor statements mapped to phases of training). Rating scales support the drive towards excellence in practice, enabling learners to be recognised for achievements above the level expected for a level or phase of training. They may also be used to target areas of under-performance. As they accumulate, the WBAs for the critical conditions and care procedures also contribute to the ES report for the Review of competence progression (RoCP).

WBAs are formative and may be used to assess and provide feedback on all clinical activity. Trainees can use any of the assessments described below to gather feedback or provide evidence of their progression in a particular area. WBAs are mandatory for the assessment of the:

- core presentations (**Appendix 5c**)
- critical conditions (**Appendix 5d**)
- core procedures (**Appendix 6**).

They may also be useful to evidence progress in targeted training where this is required e.g. for any areas of concern.

WBAs for core procedures and core conditions will inform the ES report along with a range of other evidence to aid the decision about the trainee's progress. All trainees are required to use WBAs to evidence that they have achieved the learning in the index procedures or critical conditions by certification. However, it is recognised that trainees will develop at different rates, and failure to attain a specific level at a given point will not necessarily prevent progression if other evidence shows satisfactory progress.

The level of supervision should change in line with the trainee's progression through the phases of the curriculum. As training progresses, tSACPs should have the opportunity for increasing autonomy, consistent with safe and effective care for the patient. Typically, there should be a gradual reduction in the level of supervision required and an increase in the complexity of cases managed until the level of competence for autonomous practice is acquired.

Continuous systematic feedback and reflection are integral to learning from practice and will be assisted by workplace based assessments. SACPs are required to keep evidence of workplace based learning activity and further development in their portfolio*.

*At the time of publishing this curriculum, there is limited access for most ACPs to access e-portfolios. Discussions are ongoing to support use of ISCP or an equivalent e-portfolio. Paper based assessments are available as part of this curriculum, adapted from ISCP with permission (**Appendix 10**).

Learning Environment

As described a workplace based learning approach is the underpinning philosophy of this curriculum, supported by the learning and teaching strategies outlined below. Work-based learning will provide the majority of experiential learning opportunities working with clinical supervisors and other experienced clinicians. The trainee SACP will be required to gain competence and experience in a variety of settings across the patients journey and support the development of a wide range of clinical capabilities which may include:

1. Outpatient department
2. Pre-operative clinics
3. Operating theatre
4. Surgical wards / assessment unit
5. Emergency department
6. Critical care
7. Medical wards / assessment units
8. Palliative care setting
9. Radiology.

These settings will provide breadth of clinical learning as well as improving relationships with other specialists, working closely with the multidisciplinary team, referrals (as appropriate), discharge planning and follow-up care.

Supervised Learning Events (SLEs)

SLEs represent an important opportunity for learning and improvement in practice and are a crucial component of this curriculum. It is the duty of the tSACP to demonstrate engagement with this process through undertaking the appropriate range and number of SLEs and documenting them in the portfolio. SLEs **are not formal examinations of knowledge or summative assessments**, and should not be treated as such by either the assessor, supervisor or the tSACP; but rather, as an opportunity for the tSACP to be observed in the clinical setting, to see how they work with others (especially the patient) and to be given feedback with the aim of improving their practice. The clinical supervisor's report will draw on the evidence of the tSACPs engagement in the SLE process. Participation in this process, coupled with reflective practice, is a way to evaluate how performance is progressing as the tSACP gains experience in their role throughout training. Further detail on SLEs, their purpose, methodology, timing and subject matter can be found in **Appendix 11**.

Educational and Development Tools

There are three different tools used for SLEs. Two tools are used to give feedback after observation of tSACP/patient encounters:

- Clinical evaluation exercise (CEX)
- Direct observation of procedural skills (DOPS).

One tool is used to give feedback on events, which should take place away from the patient:

- Case-based discussion (CBD)

Formal Teaching and Learning Opportunities

The trainee SACP should maximise teaching and learning opportunities that exist within their higher education institute (HEI) and clinical work environment. These may include, but are not limited to:

1. Teaching sessions with medical trainees or SACP's that cover aspects of the curriculum
2. Case presentations
3. Journal clubs
4. Research and audit projects
5. Lectures and small group teaching
6. Clinical skills simulation
7. Joint specialty meetings
8. Participation in management and multi-disciplinary meetings.

Trainees will experience learning opportunities in a range of situations, including:

Unselected and Specialty-Specific Takes

Trainees will be involved in the acute unselected take on a regular basis throughout the training programme. The skills learnt will form the fundamental basis for managing the specialty-specific unselected take. Most trainees will not experience specialty-specific take and it is not mandatory for them to do so.

Post-take Consultant Ward-rounds

It is important that trainees have an opportunity to present at least a proportion of the patients whom they have admitted to their consultant for senior review in order to obtain immediate feedback into their performance (that may be supplemented by an appropriate WBA such as an ACAT, CEX or CBD.

Personal Ward Rounds and Provision of Ongoing Clinical Care on Specialist Medical Ward Attachments

Every patient seen, on the ward or in out-patients, provides a learning opportunity, which will be enhanced by following the patient through the course of their surgical pathway. The experience of the evolution of patients' problems over time is a critical part both of the diagnostic process as well as management. Patients seen should provide the basis for critical reading and reflection on clinical problems.

Ward Rounds by Senior Clinicians

Every time a tSACP observes a more senior clinician interacting with a patient or a patients their relatives or next of kin, there is an opportunity for learning. Ward rounds (including post-take) should be led by a more senior clinician and include feedback on clinical and decision-making skills.

Multi-Disciplinary Team Meetings

There are many situations where clinical problems are discussed with clinicians in other disciplines. These provide excellent opportunities for observation of clinical reasoning.

Trainees have supervised responsibility for the care of in-patients. This includes day-to-day review of clinical conditions, note keeping, and the initial management of the acutely ill patient with referral to and liaison with clinical colleagues as necessary. The degree of responsibility taken by the trainee will increase as competency increases. There should be appropriate levels of clinical supervision throughout training, with increasing clinical independence and responsibility.

Other formal education or clinical based courses can be undertaken to support the development of the SACP capabilities, such as advanced life support, research and leadership and management training. These additional opportunities will support and underpin the development of capabilities aligned to the four pillars of advanced practice.

Simulation

Teaching in formal situations often involves the use of simulation. Simulation is a recognised educational technique, which enables trainees to practice and acquire technical and non-technical skills safely when there may be limited exposure in real life. It can also be used to assess competence. Simulation is a valuable learning tool which can provide the SACP with specific and relevant feedback focusing on performance and behaviour.

Simulation training has several purposes:

- supporting learning and keeping up to date
- addressing specific learning needs
- situational awareness of human factors which can influence people and their behaviour
- enabling the refining or exploration of practice in a patient-safe environment
- promoting the development of excellence
- improving patient care.

Provision of feedback and performance debriefing are integral and essential parts of simulation-based training. Simulation training broadly follows the same pattern of learning opportunities offering insight into the development of technical skills, team-working, leadership and judgment and professionalism.

Self-Directed Learning

Self-directed learning permits the development of clinical capability, especially when there is effective reflection on all aspects of learning.

Trainees are expected to take a proactive approach to learning and development as a member of a multi-professional team. Trainees are responsible for:

- engaging with opportunities for learning
- initiating assessments and appraisal meetings with their trainers
- undertaking self and peer assessment
- undertaking regular reflective practice
- maintaining an up-to-date learning portfolio.

Trainees are encouraged to establish study groups, journal clubs and conduct peer review; trainees should seek opportunities to learn with peers at a local level through postgraduate teaching and discussion sessions.

Trainees are expected to undertake personal study in addition to formal and informal teaching. This will include using study materials, journal publications and reflective practice. Trainees are expected to use the developmental feedback they receive from trainers and supervisors when undertaking assessments to focus further on research and practice.

Reflective Practice

Reflective practice is an important part of self-directed learning and continuing professional development. It is an educational exercise that enables trainees to explore with rigor the complexities and underpinning elements of their actions in order to further refine and improve them. Reflection in the oral form is very much an activity that SACPs should engage in and would find both useful and developmental. Writing reflectively adds more to the oral process by deepening the understanding of practice. Written reflection offers different benefits to oral reflection which include: a record for later review, a reference point to demonstrate development and a starting point for shared discussion. With each modality of reflection, it is important that it takes place and that there is a record of it having taken place, whether or not the specific subject or content of the reflection is recorded. The tSACP must remember that any reflective piece must not contain anything which could identify a patient.

Trainee Responsibility

Throughout the curriculum, emphasis is on the development of good clinical judgment and this includes the ability to judge when to seek assistance and advice. Trainee SACPs must place the wellbeing and safety of patients above all other considerations and are responsible for recognising and working within the limits of their professional competence, consulting with colleagues as appropriate.

Trainee SACPs are required to take responsibility for their own learning and be proactive in initiating appointments to plan, undertake and receive feedback on learning opportunities, including ensuring that:

- a learning agreement is created, and meetings held within the clinical practice in order to discuss progress
- assessments are undertaken and validated by assessors in good time
- evidence of learning is systematically recorded in the portfolio.

Learning Partnership Agreement

A learning partnership agreement is a contract developed and shared between all parties (supervisors, line manager and the tSACP) to ensure clear communication. An example of a learning agreement contract is included within **Appendix 12**.

Pathway to Completion of Training

The pathway to completion of training requires an interrelationship between the academic masters-level award, Core Professional and Behaviour Capabilities, core clinical capabilities, and area specific capabilities (**Figure 4**). A decision aid has been developed to provide guidance of review of competency progression towards completion of training (**Appendix 9**).

Completion of Training (CoT)

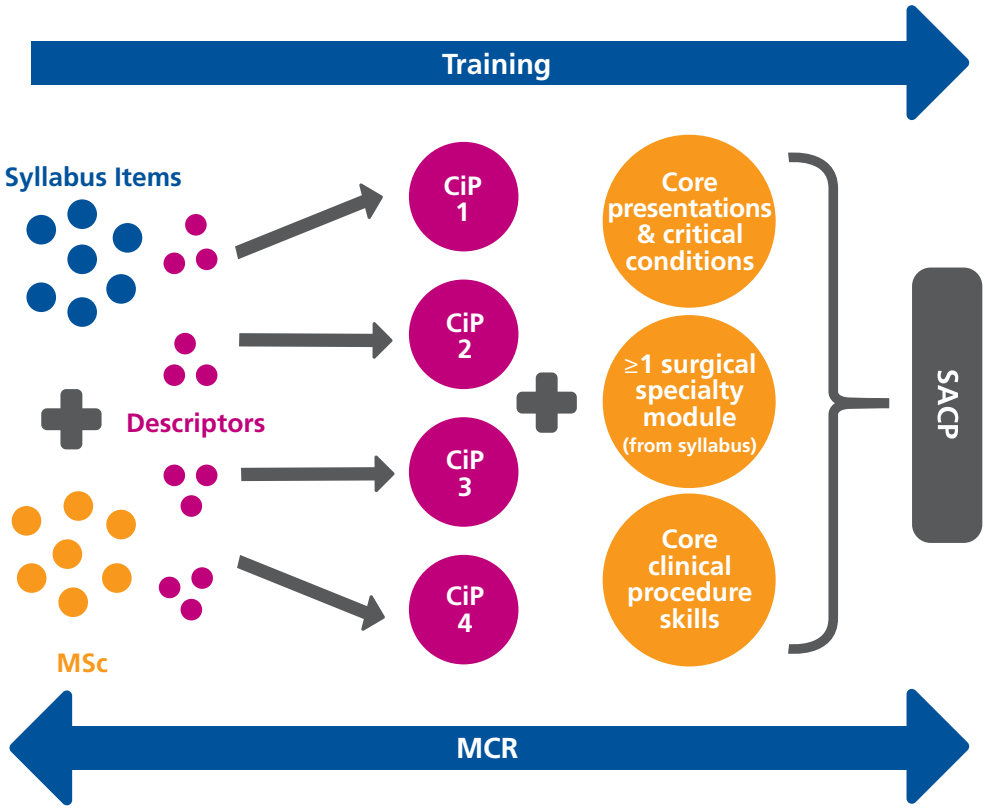
Due to lack of familiarity with SACP it is not uncommon for medical teams in particular to comprehend what level to expect the SACP to be working at. The emphasis is on the level of supervision they require and is reflected as discussed in the achievement of the 4 CiPs. On discussion with the surgical teams it is felt this is comparative but not a direct equivalent to that expected of a trainee doctor completing non-operative elements of the Core Surgical Training programme. This should not however be interpreted that an SACP is a doctor equivalent but to aid understanding of expectation whilst the role is embedded.

Completion of Training requires:

- Successful completion of a relevant master's-level award in a healthcare related subject
- Successful achievement of the 4 CiPs to level 3 supervision
- Successful completion of core presentations (**Appendix 5c**) and core critical conditions (**Appendix 5d**) to required level stated evidenced with WBAs
- Completion of at least one surgical specialty module (more than one may be required depending on service needs and clinical environment) (**Appendix 2**)
- Completion of all Core Clinical and Procedural Skills listed (please see **Appendix 6**).

The outcome is stated through the four CiPs underpinned by formative and summative assessment using the supervision levels. The assessment is supported by the Multiple Clinician Report (MCR) providing assurance on a trainee SACP's capability from experienced clinicians. Essential to this process is the trainee SACP self-assessment, as illustrated in **Figure 2**. (See **page 28** for further info on self-assessment).

Figure 4 – Pathway to completion of training (CoT).



The interrelationship of the syllabus, CiPs and their descriptors to the role of a tSACP, and subsequently to the role of the SACP completing training. Items from the syllabus are combined with items taken from Academic learning (usually MSc) to form the small tasks which are the CiP descriptors. When the small tasks of the descriptors are integrated, they comprise the constituent parts of the role of a tSACP/ SCAP (CiPs). When CiPs are taken together, the role of a SACP the overall outcome of the curriculum, is described. Each of these CiPs will be developed through training until the level required of a day 1 SACP is reached. Assessment in an outcome-based curriculum through the Multiple Clinician Report (MCR) examines the tSACP from the perspective of the outcome (SACP) and compares performance in each CiP to that level. If the outcome level is not reached, then targeted feedback and development plans can be made with reference to the CiP descriptors and beyond to the syllabus items that combine to form the descriptors.

Table 2 below summarises the requirements to complete training.

Syllabus area	Required evidence	Suggested Evidence
Common content module	MSc in advanced clinical practice or relevant healthcare subject. Mandatory WBAs Evidence of core clinical procedures and skills (**Appendix 6**) Evidence of 3 x summative assessments of examination of all body systems spaced throughout training * 4 Completed ES reports / year and at least one CS report from each placement (if rotating) Up to date logbook MSF from each WTE training year MCR every 12 weeks MCR that indicates minimum of level 3 for all four CiPs	Logbook/ portfolio evidence of average of >40** cases per year evidenced with CbDs or reflective piece WBA portfolio covering particular areas of interest as agreed with ES, or to evidence progress in targeted training areas as required
Area specific specialty modules	Completion of at least one module	Logbook, WBA portfolio and CS report covering specified syllabus areas – see syllabus for details
Annual appraisal	Completed	Engagement with training programme
Teaching and training		Evidence of teaching delivery within ES report,
Keeping up to date and understanding how to analyse information		Evidence of engagement with audit, medical literature and guidelines within ES report
Leadership		Evidence of engagement with local clinical governance and faculty groups within ES report or other evidence

Table 2. A panel guide for completion of the SACP training programme.
* reflects core surgical training requirements
**Aside from the mandatory WBAs, no minimum number of WBAs is specified by this curriculum. Trainees may agree to complete WBAs in areas of interest with their ES, or be required to complete a series of WBAs in targeted areas of training by an RoCT panel.

Recording Progress in the Portfolio

Trainee SACPs will use a portfolio to gather evidence on progress and store assessment and appraisal documentation along with other records of training and reflective practice. All tSACPs are expected to maintain and develop a portfolio of evidence to demonstrate achievement of the capabilities. The reliability of this process can be enhanced when evidence is triangulated to clearly demonstrate the application of capability through writing, observation and conversation. For example, a clinical task could be assessed by an expert clinician who then discusses and provides feedback to the trainee who in turn reflects on the experience. Emphasis is placed upon on quality as opposed to quantity of evidence and each item of evidence should only be used to demonstrate competency in a maximum of two capabilities thus encouraging and supporting breadth of experience.

The trainee SACP should add their own self-assessment ratings to record their view of progress.

The aims of the self-assessment are:

1. To provide a means for reflection and evaluation of current practice
2. To inform discussions with supervisors to gain insight and support the development of personal development plans
3. To identify further areas for improvement in relation to experience, competency and areas defined in the curriculum to guide future clinical exposure and learning.

Governance and Accountability

The **Multi-professional framework for advanced clinical practice in England (2017)** is clear on the importance of good governance for roles to be successful. Effective governance involves inclusive, participative decision making with clear lines of accountability and responsibility and provides employers with confidence about the delivery and quality of their services.

Employers should ensure appropriate policies and processes are in place that support the practitioner and protect patients. Part of the effective governance process for an employer should be:

- Relevant Job description
- Annual appraisal
- Clear roles and responsibilities
- Appropriate policies and procedures
- Evaluation
- Clearly defined role expectation and assessment processes against these.

To support the development of the trainee SACP, appropriate local organisational policies should be established. For example, organisational policies in relation to radiological requesting, IR(ME)R training and consent should be in place to facilitate commitment, progression and the requirements of the role.

Appraisal

A formal process of appraisal and review underpins the trainee development and is one of the main ways of providing feedback to trainees. It is recommended that a review of competence progression takes place during this process. A formal appraisal, in line with local organisational policy, should take place along with the curriculum supervision and assessment requirements.

If the trainee SACP is studying a master's degree or equivalent level programme at a HEI, it is recommended that an HEI representative, alongside a line manager and educational supervisor, to contribute to the appraisal process. This process will review progress across clinical and academic learning and support the development of a personal development plan identifying objectives and appropriate learning opportunities for the forthcoming year. This information should be recorded within the trainee's portfolio.

As a minimum, an annual review of clinical capability must take place.

Continuing Professional Development and Revalidation

In line with professional requirements, all trainee and SACPs should engage in continuing professional development (CPD) and maintain a portfolio to ensure that they meet the requirements for professional revalidation.

It should be noted that professional revalidation is required for the whole scope of practice. Revalidation will remain with the practitioner's professional statutory and regulatory body (PSRB).

It is recommended that on completion of training the SACP demonstrates continuing capability as a SCAP through maintenance of a clinical portfolio which demonstrates regular clinical practice

commensurate with this curriculum. It is also recommended that a log book of cases is maintained that can be produced to evidence ongoing knowledge and core procedural skills. Where the SACP is also working within the theatre environment then it is imperative that continuing evidence is able to be demonstrated using a log book of surgical assisting.

Review of Capability

A local review of capability is recommended to take place on an annual basis to assess progression. This can be aligned to the trainee SACPs appraisal but should also include review of the trainees portfolio of evidence. Within postgraduate medical education (PGME), the process of reviewing the clinical portfolio referred to as the Annual Review of Competency Progression (ARCP). Currently there is no such process in place for ACPs in training. However, it is strongly recommended that an adapted process that reflects the principle of RoCP is implemented locally to facilitate the trainee's progression. The following options could be considered:

1. A panel review evidence on a minimum of annual basis (but may be brought forward dependent upon the practitioners progress). It is suggested that the panel should include at least one external reviewer to ensure that due process is followed (see training guide).

2. A review of the portfolio of evidence by the ES and line manager with the HEI if the tSACP is studying but not by a panel as suggested above.

To support the development of a review process, it is recommended that employers and/or supervisors engage with the Director of Medical Education (DME) and local Head of School (HoS) of Surgery in PGME.

An adequate review process will ensure that trainee SACPs experiencing difficulties are supported throughout training with a structured plan to enable progression. Trainee SACPs continuing to experience difficulties achieving clinical and/or academic competencies may be reviewed in line with local organisational capability policies. Further advice can be sought from NHS employers; **https://www.nhsemployers.org** or local HR departments.

Prior to Completion of Training

Implementation of a panel review of evidence will ensure due process and reinforce patient safety by avoiding reliance on an individual perspective. The panel will review evidence and look for reflection that the trainee has been supported to develop and is capable of providing safe quality patient care in accordance with the standards outlined in this curriculum. It is also the process through which a full scope of work review is undertaken that can satisfy revalidation requirements. The panel are responsible for making a final decision to sign-off a trainee as having completed training as a SACP. This process provides an employer with confidence through exemplary governance processes.

Accountability

SACPs are encouraged to work to their full potential, optimising the benefits that can be gained from new models of care and advanced practice capabilities across all four pillars of practice. Individual and organisational governance needs to be robust and within legal, regulatory and professional frameworks, thereby reducing levels of risk which could be caused by lack of competence or where adequate safeguards are not in place.

Recent work by the Professional Standards Authority highlighted that activities undertaken by ACPs must not lay beyond the scope of existing regulation. Practitioners working in advanced clinical practice roles must be aware of their own limitations and, through this, recognise the parameters of their scope of practice. Practitioners will remain accountable to their professional regulatory body, regardless of the level or context of their advanced practice.

Individual employers will assume responsibility and vicarious liability for ACPs and will be responsible for ensuring that all ACP roles, both existing and future, do not compromise patient safety, quality or effectiveness. Local policies and processes should be modified to reflect this imperative. Without this oversight and governance, there is a risk of "unconscious incompetence", which may compromise safe care for patients as well as jeopardise the reputation of advanced clinical practice.

Strategies such as supervision, mentorship, good record-keeping, as well as ongoing self-assessment will be underpinned by clear lines of professional responsibility and line management with regular independent clinical reviews through the appraisal processes.

Appraisal processes may use a variety of evidence and feedback; clinical audit data; outcomes and issues review; productivity measures; 360-degree feedback and service user feedback. These processes will need to be completed in collaboration with the line manager and an appropriately qualified clinical lead. Utilisation of the ACP portfolio, structured around the four pillars of advanced practice, can be used as a vehicle to maintain existing skills and competencies while also providing a mechanism for the development of higher-level competencies as an ACP progresses through their career.

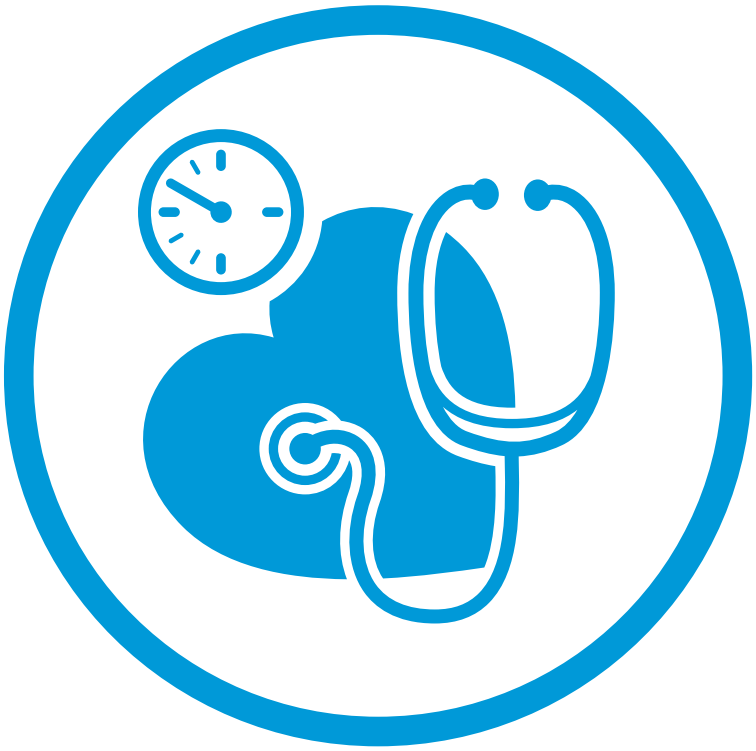
Equality and Diversity

We seek to embrace a workforce that is sensitive to the diversity of the communities that we serve. We know that a diverse and inclusive workforce can help us to develop new ways of thinking leading to improvement and innovation in the way we work. It is vital that all staff, and learners are treated fairly and are all enabled to reach their full potential.

Appendix 1 – Critical Skills

Basic critical skills have been identified which are of significant importance for patient safety and demonstration of safe practice and are equivalent to core surgical trainees. Across surgery, these generic skills lie at the heart of patient assessment and good practice. These critical skills are assessed individually by means of work-based assessments (WBA). They provide formative feedback to the tSACP and collectively contribute to the summative assessment of their performance in the clinical environment and should inform the educational supervisor's (ES) report and the review of competence progression (RoCP).

Competency	Form to use	Number required	Level of performance required
Take a tailored history and perform a relevant examination of all systems	Mini Cex history & exam	3	2
Take a tailored history and perform a relevant examination for an acutely unwell patient	Mini Cex A&E/ward; history & exam	3	2



Appendix 2 Specialty Capabilities – Surgery

The following contains capabilities for 8 specialty areas within surgery and also intra-operative Surgical First Assistant (SFA) and managing outpatients. To complete training the trainees is expected to complete a minimum of one of these modules.

Appendix 2 – Specialty Capabilities – Surgery

Cardiothoracic Surgery	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To acquire experience of the management of cardiothoracic surgical patients in critical care and ward environments including both elective and emergency environments.			
Knowledge To understand the science, technology and practical applications of cardiopulmonary bypass, myocardial protection and circulatory support. An in depth working knowledge of the full range of Cardiothoracic conditions. The principles of intra-aortic balloon pumps. To include the assessment and management of the following presentations / conditions: Coronary heart disease Bronchial carcinoma Obstructive airways disease Space occupying lesions of the chest **Clinical skills** Assessment and early management of the post-operative cardiothoracic surgical patient including the use of inotropes and vasoactive drugs Echocardiography including TOE* Assessment and planning the investigation of new and follow-up patients in cardiothoracic surgical outpatient clinics. **Technical skills and procedures** Use of a defibrillator Arterial cannulation Central venous cannulation Chest aspiration* Chest drain insertion and management* Epicardial pacing*	• HEI modules study • Multiple clinician report • Multi-source feedback • Case-based discussion • DOPS • Patient survey • Mini Cex		

* Please note that these technical skills and procedures may not be achievable depending on clinical area and local practice.

Neurosurgery	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To acquire experience of the management of neurosurgical patients in critical care and ward environments.			
Knowledge Physiology of intracranial pressure, cerebrospinal fluid and intracranial blood flow Principles of management of subarachnoid haemorrhage. To include the assessment and management of the following presentations / conditions: • Space occupying lesions from bleeding and tumour • Headache • Facial pain • Coma **Clinical skills** Interpretation of cranial CT scans Contribution to the trauma team as neurosurgical representative Assessment and planning the investigation of new and follow-up patients in neurosurgical outpatient clinics Assessment and early management of acutely unwell neurosurgical patient **Technical skills and procedures** Lumbar puncture Sampling of CSF from and administration of intrathecal antibiotics through, lumbar drains and external ventricular drains Insertion of ICP monitor* Insertion of external ventricular drain*	• HEI modules/ study • Multiple clinician report • Multi-source feedback • Case-based discussion • DOPS • Patient survey • Mini Cex		

* Please note that these technical skills and procedures may not be achievable depending on clinical area and local practice.

Oral & Maxillofacial surgery	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To develop the knowledge and skills required to contribute to the management of oral & maxillofacial surgical patients in elective and emergency settings.			
Knowledge Anatomy of teeth and supporting structures Principles of the management of odontogenic cysts and impacted teeth Principles of the management of premalignant and malignant conditions affecting the head and neck. Patterns and management principles of facial fracture Principles of the management of dento-alveolar trauma Principles of the surgical management of dento-facial sepsis. To include the assessment and management of the following presentations / conditions: • Benign and malignant lesions of the mouth and tongue **Clinical skills** Assessment of patients presenting with dento-alveolar and intra oral mucosal signs and symptoms Assessment of skin lesions of the head and neck Assessment and immediate management of dento-alveolar trauma Interpretation of craniofacial radiological investigations **Technical skills and procedures** Closure of simple facial lacerations including full thickness lip and eyelid lacerations Application of intermaxillary fixation* Surgical airway care including changing tracheostomy	• HEI modules/ study • Multiple clinician report • Multi-source feedback • Case-based discussion • DOPS • Patient survey • Mini Cex		

* Please note that these technical skills and procedures may not be achievable depending on clinical area and local practice.

Otolaryngology	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To develop the skills required to contribute to the management of otolaryngological patients presenting in elective and emergency settings.			
Knowledge **Head and neck:** Anatomy & embryology of the head and neck incl. oral cavity & dentition Physiology of swallowing & speech Microbiology of head and neck The aetiology, presentation, differential diagnosis & management of: infections of the head and neck inflammatory disorders of the head and neck neoplasms of the head and neck trauma of the head and neck neck lumps incl. salivary gland & thyroid disease voice & swallowing disorders. **Otology:** Anatomy & embryology of the ear Physiology of hearing & balance Aetiology, presentation, differential diagnosis & management of infections of: infections of the ear ear trauma including skull base trauma hearing loss, tinnitus & vertigo facial palsy **Rhinology:** Anatomy & embryology of the nose & paranasal sinuses Microbiology of the nose & paranasal sinuses Nasal physiology including olfaction Aetiology, presentation, differential diagnosis & management of: epistaxis infections of the nose & paranasal sinuses inflammatory disease of the paranasal sinuses neoplasms of the nose & paranasal sinuses trauma to the nose & paranasal sinuses. To include the assessment and management of the following presentations / conditions:	• HEI modules/ study • Multiple clinician report • Multi-source feedback • Case-based discussion • DOPS • Patient survey • Mini Cex		

Continued over...

Otolaryngology (continued)	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Benign and malignant lesions of the mouth and tongue Lumps in the neck Epistaxis Upper airway obstruction **Clinical Skills** Take an appropriately focused clinical history Perform a full ENT examination. Assessment & initial management of facial trauma incl. fractured nose Assessment & initial management of epistaxis Perform a structured visual assessment – rhinology. Otoscopy Nasal examination with speculum Flexible nasendoscopy Assessment and planning the investigation of patients presenting with a neck lump Recognition of the clinical signs of airway obstruction and respiratory distress in adults Interpretation of audiological investigations Management of acute airway compromise including the importance of a team approach Interpretation of head and neck CT and MRI Initial assessment and management of patients presenting with: • epistaxis • acute tonsillitis and peri-tonsillar abcess hearing loss • facial palsy • facial trauma • foreign body • dysphagia Balance testing Particle repositioning procedures **Technical skills and procedures** Packing of nose Nasal packing (anterior & posterior) Removal of nasal packing Otomicroscopy and removal of foreign body (SR) Removal of foreign bodies			

Plastic surgery	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To develop the skills required to contribute to the management of plastic surgery patients presenting in elective and emergency settings.			
The range of conditions a SACP needs to manage are laid out below: Assessment and diagnosis of hand trauma cases Assessment and initial management of burns and scalds in children and adults. Wound management including complex and contaminated wounds and involving both conservative and operative management. Assessment and initial management of cases of lower limb trauma involving compound fractures with soft tissue damage, skin loss, major nerve and/or vessel injury. Diagnosis and management of skin lesions, including skin malignancy. **Knowledge** Principles of management in hand trauma Principles of management in thermal injury including an understanding of respiratory injury. BAPRAS/BOA guidelines on management of lower limb trauma Principles of the management of complex or contaminated wounds. An appreciation of the breadth of conditions encountered in the elective practice of the plastic surgery. To include the assessment and management of the following presentations / conditions: Benign and malignant skin lesions	• HEI modules/ study • Multiple clinician report • Multi-source feedback • Case-based discussion • DOPS • Patient survey • Mini Cex		

Continued over...

Plastic surgery (continued)	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Clinical Skills Assess and initiate the management of burns and scalds in children and adults including assessment of severity Assessment of the airway in thermal injury Fluid resuscitation following thermal injury, informed by standard protocols Assess, diagnose and formulate management plan for hand trauma cases. Resuscitation of a patient suffering from thermal injury Assessment and planning the investigation of new and follow-up patients in plastic surgery outpatient clinics Assessment and provision of advice on treatment of the open tibial fracture with soft tissue loss, major nerve or vessel injury Assess and initiate treatment for the complex or contaminated wound. Diagnosis of skin lesions, including skin malignancy. **Technical skills and procedures** Excision and closure of simple skin lesions Debridement of contaminated or infected wound Repair of full thickness lip and eyelid lacerations Change of burns dressings.			

Trauma and orthopaedic management	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To develop the knowledge and skills required to contribute to the management of patients with significant musculoskeletal trauma and to gain exposure to elective orthopaedic surgery			
Knowledge Common systems employed for the identification of important fracture subtypes to a level sufficient to allow contribution to discussions about their management at trauma meetings. Common fracture patterns of upper and lower limbs and spine – presentation, management and complications Prioritisation of the multiply injured patient Soft tissue injuries including compartment syndrome, open fractures, cauda equina syndrome, peripheral nerve injury – diagnosis and early management. Musculo-skeletal infection – diagnosis and early management. Basic science (including: anatomy, physiology, pharmacology, radiology) relevant to the management of patients with common elective orthopaedic conditions Clinical presentation and pathology of common orthopaedic conditions Principles of management of patients with common orthopaedic conditions Principles of musculoskeletal neoplasia – including skeletal metastases. To include the assessment and management of the following presentations / conditions: • Traumatic limb and joint pain and deformity • Chronic limb and joint pain and deformity • Back pain • Simple fractures and joint dislocations • Fractures around the hip and ankle • Basic principles of degenerative joint disease • Basic principles of inflammatory joint disease including none and joint infection • Compartment syndrome • Spinal nerve root entrapment and spinal cord compression • Metastatic bone cancer • Common peripheral neuropathies and nerve injuries	• HEI modules/ study • Multiple clinician report • Multi-source feedback • Case-based discussion • DOPS • Patient survey • ATLS if working in a Trauma Unit • Mini Cex		

Continued over...

Trauma and orthopaedic management (continued)	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Clinical Skills Assessment and planning the investigation of new and follow-up patients in elective orthopaedic surgery outpatient clinics Assessment and early management of acutely unwell patients suffering the complications of elective orthopaedic surgery. Contribution to the trauma team as orthopaedic representative Interpretation of radiology of common orthopaedic conditions Management of patients in the fracture clinic Assessment and early management of acutely unwell patients suffering the complications of musculoskeletal trauma Discharge planning of patients with common orthopaedic conditions. **Technical skills and procedures** Application of cast and common splints Manipulation under anaesthesia			

Urology	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To develop the skills required to contribute to the management of urology patients presenting in elective and emergency settings.			
Knowledge Detailed anatomy of the urogenital tract Principles of contemporary Urological practice. Pathophysiology of obstructive uropathy. To include the assessment and management of the following presentations / conditions: • Loin pain • Haematuria • Lower urinary tract symptoms • Urinary retention • Renal failure • Scrotal swellings • Testicular pain • Genitourinary malignancy • Urinary calculus disease • Urinary tract infection • Benign prostatic hyperplasia • Obstructive uropathy **Clinical Skills** Assessment and planning the investigation of new and follow-up patients in urology outpatient clinics Assessment and early management of patients suffering the complications of urological surgery Assessment and early management of patients with acute testicular pain, urinary retention, ureteric colic and obstructive uropathy. Assessment and early management of the post-operative urology surgical patient Assessment and planning the investigation of new and follow-up patients in urology outpatient clinics. A systematic prioritised method of managing the patient with urosepsis Contribution to the on-call team as urology representative* Assessment and early management of patients with acute testicular pain, urinary retention, ureteric colic and obstructive uropathy. **Technical skills and procedures** • Suprapubic catheterisation* • Ability to insert urethral catheters	• HEI modules/ study • Multiple clinician report • Multi-source feedback • Case-based discussion • DOPS • Patient survey		

* Please note that these technical skills and procedures may not be achievable depending on clinical area and local practice.

Vascular surgery	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To develop the skills required to contribute to the management of vascular surgery patients presenting in elective and emergency settings.			
Knowledge Aetiology, presentation, investigation and management options for aortic aneurysm in the elective setting Presentation, investigation and management options for ruptured aortic aneurysm. Aetiology, presentation, investigation and management of peripheral arterial disease. Aetiology, presentation, investigation and management of varicose veins, venous ulcers and deep venous thrombosis Indications for amputation and the risks of surgery Principles of rehabilitation after amputation. To include the assessment and management of the following presentations / conditions: • Peripheral vascular disease • Amputations • Aortic aneurysm **Clinical Skills** Assessment and planning the investigation of new and follow-up patients in vascular surgery outpatient clinics Assessment and planning management of patients presenting as emergencies Contribution to MDT meetings. Interpretation of CT, MR and digital subtraction angiography Interpretation of the results of Duplex US, CT, MR and DSA angiography (limb ischaemia) Clinical assessment of limb arterial supply and venous drainage Assessment of patients and planning level of amputation. **Technical skills and procedures** Measurement of ABPI and lower limb venous circulation using hand help Doppler ultrasound probe and tourniquet.	• HEI modules/ study • Multiple clinician report • Multi-source feedback • Case-based discussion • DOPS • Patient survey		

The perioperative setting is a highly specialised environment which can be high risk, highly stressful and unpredictable. It is an area where patients can be at their most vulnerable due to being anaesthetised. The main priority of the SACP curriculum is to ensure patient safety and provide SACPs with the skills, knowledge and behaviours to clinically practice in a safe manner. It is essential the task demonstrates the underpinning knowledge to safely carry out the skills required within the theatre environment and to make patient centred decisions. As such trainees may find accessing the Surgical First Assisting (SFA) course is the most effective way to assure the required knowledge is acquired. PCC 2018 statement recommends HEI SFA accredited training to undertake additional skills (suturing, I/A administration, diathermy) and must include attendance of an approved surgical skills course, if the skills are not included as part of the module. It is acknowledged that knoweldge and skills can be learnt outside of an HEI but robust assessment against approved learning outcomes must be applied. If an alternative route alongside the MSc ACP is chosen it is suggested that the intraoperative skills module in this curriculum is evidenced and as a minimum a logbook is maintained, which outlines the number of times each skill has been undertaken (in some HEIs a minimum of 100 hours in the theatre setting is recommended) and evidence is gathered within the trainees portfolio alongside work based assessment of competence.

Intraoperative (Surgical Assisting)	**Evidence to support achievement/ method of achievement**	**Level of supervision**	**Dates of assessment and signature of assessor**
Objectives: To develop the knowledge and skills required to safely assist intra-operatively			
Knowledge Theatre etiquette – WHO Safe Surgery Checklist Stages of relevant surgical procedures Anticipated intraoperative complications and how to manage them Knowledge of surgical instrumentation and their uses Common equipment and problem-solving including specialist equipment Underpinning knowledge to support safe decision making when assisting intraoperatively: • Principles of Infection control and equipment sterility • Knowledge of methods of prepping and different prep solutions including indications and contraindications • Including principles of safe surgical site marking • Hair removal methods • Patient positioning for different procedures to ensure good surgical visualisation taking into account patient factors and potential risks and hazards. • Principles of tissue handling and exposure • Different types of retractors, their uses and potential hazards • Different methods of assisting with haemostasis and their indications and hazards • Knowledge of electricosurgical equipment settings, their applications, hazards and contraindications (open and minimum access surgery) • Camera manipulation techniques and knowledge of the laparoscopic stack system • Knowledge of suture materials, types of knots and types of wound closures. • Principles of cutting suture • Knowledge of different local anaesthetics and potential complications • Principles of scrubbing, donning and sterile technique	• HEI modules/ study • Basic surgical skills course • Perioperative Care Practitioners Intraoperative Non-Technical skills (PINTS) • Multiple clinician report • Multi-source feedback • Case-based discussion • DOPS • Patient survey • Logbook • Medical device competency forms		

Intraoperative (Surgical Assisting) (continued)	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
• Knowledge of different surgical drains • Appropriate dressings including vacuum assisted, indications, contraindications and their application • Understand the principles of: – Enhanced recovery – Wound healing – Hypothermia – Intraoperative documentation – Implementation of appropriate governance requirements – Perioperative adverse events and incident reporting **Clinical Skills – Part 1** (Mandatory if SFA skills required for role) Urinary catheterisation if appropriate Principles of sterile conditions including scrubbing for surgical procedures Assisting with patient positioning, including identify risks such as nerve damage and undertaking tissue viability assessment Principles of prepping and draping, including an awareness of surgical marking Principles of surgical retraction including potential hazards (The SFA can only move or place retractors under the direct supervision of the operating surgeon) Methods for assisting with haemostasis including indirect diathermisation and the use of suction Camera manipulation for minimal invasive access surgery **Clinical Skills – Part 2 (If additional skills required)** Competence in knot tying and different knot requirements Superficial haemostasis including surgical diathermy Cutting of sutures and ligatures under direct supervision of the operating surgeon Suturing of skin layers including different methods i.e. subcuticular, interrupted as clinically indicated. Suturing and securing wound drains Administration of prescribed local anaesthesia in superficial layers Choice and application of dressings as required **Technical skills and procedures** Demonstrate safe use of Equipment such as: Insufflator Minimal invasive laparoscopic systems High energy ultrasonic Harmonic devices VAC therapy Cell salvage Warming devices Other			

Out Patient Department	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Objectives: To develop the knowledge and skills required to contribute to the management of patients in the outpatient department			
Demonstrates professional behaviour with regard to patients, carers, colleagues and others Delivers patient centred care including shared decision making Demonstrates effective consultation skills Formulates an appropriate diagnostic and management plan, taking into account patient preferences Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues Appropriately manages comorbidities in outpatient clinic Demonstrates awareness of the quality of patient experience **Knowledge** Common systems employed for the identification of presentations pertinent to the surgical speciality including presentation, management and complications Prioritisation of diagnosis and patient management Infection – diagnosis and early management. Basic science (including anatomy, physiology, pharmacology, radiology) relevant to the management of patients Clinical presentation and pathology of common conditions including awareness of red flags pertinent to specialty / patient group Principles of management of patients with common conditions Principles of neoplasia – including metastases. To include the assessment and management of the presentations / conditions specific to the surgical speciality **Clinical Skills** Assessment and planning the investigation of new and follow-up patients in elective orthopaedic surgery outpatient clinics Management of patients in the outpatient setting Knowledge of and interpretation of investigations specific to specialty. Consent process including providing non-surgical options, explain surgical procedures discussing benefits and risks of surgery and listing for theatre	• HEI modules/ study • Multiple clinician report • Multi-source feedback • Case-based discussion • DOPS • Patient survey • IR(ME)r Training • Mini Cex		

Appendix 3
Exemplar Descriptors for CiPs

Appendix 3 – Exemplar Descriptors for CiPs

(not an exhaustive list)

Core professional and behavioral Capability in Practice Demonstrates capability in the other 3 pillars of advanced practice: leadership, education and research (HEE,2017)
Description All Advanced clinical practitioners are required to demonstrate practice in leadership, education and research which will strengthen the care delivered to patient.

Example descriptors:

Leadership

- demonstrating an understanding of why leadership and team working is important in their role as a clinician
- showing awareness of their leadership responsibilities as a clinician and why effective clinical leadership is central to safe and effective care
- demonstrating an understanding of a range of leadership principles, approaches and techniques and applying them in practice
- demonstrating appropriate leadership behavior and an ability to adapt their leadership behavior to improve engagement and outcomes
- appreciating their leadership style and its impact on others
- actively participating and contributing to the work and success of a team (appropriate followership)
- thinking critically about decision making, reflecting on decision-making processes and explaining those decisions to others in an honest and transparent way
- supervising, challenging, influencing, appraising and mentoring colleagues and peers to enhance performance and to support development
- critically appraising performance of colleagues, peers and systems and escalating concerns
- promoting and effectively participating in multidisciplinary and interprofessional team working
- appreciating the roles of all members of the multidisciplinary team
- promoting a just, open and transparent culture
- promoting a culture of learning and academic and professional critical enquiry.

Education

- understand that the safety of patients must come first and that the needs of education must be considered in this context
- provide safe clinical supervision of learners and other doctors in training in the workplace at all times
- plan and provide effective education and training activities
- use simulation or technology-enhanced learning appropriately in protecting patients from harm
- take part in their own induction and orientation, and that of new staff
- take part in patient education
- respect patients' wishes about whether they wish to participate in the education of learners
- provide supportive developmental feedback, both verbally and in writing, to learners
- create effective learning opportunities for learners
- evaluate and reflect on the effectiveness of their educational activities

Continues over...

1. Core Professional Behavioural Capabilities in Practice (CiP)
1a. Leadership and management. 1b. Education. 1c. Research

Description

All Advanced clinical practitioners are required to demonstrate practice in leadership, education and research which will strengthen the care delivered to patient.

Example descriptors:

Education (continued)

- promote and participate in interprofessional learning
- assess objectively and fairly the performance of learners
- give timely and constructive feedback on learning activities and opportunities understand how to raise concerns about the performance or behaviour of a learner who is under their clinical supervision
- participate in national surveys and other quality control, quality management and quality assurance processes as required by the regulator
- carry out the roles and responsibilities of a clinical trainer
- meet any regulatory or statutory requirements as a clinical trainer or education

Research

- keep up to date with current research and best practice in the individual's specific area of practice, through appropriate continuing professional development activities and their own independent study and reflection
- practice in line with the latest evidence
- conduct literature searches and reviews to inform their professional practice
- critically appraise academic literature
- understand the role of evidence in clinical practice and demonstrate shared decision making with patients
- locate and use clinical guidelines appropriately
- demonstrate appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry
- demonstrate appropriate knowledge of research principles and concepts and the translation of research into practice, including:
  - recruitment into trials and research programmes
  - ethical implications of research governance
  - understand and promote innovation in healthcare

understand and apply:

  - informatics
  - genomics
  - stratified risk and personalised medicine
- draw from public health epidemiology and other data sources and large scale reviews
- communicate and interpret research evidence in a meaningful way for patients to support them making
- informed decisions about treatment and management.

Clinical Capability in Practice 2
Manages the Unselected Emergency Take

Description

All patients with an emergency condition requiring management within the specialty.
Able to perform all the administrative and clinical tasks required of an SACP in order that all patients presenting as emergencies in the specialty are cared for safely and appropriately.

Example descriptors:

- Promptly assesses acutely unwell and deteriorating patients and delivers resuscitative treatment and initial management and ensures sepsis is recognised and treated in compliance with protocol
- Makes a full assessment of patients by taking a structured history and by performing a focused clinical examination and requests, interprets and discusses appropriate investigations to synthesise findings into an overall impression and differential diagnosis
- Identifies, accounts for and manages co-morbidity in the context of the surgical presentation, referring for specialist advice when required
- Selects patients for conservative and operative treatment plans as appropriate, explaining these to the patient, and carrying them out
- Demonstrates effective communication with colleagues, patients and relatives
- Makes appropriate peri– and post-operative management plans in conjunction with anaesthetic colleagues
- Delivers on-going postoperative surgical care in ward and critical care settings, recognising and appropriately managing medical and surgical complications, referring for specialist care when necessary
- Makes appropriate discharge and follow up arrangements
- Manages potentially difficult or challenging interpersonal situations
- Give and receive appropriate handover

Clinical Capability in Practice 3
Manages Ward Rounds and Inpatients

Description

Manages all hospital inpatients with conditions requiring management within the specialty. Able to perform all the administrative and clinical tasks required of an SACP in order that all inpatients requiring care within the specialty are cared for safely and appropriately.

Example descriptors:

- Identifies at the start of a ward round if there are acutely unwell patients who require immediate attention
- Ensures that all necessary members of the multidisciplinary team are present, knows what is expected of them and what each other's' roles and contributions will be and contributes effectively to cross specialty working
- Ensures that all documentation (including results of investigations) will be available when required and interprets them appropriately
- Makes a full assessment of patients by taking a structured history and by performing a focused clinical examination and requests, interprets and discusses appropriate investigations to synthesise findings into an appropriate overall impression, management plan and diagnosis
- Identifies when the clinical course is progressing as expected and when medical or surgical complications are developing and recognises when operative intervention or re-intervention is required and ensures this is escalated
- Identifies and initially manages co-morbidity and medical complications, referring on to other specialties as appropriate
- Contributes effectively to level 2 and level 3 care
- Makes good use of time ensuring all necessary assessments are made and discussions held, while continuing to make progress with the overall workload of the ward round
- Identifies when further therapeutic manoeuvres are not in the patient's best interests, initiates palliative care, refers for specialist advice as required and discusses plans with the patient and their family
- Summarises important points at the end of the ward round and ensures all members of the multi-disciplinary team understand the management plans and their roles within them
- Gives appropriate advice for discharge documentation and follow-up

Clinical Capability in Practice 4
Manages the Multi-Disciplinary Meeting

Description

All patients with conditions requiring interdisciplinary management (or multi-disciplinary input as in Trauma or Fracture Meetings in Trauma and Orthopaedics) including care within the specialty.
Able to perform all the administrative and clinical tasks required of an SACP in order that safe and appropriate multi-disciplinary decisions are made on all patients with such conditions requiring care within the specialty.

Example descriptors:

- Appropriately selects patients who require discussion at the MDT
- Follows the appropriate administrative process
- Deals correctly with inappropriate referrals for discussion (e.g. postpones discussion if information is incomplete or out of date)
- Presents relevant case history recognising important clinical features, co-morbidities and investigations
- Identifies patients with unusual, serious or urgent conditions
- Engages constructively with all members of the MDT in reaching an agreed management decision, taking comorbidities into account, recognising when uncertainty exists and being able to manage this
- Effectively manages potentially challenging situations such as conflicting opinions
- Develops a clear management plan and communicates discussion outcomes and subsequent plans by appropriate means to patient, GP and administrative staff as appropriate
- Manages time to ensure case list is discussed in the time available
- Arranges follow up investigations when appropriate and knows indications for follow up

Appendix 4 – Critical Progression Points

Critical progression point	Evidence
Critical progression point 1 – by the end of 12 months of training	Evidence of capability to take a focused history and examine all systems Minimum of 6 CBDs DOPS that evidence independent practice for a min of 50% of all core procedures (**Appendix 6**) 1/3 of mandatory WBAs for core and critical conditions There are no professional attitude or behaviour concerns If studying for MSc then there have been no academic concerns raised Minimum of supervision level 2a in all CiPs **It is essential that educational and clinical supervisors are confident that the trainee has the ability to perform these core skills.**
Critical progression point 2 – by the end of 24 months of training	Evidence of capability in clinical reasoning and formulating clear management plans for at least a third of the core common presentations listed within **Appendix 5c** Minimum of 6 CBDs DOPS for all Core procedures 2/3 of mandatory WBAs for core and critical conditions Minimum of level 2b in all CiPs There are no professional attitude or behaviour concerns If studying for MSc then there have been no academic concerns raised **It is essential that educational and clinical supervisors are confident that the trainee has the ability to perform these core skills.**
Critical progression point 3 – by the end of 36 months of training	The trainee achieves level 3 for at least 3 of the 4 CiPs Minimum of 6 CbDs Evidence capability for at least 2/3 of all core presentations listed There are no professional attitude or behaviour concerns If studying for MSc then there have been no academic concerns raised **It is essential that educational and clinical supervisors are confident that the trainee has the ability to perform these core skills.**
Critical progression point 4 – Progression to Completion of Training	All CiPs are achieved to supervision level 3 or above All core and critical presentations evidenced with appropriate WBANo concerns raised in respect of core professional behaviours and attitude MSc successfully awarded ES makes recommendation to progress to Review of competency progression (RoCP) for CoT

Appendix 5 Syllabus

Appendix 5 – Syllabus

What needs to be learnt?

The syllabus contains descriptors that are essential in order to ensure the knowledge and skills are evident to successfully meet at least Supervision Level 3 for all four CiPs. This next section is divided into:

- Core Professional Behaviours Capabilities (CiP1)

- Core Clinical Capabilities
- Core Presentations and expected level of achievement
- Core Critical Conditions
- Specialty Capabilities – surgery

} Learning informs CiP2,3,4.

The core professional and behaviour capabilities underpin all regulated healthcare practice and should be evidence throughout training. Speciality area capabilities are detailed after the core capabilities which are structured around the **Multi-professional framework for advanced clinical practice in England** (HEE, 2017). This will enable tSACPs to develop a minimum standard of surgical practice in their area aligned to their primary professional standards of conduct and performance.

Clinical Practice Pillar Capabilities

There are four CiPs aligned to the **Multi-professional framework for advanced clinical practice in England** (HEE, 2017) Clinical Practice pillar. The capabilities are presented using a body systems approach to ensure the tSACP acquires the breadth of knowledge and skills required for the role.

Elements within the body system capabilities reflect the **description of tasks required to carry out the CiP activity** and **required knowledge and skills appropriate for a SACP.**

Appendix 5a – Core Professional and Behavior Capabilities (CiP1)

(includes 3 of the 4 pillars of Advanced clinical practice (HEE 2017): Learning and management, education, research.

Core professional and behaviour capabilities	Evidence to support achievement/ method of achievement	Level of supervision achieved	Dates of assessment and signature of assessor
Professional Behaviour			
• acting with honesty and integrity • maintaining trust by showing respect, courtesy, honesty, compassion and empathy for others, including patients, carers, guardians and colleagues • treating patients as individuals, respecting their dignity and ensuring patient confidentiality • taking prompt action where there is an issue with the safety or quality of patient care, raising and escalating concerns where necessary • demonstrating openness and honesty in their interactions with patients and employers – known as the professional duty of candour • being accountable as an employee to their employer and working within an appropriate clinical governance framework • managing time and resources effectively • being able to self-monitor and seek appropriate advice and support to maintain their own physical and mental health • demonstrating emotional resilience • demonstrating situational awareness • reflecting on their personal behaviour and its impact on others • demonstrating awareness of their own behaviour, particularly where this might put patients or others at risk • demonstrating awareness of their own limitations and understanding when and who to refer on to or seek professional advice from • demonstrating awareness of the behaviour, conduct or health of others, particularly where this might put patients or others at risk • interacting with colleagues in a way that demonstrates appropriate professional values and behaviours, in terms of supporting colleagues, respecting difference of opinion, and working as a collaborative member of a team • being able to identify and create safe and supportive working and learning environments • listening to patients, carers and guardians, and accepting that they have insight into, preferences for and expertise about the patient's own condition and context	Multi Clinician Report		

Continued...

Core professional and behaviour capabilities	Evidence to support achievement/ method of achievement	Level of supervision achieved	Dates of assessment and signature of assessor
Professional Behaviour			
• working within appropriate equality and diversity legislation • working within appropriate health and safety legislation • demonstrating a commitment to learn from patient safety investigations and complaints • maintaining their continuing professional development and completing relevant statutory and mandatory training • demonstrating an ability to learn from and reflect on their professional practice and clinical outcomes • being able to accept constructive and appropriately framed criticism • being a professional role model. **Practical skills to provide safe and effective care;** • literate • numerate • articulate and be able to give clear, accurate and legible written instructions in English • able to give clear, accurate and comprehensible verbal instructions in English • able to make clear, accurate and contemporaneous records of their observations or findings in English • able to demonstrate a clear and appropriate knowledge of the legal aspects of digital and written records • able to demonstrate an appropriate knowledge of information governance, data protection and storage able to demonstrate appropriate IT skills, including word processing and data collection			

Leadership and Management Pillar

The capabilities outline the role of the SACP in supporting and developing leadership and management to ensure the breadth of knowledge and skills required for the role.

Leadership and Management	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
• Demonstrate leadership by example, working to the highest standards to the appropriate professional standards and regulatory body demonstrating a clear understanding of local and national policy regarding professional standards. • Promote an ethos of ethical, holistic patient-focused care and support and educate junior staff to achieve this goal throughout the hospital setting. • Continually develop practice and improve patient safety through engaging with clinical audit, service evaluation and quality improvement methodologies. • Lead new practice and service redesign solutions in response to feedback, evaluation and need, working across boundaries and broadening sphere of influence. • Develop effective relationships, fostering clarity of roles within teams to encourage productive working. • Negotiate an individual scope of practice within legal, ethical, professional and organisational policies governance and procedures, with a focus on risk management and patient safety. • Manage change and promote quality care provision, demonstrating professionalism and effective communication.	• HEI modules/ study • Multiple clinician report • Multi-source feedback form • Leadership-based discussion • Self-assessment • Lead and manage clinical audit		

Education Pillar

There is one CiP aligned to the Multi-professional framework for advanced clinical practice in England (HEE, 2017) Education pillar. The capability outlines the role of the SACP in supporting and developing education to ensure the breadth of knowledge and skills required for the role.

Education	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
• 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. • Demonstrate the ability to identify wider team developmental needs recognising appropriate learning opportunities to support and address need. • Advocate for and contribute to a culture of departmental / organisational learning to inspire future and existing staff. • Act as a role model, educator, supervisor and coach seeking to instill and develop confidence of others.	• HEI modules/ study • Multiple clinician report • Multi-source feedback form • Education-based discussions • Formal teaching session observation • Evaluation and reflection of teaching • Presentations		

Research Pillar

The capabilities outline the role of the SACP in supporting and developing research to ensure the breadth of knowledge and skills required for the role and to underpin safe and effective evidence-based practice.

Research	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
• Provide evidence of knowledge of research, audit and process. • Demonstrate the ability to engage in research activity, adhering to good research practice guidance. • Demonstrate the ability to: – Assess the need for, plan and lead clinical audit to manage risk and manage quality issues relating to surgical patients. – Critically appraise and synthesis relevant research, evaluation and audit to underpin own practice and to identify the potential need for further research. – Disseminate best practice research findings through appropriate forums.	• Multiple clinician report • Multi-source feedback form • Research-based discussion • Presentations • Involvement in audit/ clinical trials • Self-assessment		

Appendix 5b – Core Clinical Capabilities

Core Clinical Capability 1	Evidence to support achievement/ method of achievement	Level of supervision achieved	Dates of assessment and signature of assessor
Cardiovascular System			
Knowledge Demonstrate knowledge of the cardiovascular system, analysing severity, and its impact on related systems, demonstrating the ability to recognise the influence of social history, age, symptomatic and clinical signs, relevant to the normal and abnormal anatomy and physiology in patients; by undertaking supervised clinical examination and appropriate investigation, identifying the relevant anatomical and physiological features. **Clinical skills** • Undertake competent assessment of the cardiovascular system and demonstrate history and assessment skills and identify the correct tests to help elucidate the differential diagnoses Recognition of and management of acute respiratory failure. • Identify the indications for CXR/CT Chest. Technical skills and procedures Demonstrate the ability to: • Correctly identify the evidence-based indications for and managing a patients airway utilising the appropriate device. • Safely prescribe oxygen. • Order CXR/CT Chest (as per local agreement – will require IR(ME)R) training • Correctly performs and analyses an arterial blood sample and takes appropriate action Maintain patent airway utilising and take appropriate emergency action as required managing: • Jaw thrust / head tilt, chin lift • Use of Supraglottic airway device e.g. OPA, iGel, LMA	For example: • HEI modules/ study • Multiple clinician report • Multi-source feedback form • Mini Cex • Case-based discussion, reflection • DOPS • Patient survey • Self-assessment • Undertake ALS course		

Core Clinical Capability 2	Evidence to support achievement/ method of achievement	Level of supervision required	Dates of assessment and signature of assessor
Cardiovascular System			
Knowledge Demonstrate knowledge of the cardiovascular system, analysing potential severity and the impact on related systems, demonstrating the ability to recognise the influence of psycho-social history, age, symptomatic and clinical signs. Demonstrate the ability to be able to relate their findings to the normal and abnormal anatomy and physiology in patients. **Clinical skills** Undertake assessment of the cardiovascular system and demonstrate history and assessment skills and identify the correct tests to help elucidate the differential diagnoses • Recognition and management of acute cardiac failure. • Recognition and management of acute MI Assessment, interpretation and management of electrolyte disturbances including: • Potassium • Sodium • Calcium • Magnesium • Phosphate • Interpretation of FBC and coagulation screens • Interpretation of 12 lead ECG • Knowledge of the indication for cardiac enzyme tests and the interpretation of results.	• Multiple clinician report • Multi-source feedback form • Mini Cex • Case-based discussion, reflection • DOPS • Patient survey • Self-assessment • Undertake ALS		

Continued over...

Core Clinical Capability 2 (continued)	Evidence to support achievement/ method of achievement	Level of supervision required	Dates of assessment and signature of assessor
Cardiovascular System			
Technical skills and procedures Identify the clinically appropriate issues regarding vascular access and demonstrate the ability to obtain vascular access – to include: • Peripheral cannulae. • Arterial blood sampling • Demonstrate the ability to identify emergency situations, analyse the issues and synthesis an expedient response demonstrating decisive leadership and advanced knowledge of ALS algorithms • Lead and coordinate the resuscitation process • Perform defibrillation and cardioversion * (may be through ALS.) Managing cardiovascular medications based on sound assessment and clinical reasoning ensuring safe and appropriate care in line with appropriate local and national guidelines including: • Dilators, anti-arrhythmics • Anti-failure medication • Diuretics • Intravenous crystalloid/ colloid • Anticoagulants.			

Core Clinical Capability 3	Evidence to support achievement/ method of achievement	Level of supervision achieved	Dates of assessment and signature of assessor
Gastro-Intestinal (GI) System			
Knowledge Demonstrate knowledge of the gastrointestinal system, analysing potential severity and the impact on related systems, demonstrating the ability to recognise the influence of psycho-social history, age, symptomatic and clinical signs. Demonstrate the ability to be able to relate their findings to the normal and abnormal anatomy and physiology in patients. Knowledge of the indications contraindications and management of: • Gut prophylaxis medication • Gastric motility medication • Glycaemic control • Awareness of relevant scoring tools for acute pancreatitis. **Clinical skills** Undertake assessment of the GI system and demonstrate history and assessment skills and identify the correct tests to help elucidate the differential diagnoses for: • Vomiting • Abdominal distension • Hematemesis • Pain • Bruising • Bowel function • Impaction • Diarrhoea • Malaena • PR bleeding • The indications for and basic interpretation of radiological input: X-ray, CT / MRI scanning (as per local agreement), endoscopy. The ability to perform and interpret bloods related to GI system • Full blood count • Urea and electrolytes • Liver function tests • Serum amylase/lipase • Latcate.	• HEI modules/ study • Multiple clinician report • Multi-source feedback form • Mini Cex • Case-based discussion, reflection • DOPS • Patient survey • Self-assessment		

Continued over...

Core Clinical Capability 3 (continued)	Evidence to support achievement/ method of achievement	Level of supervision achieved	Dates of assessment and signature of assessor
Gastro-Intestinal (GI) System			
Technical skills and procedures Display the ability to analyse the initial synthesis and evaluation and form a treatment plan recognising the potential need for specialist input and utilising local protocols, identifying and demonstrating competence in the relevant treatment options by demonstrating: Insertion of nasogastric tubes ensuring correct placement based on local guidelines recognising indications and contraindications: • Nasogastric tube for feeding / digestive decompression • Fine bore feeding tube • Digital rectal examination (DRE). Plan and manage patients with diarrhoea, constipation and or faecal impaction utilising the appropriate evidence based and protocolised approaches including: • The prescription of aperients • Faecal management systems. Provide evidence of the ability to utilise the assessment findings to inform the management strategy to meet the patients' nutritional needs in liaison with the specialist healthcare teams. Liaise with the dietician to plan and evaluate care meeting local protocol requirements and to incorporate: **Barriers to feeding:** • Ability to perform a bedside swallow assessment • Identification and management of the appropriate route. Management of the appropriate nutritional product.			

Core Clinical Capability 4	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Renal System / Metabolic			
Knowledge Demonstrate knowledge of the renal system, analysing severity and its impact on related systems, demonstrating the ability to recognise the influence of social history, age, symptomatic and clinical signs, relevant to the normal and abnormal anatomy and physiology in patients with • Patients with acute kidney injury • Patients with chronic kidney failure. **Clinical skills** Undertake assessment of the renal system and demonstrate a systematic analytical approach to specific renal tests and be able to correctly order and interpret: • Patient fluid status • Blood urea and electrolyte levels • Urine electrolyte levels • Urine microbiology samples. **Technical skills and procedures** Demonstrate competence with urinary catheterisation in both male and females.	• HEI modules/ study • Multiple clinician report • Multi-source feedback form • CEX • Case-based discussion, reflection • DOPS • Patient survey • Self-assessment		

Core Clinical Capability 5	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Neurological System			

Knowledge
 	
Demonstrate knowledge of the neurological system, analysing severity and its impact on related systems, demonstrating the ability to recognise the influence of mechanism of injury, psycho-social history, age, symptomatic and clinical signs relevant to the normal and abnormal anatomy and physiology in patients.
 	
Demonstrate a sound understanding of the Mental Capacity Act (2005) and its application in practice including the relative testing procedures including:
 	
• The ethos underpinning the Mental Capacity Act and the role of family and friends, and advanced directives
• The principles underpinning the best interests decision
• The conditions under which capacity is decided.
 	
Clinical skills
 	
Undertake assessment of the central and peripheral nervous systems and demonstrate history and assessment skills and identify the correct tests to help elucidate the differential diagnoses:
 	
• Demonstrate the ability to relate findings to the clinical situation identify management strategies and an understanding of appropriate referral processes for specialist intervention and evaluate outcomes.
• Demonstrate the ability to assess the delirious patient utilising validated tools, and an understanding the causative factors. They should appropriately manage the condition in an evidence-based manner, utilising local protocols and demonstrate the ability to evaluate outcomes:
 	
  • Assessment of level of conciousness
  • Delirium assessment tools
  • Sedation scores
  • Adhere to unit guidelines in relation to drug administration.
	• HEI modules/ study
	• Multiple clinician report
	• Multi-source feedback form
	• Mini Cex
	• Case-based discussion, reflection
	• DOPS
	• Patient survey
	• Self-assessment		

Core Clinical Capability 6	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Musculoskeletal System			
Knowledge Demonstrate knowledge of the musculoskeletal system, analysing severity and its impact on related systems, demonstrating the ability to recognise the influence of mechanism of injury, psycho-social history, age, symptomatic and clinical signs relevant to the normal and abnormal anatomy and physiology in patients. Demonstrates knowledge of the gross and surface anatomy of the musculoskeletal system relevant to joint/ area being assessed and presenting pathology. Identify appropriate selective subjective questioning. This should be relevant to the specific joint and if referred or local pain to joint medial and distal. **Clinical skills** Undertakes assessment of the musculoskeletal system to include: • Inspection of the limb/joint and identify normal and abnormal findings, e.g. muscle wasting, deformity, swelling, posture, symmetry, scars. • Examine range of movement and strength of the appropriate area: active and passive. Isometric and isotonic. • Identify the necessity for and perform an appropriate spinal examination in addition to a peripheral joint examination. • Palpation: joint line; heat; inflammation; tenderness; redness • Special tests e.g. ligament stability of cruciates/ meniscus/ impingement/ tendon. Relate to joint being examined. • Identify different causes of pain e.g. radicular; articular and referred pain • Demonstrate professionalism and consideration of the client appropriate to the task with regard to patient handling and communication. • Refer for further examination as appropriate. Red flags to include progressive neurological symptoms/ cancer/ cauda equine/ infection.	• HEI modules/ study • Multiple clinician report • Multi-source feedback form • Mini Cex • Case-based discussion, reflection • DOPS • Teaching observation • Patient survey • Self-assessment		

Core Clinical Capability 7	Evidence to support achievement/ method of achievement	Level of supervision required	Dates of assessment and signature of assessor
Haematological System			
Knowledge Demonstrate knowledge of haematological system to include the process of haemostasis and to include: • The coagulation cascade • Dysregulation of haemostasis • Categories of anaemias and possible causes • Causes and manifestations of bleeding disorders. Identify special considerations for transfusion including: • Cell salvage • Jehovah Witness management • Major haemorrhage management. **Clinical skills** Demonstrate the ability to assess the need for and management of pre, peri and post-operative patients requiring authorised blood and prescribed blood components, to include: • Blood • Platelets • FFP • Cryoprecipitate • Human Albumin • Prothrombin complex • Fibrinogen • Factor 8.	• HEI modules/ study • Multiple clinician report • Multi-source feedback form • Mini Cex • Case-based discussion, reflection, • Teaching observation • Patient survey • Patient documentation • Blood authorisation course		

Core Clinical Capability 8	Evidence to support achievement/ method of achievement	Level of supervision required	Dates of assessment and signature of assessor
Hepatic system			
Knowledge Demonstrate knowledge of the hepatic system of the surgical patient, analysing severity and its impact on related systems: • Acute liver failure • Chronic liver failure Demonstrate the ability to recognise the influence of psychosocial history, age, symptomatic and clinical signs, relevant to the normal and abnormal anatomy and physiology of the patient. **Clinical skills** Undertake assessment of the hepatic system by undertaking supervised clinical examination and appropriate investigation, identifying the relevant anatomical and physiological features evident in: • The normal individual • The patients suffering from alcoholic liver disease incorporating • Hepatitis • Cirrhosis. Inform the assessment utilising blood sampling, and subsequent analysis of: • LFT • Coagulation • Protein levels.	• HEI modules/ study • Multiple clinician report • Multi-source feedback form • Mini Cex • Case-based discussion, reflection • DOPS • Patient survey • Self-assessment		

Core Clinical Capability 9	Evidence to support achievement/ method of achievement	Level of supervision required	Dates of assessment and signature of assessor
Genito-Urinary system			
Knowledge Demonstrate knowledge of the genito-urinary system of the surgical patient, analysing severity and its impact on related systems: **Clinical skills** Undertake assessment of the genito-urinary system by undertaking supervised clinical examination and appropriate investigation, identifying the relevant anatomical and physiological features evident in: • Placement of a urinary catheter in Males and Females • Bladder scanning	• HEI modules/ study • Internal Organisational Training • MCR • MSF • CEX • Case-based discussion, reflection • DOPS • Patient survey • Self-assessment		

Core Clinical Capability 10	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Skin Care and Wound Management			
Knowledge Demonstrate knowledge of skin integrity and breakdown, utilising validated objective scoring systems and local protocols. Provide evidence of the ability to formulate preventative strategies for pressure sore management and the management of wound care by liaising with the specialist teams and resource providers for the risk groups. **Clinical skills** Provide evidence of the ability to identify those at risk: • Malnourished surgical patients Ability to advise regarding: • Mattress choice • Pressure relieving devices • The malnourished patient • Patients with excessive exudate. Ability to assess, plan, implement and evaluate wound management issues providing advice and liaising with specialist teams to ensure the correct evidence-based management strategies are employed for: • Surgical wounds including, – Uncomplicated wound healing – Drainage sites – Wound dehiscence – Open abdominal wounds • Pressure ulcer management.	• HEI modules/ study • Multiple clinician report • Multi-source feedback form • Mini Cex • Case-based discussion, reflection • Patient survey • Self-assessment • Discussions with tissue viability specialist.		

Core Clinical Capability 11	Evidence to support achievement/ method of achievement	Level of supervision required	Dates of assessment and signature of assessor
Infection prevention and control			
Knowledge Demonstrate knowledge regarding the management of infection control issues, ensuring that the clinical environment remains safe for patients and staff by demonstrating: • A sound knowledge of public health issues and potential environmental hazards • Rigorous hand hygiene and use of personal protective equipment (PPE) • Leadership and encouragement to all other staff groups Demonstrate analytical skills when recognising and managing the septic patient and provide evidence of strategies to contain group and conditions that require isolation. **Clinical skills** Provide evidence of the processes of assessment/screening and interpretation of: • Appropriate inflammatory markers (including but not limited to CRP/WCC) • Sepsis care (including but not limited to lactate) • Management of antimicrobials • Referral to appropriate critical care environment if indicated • Evaluation of outcomes • Demonstrates the ability to safely don and doff PPE.	• HEI modules/ study • Multiple clinician report • Multi-source feedback form • Mini Cex • Case-based discussion, reflection • Self-assessment		

Core Clinical Capability 12	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Pain management			
Knowledge Demonstrate the ability to provide expedient care when assessing managing and evaluating the pain of the surgical patient. This will include: • Supporting and/ or conducting rigorous pain assessment • Ensuring symptomatic relief of physical discomfort and anxiety • Demonstrating good communication and psychological support for the patient • Knowledge of different routes and methods of pain management. **Clinical skills** Demonstrate the ability to perform pain assessment based on history and clinical situation and formulate an evidence based patient focused management plan incorporating: • Appropriate use of opiates and NSAIDs • Post-operative protocols • PCEA including, – Assessment of nerve block bolus – Skin preservation – Patient Controlled Anaesagesia (PCA)	• HEI modules/ study • Multiple clinician report • Multi-source feedback form • Mini Cex • Case-based discussion, reflection • Patient survey • Self-assessment		

Core Clinical Capability 13	Evidence to support achievement/ method of achievement	Level of supervision required	Dates of assessment and signature of assessor
Health promotion			
Knowledge Develop the capabilities necessary to support patients in caring for themselves: to empower them to improve and maintain their own health. • Damaging health and social issues such as excessive alcohol consumption, smoking and illicit drugs and the harmful effects they have on health • The connection between mental health and physical health • The importance of health education for promoting self-care for patients • The health risks posed by obesity including an increased incidence of coronary heart disease, type 2 diabetes, hypertension, stroke, and some major cancers • Social, psychological and environmental factors that underpin obesity • Physiological and metabolic effects of obesity on the surgical patient • Available treatments for obesity including diet, exercise, medication and surgery • Clinical features of dementia and the distinction between it and delirium • The impact of dementia on patient, family and carers • Physical inactivity as an independent risk factor for ill health and obesity • Relationship between physical exercise programmes and healthy eating and smoking cessation programmes. **Clinical skills** • Modification of explanations to match the intellectual, social and cultural background of individual patients • Identification and utilisation of opportunities to promote health including positive role modelling • Assess and explain the higher risks for obese individuals undergoing surgery • Provide advice and guidance about weight loss to overweight and obese patients within the context of a multidisciplinary team • Management of surgical patients in the context of their dementia • A range of techniques and strategies to communicate effectively with people with dementia and their carers/ families Utilisation of all patient interactions as opportunities for health and fitness promotion	• HEI modules/ study • Multiple clinician report • Multi-source feedback form		

Core Clinical Capability 14	Evidence to support achievement/ method of achievement	Level of supervision required	Dates of assessment and signature of assessor
Frailty **Objectives: To demonstrate the knowledge and clinical and technical skills necessary to contribute to the management of the frail patient.**			
Knowledge Demonstrates an ability to recognise frailty Formulates individual patient management plan based on assessment of frailty as well as clinical need Describes the impact of activities of daily living on long-term conditions (e.g. impact of a condition on driving) and provides information / discusses these with the patients and carers Early engagement with the multidisclipinary team **Clinical skills** Prescribes with an understanding of the impact of increasing age, weight loss and frailty on drug pharmacokinetics and pharmacodynamics Performs aspects of a comprehensive geriatric assessment (CGA) including assessment of cognition and use of appropriate frailty scoring.	• Multiple clinician report • Multi-source feedback form • Case based discussion, reflection • Simulation • Mini Cex		

Core Clinical Capability 15	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Discharge Planning **Objectives: To demonstrate the knowledge and clinical and technical skills necessary to contribute to the discharge planning of surgical patients.**			
Knowledge Demonstrates a clear, timely, legible discharge summary that identifies principle diagnoses, including complications, mental health, key treatments/interventions, discharge medication and follow-up arrangements. **Clinical skills** Prescribes discharge medication in a timely fashion	• Multiple clinician report • Multi-source feedback form • Case based discussion, reflection • Simulation		

Core Clinical Capability 16	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Personal performance, Complaints and Medical Error			
Knowledge Identifies factors which influence personal performance and their impact on patient care which include; Describes the risks to patients if personal performance is compromised The effects of stress and fatigue on performance (personal or of others), with actions to minimise its impact, along with sources of help How medications, which they may be taking, can reduce personal performance Why health problems (personal or of others) must not compromise patient care or expose colleagues or patients to harm The need to report personal health problems in a timely manner and awareness of the support services available Takes responsibility for personal health and performance, e.g. by reporting sickness absence in a timely manner and completing return to work documentation as required. Notifies appropriate individuals, and arranges cover where applicable, for planned or unexpected absences and seeks appropriate support regarding health or emotional concerns that might impact on personal performance	• HEI modules/ study • Multiple clinician report • Multi-source feedback form • CEX • Case-based discussion, reflection • Patient survey • Self-assessment		

Continued over...

Core Clinical Capability 16 (continued)	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Personal performance, Complaints and Medical Error			
Understanding of the management of complaints: Define the local complaints procedure Recognise factors likely to lead to complaints (poor communication, dishonesty etc.) and adopt behaviour that is likely to prevent Outline the principles of an effective apology and demonstrates understanding of duty of candour Identify sources of help and support when a complaint is made about yourself or a colleague Contribute to a fair and transparent culture around complaints and errors Describes the role of human factors in medical errors and takes steps to minimise these Describes ways of identifying poor performance in colleagues and how to support them Recognise the impact of complaints and medical error on staff, patients, and the National Health Service **Clinical skills** Demonstrates ability to perform Root Cause Analysis (RCA) investigation.			

Core Clinical Capability 17	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Basic Science **Objectives: To acquire and demonstrate a knowledge of the basic science which underpins the practice of surgery.**			
Knowledge Applied anatomy • Development and embryology • Gross and microscopic anatomy of the organs and other structures • Surface anatomy • Imaging anatomy This will include anatomy of thorax, abdomen, pelvis, perineum, limbs, spine, head and neck as appropriate for surgical operations that the trainee will be involved with during core training. **Physiology** General physiological principles including • Metabolic, electrolyte and acid/base homeostasis • Cardiorespiratory autoregulation • Thermoregulation • Sepsis and septic shock • Haemostasis • Nutrition • Acid base balance This will include the physiology of specific organ systems relevant to surgical care including the cardiovascular, respiratory, gastrointestinal, urinary, endocrine and neurological systems. **Pharmacology** • The pharmacology and safe prescribing of drugs used in the treatment of surgical diseases including analgesics, antibiotics, cardiovascular drugs, antiepileptic, anticoagulants, respiratory drugs, renal drugs, drugs used for the management of endocrine disorders (including diabetes) and local anaesthetics. • The principles of general anaesthesia. • The principles of drugs used in the treatment of common malignancies. • The pharmacological principles of immunosuppression.	• HEI modules/ study • Multiple clinician report • Multi-source feedback form • CEX • Case-based discussion, reflection • Patient survey • Self-assessment		

Continued over...

Core Clinical Capability 17 (continued)	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Basic Science **Objectives: To acquire and demonstrate a knowledge of the basic science which underpins the practice of surgery.**			
Pathology General pathological principles including: • Necrosis and apoptosis • Inflammation and immunity including transplant rejection • Repair, regeneration and healing • Thrombosis and embolism • Shock, systemic inflammatory response syndrome and multiple organ failure • Neoplasia including carcinogenesis, the biology of tumour growth, metastasis and the principles of grading and staging • Genetics. The pathology of specific organ systems relevant to surgical care including cardiovascular pathology, respiratory pathology, gastrointestinal pathology, genitourinary disease, breast, exocrine and endocrine pathology, central and peripheral, neurological systems, skin, lymphoreticular and musculoskeletal systems. **Microbiology** • Infection control including sources of infection, asepsis, disinfection and sterilisation • General pathology of bacterial and viral disease including mechanisms of injury and systemic sepsis • Soft tissue infections including cellulitis, abscesses, necrotising fasciitis and gangrene • Hospital acquired infection, antibiotic governance and bacterial resistance • Prevention of the transmission of blood born viral infection during surgery **Imaging** Principles of diagnostic and interventional imaging including x-rays, ultrasound, CT, MRI. PET, radiounucleotide scanning.			

Core Clinical Capability 18	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Core Conditions (Appendix 2) **The clinical method in surgical practice** **Objectives: For each of the common conditions found in Appendix 2c demonstrates the knowledge and clinical skill necessary to assess and investigate a patient presenting to a surgical team including all the areas below:**			
Clinical skills • Epidemiology • Common presentations • Expected findings on history and examination • Natural history • Important investigations and likely findings • Management options and published guidelines • Prognosis • Take a tailored history and perform a relevant examination in an outpatient clinic • Detect the need for and initiate resuscitation in an unwell patient • Take a tailored history and perform a relevant examination for an acutely unwell patient • Construct and investigate a differential diagnosis Facilitate a patient centred discussion of treatment options and agree on a management plan	• HEI modules/ study • Multiple clinician report • Multi-source feedback form • Case-based discussion, reflection • Self-assessment • CBD • MCR • IMPACT • CCrISP		

Core Clinical Capability 19	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Peri-operative care **Objectives: To assess and manage preoperative risk and prepare a patient for theatre and to provide medical care for the patient in the postoperative period.**			
Pre-operative period **Knowledge** • Risk factors for surgery and scoring systems including ASA and VTE risk • Antibiotic and VTE prophylaxis guidelines • Principles of ambulatory day surgery including selection and discharge criteria • Ethical principles of, and legislative framework for, capacity and consent • Nutritional assessment methods and feeding options **Clinical skills** • The safe prescribing of pharmacological agents used for the treatment of chronic intercurrent disease, modified appropriately to the peri-operative period • The safe prescribing of measures for antibiotic and VTE prophylaxis • Assessing patient mental capacity • Obtaining consent for surgery (according to local policy) • Assessing operative and anaesthetic risk and communication with anaesthetic and theatre teams • Planning perioperative nutrition in advance in partnership with the nutrition team • Engaging with multidisciplinary team discussions including those with oncology and interventional radiology.	• Multiple clinician report • Multi-source feedback form • Case-based discussion, reflection • Patient survey • Clinical supervisor feedback • Self-assessment		

Continued over...

Core Clinical Capability 19 (continued)	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Peri-operative care **Objectives: To assess and manage preoperative risk and prepare a patient for theatre and to provide medical care for the patient in the postoperative period.**			
Post-operative period **Knowledge** • Delirium • Epidemiology and prognosis of delirium • Causes and clinical features of delirium • The impact of delirium on patient, family and carers • Spectrum of post-operative complications • Guidelines for indications, prescription and management of complications of the transfusion of blood products. **Clinical skills** • Assessment of the unwell postoperative patient • Delivery of effective analgesia • Diagnosis and treatment of VTE • Post-operative monitoring and optimisation of fluid & electrolyte balance • Diagnosis and treatment of post-operative infection and sepsis • Diagnosis and treatment of transfusion reactions • Delirium • Assessment of cognitive impairment seeking to differentiate dementia from delirium, with the knowledge that delirium is common in people with dementia • Management of patients with delirium including addressing triggers and using non-pharmacological and pharmacological methods where appropriate • Explanation			

Core Clinical Capability 20	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Critical Care **Objectives: To demonstrate the knowledge, clinical and technical skills necessary to contribute to the management of deteriorating and critically unwell patients including general acute deterioration and post operative complications.**			
Knowledge Recognises and promptly assesses the deteriorating, acutely ill, collapsed or unconscious patient using an Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach Initiates prompt appropriate management to stabilise/ prevent further deterioration in patients with common acute presentations (including mental health) and seeks timely senior help with the further management Reassesses acutely ill patients to monitor efficacy of interventions, including those aimed at managing acute mental illness and maintaining patient safety and the safety of others Recognises when a patient should be moved to a higher level of care and seeks appropriate assistance with review and management in a timely manner Communicates with the patients relatives/friends/carers in acute situations and ensures support is offered Demonstrates understanding of initial assessment, appropriate investigations, initial management, treatment and timely escalation for the following presentations: • Acute shortness of breath • Chest pain • Collapse • Fall • Acute LVF • ACS • Pain • Seizure • The unconscious patient Demonstrates knowledge of the following diagnosis and initial management post operative complications; • Major haemorrhage • Sepsis • Pulmonary embolism • Anaphylaxis	• CCrISP, • Multiple clinician report • Multi-source feedback form • Case based discussion, reflection • Simulation		

Continued over...

Core Clinical Capability 20 (continued)	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Critical Care **Objectives: To demonstrate the knowledge, clinical and technical skills necessary to contribute to the management of deteriorating and critically unwell patients including general acute deterioration and post operative complications.**			
Clinical skills Correctly interprets clinical and non-invasive monitoring of vital signs Delivers immediate therapy (e.g. oxygen, fluid challenge, antibiotics) to an acutely ill patient Identifies electrolyte imbalance and, delivers a safe and effective method of correction Records and acts on changes in physiological status, anticipating and planning appropriate action to prevent deterioration in vital signs Communicates with the patient, relatives and carers and ensures they are supported Informs senior colleague and requests assistance / review e.g. NEWS ≥ 5 Performs prompt, rapid, focused assessment of the patient who presents an acute risk to themselves or to others in the context of mental disorder, incapacity or incompetence A systematic, prioritised method of managing the septic patient according to evidenced based practice and national guidance **Clinical skills** Resuscitation and early management of the septic patient. Knowledge and understanding of information to support diagnosis and severity of sepsis i.e lactate, qSOFA score			

Core Clinical Capability 21	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Management of the dying patient **Objectives: To demonstrate the knowledge and clinical skills necessary to manage the transition from life to death including palliation of symptoms and the discussion of resuscitation status and organ donation.**			
Knowledge Awareness of the public debate around resuscitation and palliative care, and organ donation. Discussion of best interest including resuscitation status and ceiling of care with patient advocate. Discussion of organ donation with family in collaboration with the MDT (may include transplant coordinators). The role of the coroner and legal implications following surgery and referral Knowledge of the clinical and legal frameworks for DNACPR decision making, end of life care and Recommended summary plan for emergency care and treatment (ReSPECT). Awareness of safe and effective use of syringe pumps in the palliative care **Clinical** Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing at end of life Able to manage non complex symptom control including pain Facilitates referrals to specialist palliative care Demonstrates effective consultation skills in challenging circumstances Demonstrates compassionate professional behaviour and clinical judgement Safe and appropriate prescribing of end of life/just in case medications.	• Multiple clinician report • Multi-source feedback form • Case based discussion, reflection • Patient and/or relative feedback • Simulation		

Core Clinical Capability 22	Evidence to support achievement/ method of achievement	Level of supervision	Dates of assessment and signature of assessor
Management of the vulnerable patient dying patient **Objectives: To demonstrate the knowledge and clinical skills necessary to safeguarding and caring for vulnerable groups.**			
Knowledge • recognise and take responsibility for safeguarding children, young people and adults, using appropriate systems for identifying, sharing information, recording and raising concerns, obtaining advice and taking action – understand the professional responsibilities in relation to procedures performed on minors for non-medical reasons – apply the mental capacity legislation in clinical practice, to protect the safety of individuals and society – identify, assess and manage suicide risk – understand the needs and support required for people with learning disabilities – understand positive behavioural support and determine when and how to safely restrain and safeguard vulnerable adults in distress – recognise where addiction (to drugs, alcohol or smoking), obesity, environmental exposure or social deprivation issues are contributing to ill health and act on this information – apply appropriate equality and diversity legislation, including disability discrimination requirements, in the context of patient care – identify and escalate concerns about modern slavery and human trafficking to appropriate authorities	• Multiple clinician report • Multi-source feedback form • Case based discussion, reflection • Patient and/or relative feedback • Simulation		

Appendix 5c – Core Presentations/Conditions and Expected Level of Achievement

For each condition/presentation listed below, trainees will need to be familiar with aspects of aetiology, epidemiology, clinical features, investigation, management and prognosis. This approach provides general guidance and not exhaustive detail, which would inevitably become out of date

The practical application of knowledge is evidenced through clinical practice and technical skills. For each presentation a stage of competence level has been ascribed ranging from 1 to 3. The level is the minimum expected of the SACP and should be demonstrated through CBDs.

1. **Is aware of but not directly observed. At this level the trainee:**

   - Has some knowledge of the presentation
   - Can discuss parts of what to expect in a presentation
   - Knows red flag symptoms and appropriately escalates/refers.

2. **Has observed. At this level the trainee:**

   - Knows what the common signs and symptoms are and the reasons that lie behind the methodology
   - Can perform an appropriate focused history and examination
   - demonstrates when to safely call for assistance/advice from the supervisor (knows personal limitations).

3. **Has directly managed. Requires some assistance. At this level the trainee:**

   - Can adapt to well-known variations encountered, without direct input from the trainer
   - Recognises and makes a correct assessment of common problems that are encountered
   - Is able to deal with most of the common problems
   - Knows and demonstrates when need is required.

System	Presentation	Competence level	Condition / Issue
Breast disease	Breast Lumps Nipple discharge Acute breast pain	2 2 2	Benign and malignant breast lumps Mastitis and breast abscess
Cardiovascular disease	Breathlessness Chest pain Limb pain Limb swelling Palpitations Syncope and pre-syncope	2 2 2 2 2 2	Coronary heart disease Cardiac arrhythmias Cardiac failure Diseases of heart muscle Diseases of the arteries, including aortic dissection Diseases of the pulmonary circulation Heart valve disease Hypertension Oedema Pericardial disease Venous thromboembolism
Endocrine	Lumps in the neck Acute endocrine crises	2 2	Thyroid and parathyroid disease Adrenal gland disease Diabetes – DKA/ HHS/ Hypoglycaemia
Gastro-intestinal	Abdominal pain Abdominal swelling Abdominal mass Change in bowel habit Constipation / diarrhoea Gastrointestinal haemorrhage Rectal bleeding Dysphagia Dyspepsia Jaundice Nausea and Vomiting Hepato-splenomegaly Anaemia (iron deficiency) Malaena Weight loss	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Acute abdominal pathologies Appendicitis Gastrointestinal malignancy Inflammatory bowel disease Diverticular disease Intestinal obstruction Adhesions Abdominal hernias Peritonitis Intestinal perforation Peptic ulcer disease Alcohol related liver disease including the withdrawal syndrome Chronic liver diseases Diet and nutritional support Diseases of the gall bladder, pancreas and biliary tree Diseases of the mouth and salivary glands Diseases of the oesophagus Diseases of the stomach Functional bowel disorders Gastrointestinal infections Malabsorption Nutrition and malnutrition Refeeding Vascular disorders of the GI tract

Continued over...

System	Presentation	Competence level	Condition / Issue
Genitourinary disease	Loin pain Haematuria Lower urinary tract symptoms Urinary retention Renal failure Scrotal swellings Testicular pain Genital discharge and ulceration Genital rash Erectile dysfunction genital lumps rectal discharge pelvic pain	2 2 2 2 2 2 2 2 2 1 1 1 2	Genitourinary malignancy Urinary calculus disease Urinary tract infection Benign prostatic hyperplasia Obstructive uropathy HIV infection Prevention of conditions related to sexual behaviour Sexually transmitted infections and systemic complications Reproductive health (incl contraception)
Geriatric medicine	Delirium Deterioration in mobility Falls Fragility fractures Frailty Hypothermia Incontinence Memory loss Unsteadiness / balance disturbance	2 2 2 2 2 2 2 2 2	Continence – faecal and urinary Dementias Depression Malnutrition Movement disorders Osteoporosis Subarachnoid and subdural haemorrhage Stroke Transient ischaemic attack (TIA) Pressure ulcers
Neurology and Neurosurgery	Headache Facial pain Coma Involuntary movements Dizziness Unsteadiness Acute confusion	2 1 2 1 1 2 2	Space occupying lesions from bleeding and tumour Movement disorders Stroke / TIA Epilepsy
Ophthalmology	Diplopia Optic disc swelling Painful eye Red eye Vision loss	1 1 1 2 1	Cranial nerve palsy Glaucoma Inflammatory eye disease TIA/stroke Corneal abrasion
Palliative medicine & end of life care	Pain Physical symptoms other than pain Psychosocial concerns including spiritual care and care of family Managing the dying patient	2 2 1 2	Advanced malignancy End stage organ failure Frailty Multiple comorbidity
Peripheral vascular disease	Chronic and acute limb ischaemia Aneurismal disease Transient ischaemic attacks Varicose veins Leg ulceration Limb pain / swelling	2 2 2 2 2 2	Atherosclerotic arterial disease Embolic and thrombotic arterial disease Venous insufficiency Diabetic ulceration

Continued over...

System	Presentation	Competence level	Condition / Issue
Psychiatry	Aggressive or disturbed behaviour Alcohol and substance dependence Anxiety or panic Physical symptoms unexplained by organic disease Self-harm Treatment refusal	1 2 2 1 1 2	Alcohol and substance misuse Anxiety disorders Bipolar disorder Delirium Dementias Depression Eating disorders Learning difficulties Personality disorder Psychoses Schizophrenia Suicide and self-harm
Renal	Dysuria Electrolyte abnormality Fluid balance abnormality Haematuria Hypertension Loin pain Micturition difficulties Polyuria Proteinuria Raised serum creatinine	2 2 2 2 1 2 2 2 1 1	Acute kidney injury Chronic kidney disease Drugs and the kidney Electrolyte disorders Fluid balance disorders Glomerular diseases Malignant disease of the urinary tract Nephrotic syndrome Renal replacement therapy Renal tubular disorders Systemic disorders affecting the kidneys Urinary tract infection Urinary tract obstruction
Respiratory	Breathlessness Pleuritic chest pain Cough Haemoptysis Hoarseness Stridor Pleural effusion Wheeze	2 2 2 2 1 1 1 2	Asthma Bronchiectasis Chronic obstructive pulmonary disease Diseases of the pulmonary circulation Disorders of the thoracic cage and diaphragm Disorders of the upper respiratory tract Interstitial lung diseases Malignant diseases of the respiratory system Pleural diseases including pneumothorax Occupational lung diseases Pulmonary embolism Obstructive sleep apnoea Respiratory infections Respiratory failure Tuberculosis

Continued over...

System	Presentation	Competence level	Condition / Issue
Skin, Head and Neck	Lumps in the neck Epistaxis Upper airway obstructions	1 1 1	Benign and malignant skin lesions Benign and malignant lesions of the mouth and tongue
Trauma and orthopaedics	Traumatic limb and joint pain and deformity Chronic limb and joint pain and deformity Back pain	1 1 1	Simple fractures and joint dislocations Fractures around the hip and ankle Basic principles of degenerative joint disease Basic principles of inflammatory joint disease including bone and joint infection Compartment syndrome Spinal nerve root entrapment and spinal cord compression Metastatic bone cancer Common peripheral neuropathies and nerve injuries

Appendix 5d – Core Critical Conditions in Surgery

- Assessment of the acute abdomen
  Include differential diagnosis, operative and conservative treatment in the discussion
- Strangulated / obstructed hernia
- Intestinal ischaemia
- Intestinal obstruction
  Include small and large bowel obstruction in the discussion
- Post-operative haemorrhage
  Include different operative sites (e.g. neck surgery) in the discussion
- Acute gastrointestinal haemorrhage
  Include both upper and lower GI bleeding in the discussion
- Blunt / penetrating abdominal injury
  Include physiological response and management of blunt and penetrating injury in the discussion
- Necrotising fasciitis
  Include other severe soft tissue infections in the discussion (e.g. diabetic foot infection)
- Sepsis
  Include recognition and management in the discussion
- Anastomotic leak
  Include large bowel and small bowel anastomotic leak
  Colorectal
- Acute colitis / toxic megacolon
- Faecal peritonitis
  UGI
- Biliary sepsis
  Include all causes and their management in the discussion
- Acute pancreatitis
- Oesophageal perforation
- Upper GI anastomotic leak
  Vascular
- Ruptured AAA
- Acute limb ischaemia
- Compartment syndrome

Appendix 6 – Core Clinical and Procedural Skills

- Venepuncture
- IV cannulation
- Insertion of intraosseous device
- IV medications and injections
- Arterial puncture in an adult
- Blood culture from peripheral sites
- Intravenous infusion including the prescription of fluids
- Intravenous infusion of blood and blood products including authorisation and prescribing
- Injection of local anaesthetic to skin
- Injection – subcutaneous (e.g. insulin or LMW heparin)
- Injection – intramuscular
- Perform and interpret an ECG
- Perform and interpret peak flow
- Set up and administer nebulisation
- Urethral catheterisation (male & female)
- Airway care including simple adjuncts (e.g. guedel airway or laryngeal masks)
- Insertion of nasogastric (NG) tube

For each procedure, the tSACP will need to know the indications and contraindications and be able to:

- Explain the procedure to patients, including possible complications, and gain valid informed consent
- Prepare the required equipment, including a sterile field
- Position the patient
- Prescribe and/or administer appropriate analgesia in certain patients
- Adequately prepare the skin using aseptic technique where relevant
- Administer local anaesthetic correctly for the procedure
- Recognise, record and be able to undertake emergency management of common complications
- Safely dispose of equipment, including sharps
- Document the procedure, including the labelling of samples and giving instructions for appropriate aftercare/monitoring

Appendix 7 – Learning Outcomes from Mandatory Courses

Care of the Critically Ill Surgical Patient (CCrISP Course)

- Adopt a structured, comprehensive approach to managing surgical patients
- Judge which patients are at most risk and plan to reduce their risk of adverse outcomes
- Recognise the deteriorating patient
- Model your non-operative technical skills in a safe environment

Ill Medical Patients' Acute Care and Treatment (IMPACT course)

- Recognise the deteriorating patient
- Adopt a structured, comprehensive approach to managing acute deteriorations in a medical condition
- Assess and identify which patients are at most risk and plan to reduce their risk of adverse outcomes
- Develop knowledge in Ethics, Consent, and Capacity & Ceiling of Care when managing major acute presentations

Basic Surgical Skills learning should include:

- gowning, gloving, laying safe surgical knots and local anaesthetic management;
- tissue handling practice (including for infected and contaminated tissues), along with the requirements for differing tissue sites, such as skin, bowel or vessels;
- electrosurgery device usage;
- manipulation of endoscopic instruments in a 3D surgical environment while viewing a remote 2D image;
- visuospatial awareness, management of depth cueing and control of the 'fulcrum effect' during endoscopic surgery.

Learning Outcomes of any locally delivered programme must include:

- demonstrate safe operating techniques;
- use a variety of surgical knots safely and effectively;
- confidently handle and use surgical instruments;
- handle tissues confidently with due regard to their unique properties;
- use endoscopic instruments in a practical and safe way;
- discuss the practical, safe use of electrosurgery

Appendix 8 – Portfolio Guidance and Evidence

It is primarily the trainee's responsibility to enter information into their portfolio but supervisors should also have access to parts of the portfolio and have a responsibility to record supervisor reports, panel review outcomes and confirm the record of competence.

Trainees are responsible for keeping their Portfolio updated in line with the curricula requirements. They will need to make sure they know who their local administrator is and do the following:

- Make sure the post is up to date with current post details with educational and clinical supervisors assigned to each post
- Ensure the required assessments are completed (for each rotation if this is part of the training program)
- Log reflections, courses attended, certificates
- Keep personal details updated
- Appraisals and development plan
- Link assessments against the curricula competencies achieved

It is the trainee's responsibility to make sure that the portfolio and all assessments are completed and updated. Any queries should be directed to the ES or line manager.

How to link evidence to the curriculum

Evidence is crucial to show that a trainee is competent and progressing within their training. Evidence needs to be linked to a curriculum item or module. These can be assessment forms, reflections, certificates or documents from the trainees personal library.

The trainee must ensure there is a logical process to review evidence against the curriclua. If the trainee is using a paper based portfolio a guide should be produced for the assessors. It will not be their role to map the evidence for the trainee. If it is not clearly identified then it is likely the trainees portfolio will not be passed as meeting the requirements of the standard.

If an e-portfolio is being utilised then the trainee should be guided by the programme being utilised but the principles of mapping evidence to the curricula will still apply.

Appendix 9 – Review of Progression to Completion of Training Decision Aid

Based upon a 3 year programme it is recognised that as an outcome based curriculum this may be a longer or shorter period but provides some guidance.

Evidence / Requirement	Notes	tSACP Year 1 expectations	tSACP Year 2	tSACP Year 3
Educational Supervisor (ES) Report	One per year to cover training period however meetings should be held every 12 weeks	Meeting confirms no concerns or exceeding expectations	Meeting confirms no concerns or exceeding expectations	Meeting confirms no concerns or exceeding expectations. ES should be looking to refer for completion of training panel
Core Professional & behavioural CiP (CPBC) QI Project / Audit activity Evidence of educational activity	Assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES. ES report will record rating for each CiP QI Project plan and report to be completed. Evidence of audit activity and cycle in progress / completed and repeated Required to support educating patients and colleagues	ES to confirm meets expectations for level of training Evidence of knowledge of and supporting a project Participates in educating others in the MDT	ES to confirm meets expectations for level of training Completed research methods programme and leading on audit project and or QI project Participates in educating others in the MDT	ES to confirm meets expectations for level of training. ES should be looking to refer for completion of training panel Completed 1 audit project and has repeated cycle Completed 1 x QI project Participates in educating others in MDT
Core Clinical CiP (CCC)	See grid below for levels of supervision and critical progression points (CPP) Trainees must complete self-rating to facilitate discussion with ES. ES report will confirm Supervision level for each individual CiP and overall global rating of progression	ES to confirm meets expectations for level of training See CPP in **Appendix 4** for expectations	ES to confirm meets expectations for level of training See CPP in **Appendix 4** for expectations	ES to confirm meets expectations for level of training See CPP in **Appendix 4** for expectations

Evidence / Requirement	Notes	tSACP Year 1 expectations	tSACP Year 2	tSACP Year 3
Multi Clinician Reports (MCR)	Minimum number required Each MCR is completed by a consultant who has supervised the trainee's clinical work. The ES should not complete an MCR for their own trainee	3 or more	3 or more – of which 2 should be from clinicians who have personally supervised on an acute take and on ward management	3 or more - of which 2 should be from clinicians who have personally supervised on an acute take and on ward management
Multi-Source Feedback (MSF)	Minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical). Replies should be received within 2 months of contact. MSF report must be released by the ES and feedback discussed with the trainee before the appraisal and RoP. If significant concerns are raised then arrangements should be made for a repeat MSF	1	1	1
Supervised Learning Events (SLEs) Case based Discussions (CbDs) and Cex	Minimum number to be carried out by designated assessors. Trainees are encouraged to undertake more and 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 All core presentations must be evidenced using CbD and or CEX	6	6	6

Evidence / Requirement	Notes	tSACP Year 1 expectations	tSACP Year 2	tSACP Year 3
Supervised Learning Events (SLEs) Acute care assessment tool (ACAT)	Minimum number to be carried out by consultants. Trainees are encouraged to undertake more & supervisors may require additional SLEs if concerns are identified. Each ACAT must include a minimum of 5 cases. ACATs should be used to demonstrate global assessment of trainee's performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (eg prioritisation, working with the team). It is not for comment on the management of individual cases	0	3	3
DOPS	All core procedures must have a summative DOPS	50% of all procedures with summative DOPS by appropriate assessor	100% of all procedures with a summative DOPS by appropriate assessor	
Advanced Life Support (ALS)			Valid	Valid
Care of the Critically Ill Surgical Patient (CCrISP)			Valid	
IMPACT			Valid	
QI Project / Audit activity	QI Project plan and report to be completed. Evidence of audit activity and cycle in progress / completed and repeated			
Evidence of educational activity	Required to support educating patients and colleagues			
Knowledge	Academic learning to be mapped to LO or evidence with Masters in relevant healthcare subject			Full award or equivalence process approves evidence

Appendix 10 – Assessment Forms

NHS
Health Education England

Case-Based Discussion (CBD)

Trainee	Assessor
Name/ PiN:	**Name/ PiN:**
Assessment date:	**Hospital CBD took place:**
SACP year of training:	

FEEDBACK:

Verbal and written feedback is a mandatory component of this assessment.

General
Strengths
Development needs
Recommended actions

ACP REFLECTIONS ON THIS ACTIVITY (optional)

What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

RATINGS

Your ratings should be measured against the supervision levels identified in the syllabus.

How do you rate this ACP in: **O:** Outstanding **S:** Satisfactory **D:** Development required **N:** Not assessed		**Supervision levels** Please tick the overall level at which the CBD was performed, if there was sufficient evidence to make a judgement:		
1. Medical record keeping		Level 1	Able to observe only	
2. Clinical assessment				
3. Diagnostic skills and underlying knowledge base		Level 2a	Requires direct supervision	
4. Management and follow-up planning				
5. Clinical judgement and decision making		Level 2b	Requires supervision but may be form another setting	
6. Communication and team working skills				
7. Leadership skills		Level 3	Able to work autonomously with indirect supervision	
8. Reflective practice/writing				
9. Professionalism		Level 4	Able to work unsupervised with delegated authority	

SACP CBD, September 2020

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CBD DETAILS												
Clinical setting:						**Emergency / Elective** (please circle)						
Performed in a simulated setting **Description of the simulation:**												
CBD performed while on a course **Yes** **No** **If yes, please give details:**												
Summary of the clinical problem:						**Critical condition: Yes / No**						
Focus of encounter:	History	☐	Exam	☐	Diagnosis	☐	Management	☐	Explanation	☐	Consent	☐
Complexity of the case:	1. Appropriate for early years training											
	2. Appropriate for the completion of early years training											
	3. Appropriate for the time in training											
	4. Appropriate for Completion of Training as SACP											
Trainee's signature:						**Assessor's signature:**						

SACP CBD, September 2020

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Clinical Evaluation Exercise (CEX)

Trainee	Assessor
Name/ PiN :	**Name / PiN:**
Assessment date:	**Hospital CEX took place:**
SACP Year of training:	

FEEDBACK:
Verbal and written feedback is a mandatory component of this assessment.

General
Strengths
Development needs
Recommended actions

TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)

What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

RATINGS
Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training.

How do you rate this trainee in their: **O:** Outstanding **S:** Satisfactory **D:** Development required **N:** Not assessed		Supervision levels Please tick the overall level at which the CBD was performed, if there was sufficient evidence to make a judgement	
1. History taking skills		Level 0	Able to observe only
2. Physical examination skills			
3. Diagnostic skills and underlying knowledge base		Level 1	Requires direct supervision
4. Management and follow-up planning			
5. Clinical judgement and decision making		Level 2	Requires supervision but may be form another setting
6. Communication and listening skills			
7. Organisation and time management		Level 3	Able to work autonomously with indirect supervision
8. Professionalism		Level 4	Able to work unsupervised with delegated authority

SACP CEX, September 2020

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CEX DETAILS												
Clinical setting:								**Emergency / Elective** (please circle)				
Performed in a simulated setting **Description of the simulation:**												
CEX performed while on a course Yes **No** **If yes, please give details:**												
Summary of the clinical problem:												
Focus of encounter:	History		Exam		Diagnosis		Management		Explanation		Consent	
Complexity of the case:	1. Appropriate for early years training											
	2. Appropriate for the completion of early years training or early specialty training											
	3. Appropriate for the central period of specialty training											
	4. Appropriate for Completion of Training											
Trainee's signature:								**Assessor's signature:**				

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Direct Observation of Procedural Skills (DOPS)

Trainee	Assessor
Name/ PiN:	**Name/ PiN:**
Assessment date:	**Hospital DOPS took place:**
SACP Year of Training:	

FEEDBACK: Verbal and written feedback is a mandatory component of this assessment.
General
Strengths
Development needs
Recommended actions

TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)
What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

RATINGS

Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training.
N = Not observed **D =** Development required, **S =** Satisfactory (no prompting or intervention required) **O =** Outstanding

Domain	Rating	Comments
1: Describes indications, procedure and complications to assessor		
2: Obtains consent, after explaining procedure and possible complications to patient		
3: Prepares for procedure according to an agreed protocol		
4: Administers effective analgesia		
5: Demonstrates good asepsis where required		
6: Performs the technical aspects in line with the guidance notes		
7: Deals with any unexpected event or seeks help when appropriate		
8: Completes required documentation		
9: Communicates clearly with patient and staff throughout the procedure		
10: Demonstrates professional behaviour throughout the procedure		

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GLOBAL SUMMARY Level at which completed elements of the procedure were performed on this occasion		Tick
Level 0	Insufficient evidence observed to support a summary judgement	
Level 1a	Able to assist with guidance (was not familiar with all steps of procedure)	
Level 1b	Able to assist without guidance (knew all steps of procedure and anticipated next move)	
Level 2a	Guidance required for most/all of the procedure (or part performed)	
Level 2b	Guidance or intervention required for key steps only	
Level 3a	Procedure performed with minimal guidance or intervention (needed occasional help)	
Level 3b	Procedure performed competently without guidance or intervention but lacked confidence	
Level 4a	Procedure performed confidently to a high standard without any guidance or intervention	
Level 4b	As 4a and was able to anticipate, avoid and/or deal with common problems/complications	

DOPS DETAILS	
Name of Procedure:	
No. times procedure previously performed:	**Emergency / Elective** (please circle)
Performed in a simulated setting ☐ **Description of the simulation:**	
DOPS performed while on a course Yes / No **If yes, please give details:**	
Difficulty of procedure: Easier than usual ☐ **Average difficulty** ☐ **More difficult than usual** ☐	
Trainee's signature:	**Assessor's signature:**

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Supervised Learning Event (SLE)
Acute care assessment tool (ACAT)

Date of Assessment:	
Trainee's Name:	
Trainee's PIN:	
Assessor's Name:	
Assessor's Email Address:	
Assessor's Registration Number (e.g. GMC, NMC, GDC):	

State the setting for the learning event (e.g. acute admission, ward round, night shift):

Provide a brief summary of the cases observed:

Please comment on what was done well and the areas for improvement within each category. Please note, constructive feedback is required in order for this assessment/learning event to be valid, and aims to identify areas for learning and reflection.

Clinical assessment:

Investigation and management plan:

Clinical judgement:

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Professionalism (documentation, adherence to guidelines, etc):

Please comment on the overall performance of the trainee:

What was done well:

What are the suggested areas for development:

Based on this observation, please rate the overall competence the trainee has shown:

Below level expected during Surgical ACP Training Programme ☐
Performed at the level expected during Surgical ACP Training Programme ☐
Performed at the level expected at completion of Surgical ACP Training Programme ☐

Agreed action plan:

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ACP Assessment of Audit / QI Project

Trainee	Assessor
Name / PiN number:	**Name / PiN number:**
Assessment date:	**Hospital Audit / QI took place:**
General	
Strengths	
Development needs	
Recommended actions	
ACP REFLECTIONS ON THIS ACTIVITY (optional)	
What did I learn from this experience?	
What did I do well?	
What do I need to improve or change? How will I achieve it?	

RATINGS

Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training.

How do you rate this ACP in their:	Outstanding	Satisfactory	Development required	Not assessed
1. Relevance of Audit / QI Topic				
2. Standards / Targets chosen for Audit/ QI				
3. Audit/ QI Methods				
4. Results and Interpretation				
5. Conclusions and Plan for Implementation				
6. Plan for Further Evaluation				
7. Professionalism				

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OVERALL QUALITY OF AUDIT Based on this observation please rate the level of overall quality of clinical audit:		
Rating	**Key descriptors**	
Outstanding clinical audit	Audit topic related to an important clinical problem, detailed and exhaustive methodology applied, resulting in conclusions with significant clinical importance. Plans for future direction of audit highlighted. An exemplary clinical audit.	☐
Satisfactory standard of clinical audit	Limited guidance required throughout audit process. Sound audit methodology in a relevant topic, resulting in conclusions with practical clinical importance. Plans for future direction of audit highlighted.	☐
Development required to reach the standard of clinical audit	Significant guidance required throughout the audit process. Inappropriate audit topic or poor methodology resulting in inappropriate conclusions or conclusions of limited practical use. Inadequate consideration of future direction of audit.	☐

AUDIT / QI DETAILS (please circle as appropriate)		
Title:		**Methodology used:**
Brief description: (objective and rationale)		
Basis for assessment: e.g. Report		**Others involved in the audit/ QI project :**
Start date:	**End date:**	**Status:** In progress / Completed cycle
Your contribution:		
Summary of findings:		
Setting(s)	**Audit cycle completed** Yes / No	**Type of audit**:
ACP signature:		**Assessor's signature:**

Please add any further comments here:

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Multi-Source Feedback (Trainee Self-Assessment)

Please upload the completed assessment to your e-portfolio or add to your paper-based portfolio.				
Name:		**PiN:**		
Specialty:	**Training level:**	**Hospital/Organisation:**		
Your assessment should be undertaken without discussion with other raters and should be judged against the standard set by other doctors at the same level with whom you work, or have worked.				
How do you rate yourself in your:	**Outstanding***	**Satisfactory**	**Development required***	**Not undertaken by me**
Clinical Care				
1. History taking and examination skills				
2. Relevant knowledge and diagnostic skills				
3. Ability to formulate appropriate management plans				
4. Procedural (technical) skills				
5. Record keeping (timely, accurate, legible)				
Maintaining good medical practice				
6. Ability to manage time and work under pressure				
7. Decision making and implementation skills				
8. Awareness of own limitations (willing to ask for help)				
9. Initiative and leadership skills				
10. Focus on patient safety (clinical governance)				
Learning and teaching				
11. Willingness to ask for feedback and to learn from it				
12. Teaching (enthusiasm and effectiveness)				
Relationships with patients and colleagues				
13. Communication with patients and their relatives				
14. Communication with colleagues				
15, Active involvement with your team				
16. Accessibility and reliability				
Summary				
Overall, how do you rate yourself compared to other doctors at the same level with whom you have worked?				

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Please give specific examples relating to any area in which you feel your performance is outstanding:	Please give specific examples relating to any area in which you feel your performance requires development:
Trainee reflections on this activity: Private / Public (please circle) What did I learn from this experience? What did I do well? What do I need to improve or change? How will I achieve it? **This MSF relates to a reflective journal entry**	
Signature:	**Date:**

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Multisource Feedback (MSF) Guidance

The Multisource Feedback (MSF) Assessment is used to gain insight into attitudes, ethics, responsibilities and communication. The process for obtaining MSF, which is required on an annual basis (at least), is as follows:

The ACP identifies 11-15 people who can be approached to give feedback. The recommended combination of assessors, where applicable, should include:

- 2 consultant clinical supervisors
- Minimum of 2 other team members (junior doctors, nurses, or ACPs)
- 1 senior nurse from the ward
- 1 senior nurse in the out-patient department (if working here)
- 1 senior nurse form theatres (if ACP has been working in theatre)
- 1 AHP
- 1 non-clinical member of the team (e.g. reception, housekeeper, porters)

The remaining contributors can include further consultant supervisors, clerical/secretarial/administrative staff and it may sometimes be appropriate to include those with specific roles such as the tutor, rota organiser.

The ACP enters the details of these chosen assessors into the portfolio.

The list needs to be approved by the trainee's Educational Supervisor and a specific person identified to collate feedback and produce a report. This person may be a trust ACP lead or delegated person within the trust.

The staff on the trainee's list are contacted by email and asked to complete an online feedback form that will cover the appropriate areas of the curriculum with reassurance the trainee will not see individual responses.

The results of feedback are collated, and a report is produced and sent to the Educational Supervisor

The Educational Supervisor arranges to meet with the trainee to discuss the contents and any action required.

All MSFs will close and generate a report either when all assessors have completed it or a month has elapsed, whichever occurs soonest. MSFs cannot be closed early. A minimum of 11 responses are required to generate a valid report.

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Multi-Source Feedback (Rater Form)

ACP	Rater
Name:	**Name:**
PiN:	**PiN:**
Specialty:	**Position:**
Hospital/Organisation:	**Institutional e-mail:**
SACP Training level:	**Have you read the MSF guidance notes:** Yes No

FEEDBACK

- Please read the MSF Guidance before completing the form.
- The primary purpose of this feedback is for the trainee's learning and professional development.
- You should undertake your assessment without discussion with either the trainee or other raters and judge the standard of the trainee against that set by other doctors at the same level with whom you work, or have worked.
- Please give specific examples of areas that you have rated as Outstanding or Development required
- Your anonymised comments will be passed on to the trainee. If you have identified serious concerns, or if more than one rater makes similar comments, the trainee's Educational Supervisor (ES) may approach you for more information.
- Under the Data Protection Act of 1998, a trainee can request to see a rater's evaluation. In this exceptional event, the rater will be notified by the ES before disclosure.

How do you rate this trainee in their:	Outstanding	Satisfactory	Development required	Not observed by me
Clinical Care				
1. History taking and examination skills				
2. Relevant knowledge and diagnostic skills				
3. Ability to formulate appropriate management plans				
4. Procedural (technical) skills				
5. Record keeping (timely, accurate, legible)				
Maintaining good medical practice				
6. Ability to manage time and work under pressure				
7. Decision making and implementation skills				
8. Awareness of own limitations (willing to ask for help)				
9. Initiative and leadership skills				
10. Focus on patient safety (clinical governance)				
Learning and teaching				
11. Willingness to ask for feedback and to learn from it				
12. Teaching (enthusiasm and effectiveness)				
Relationships with patients and colleagues				
13. Communication with patients and their relatives				
14. Communication with colleagues				
15, Active involvement with your team				
16. Accessibility and reliability				

SACP MSF, September 2020

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Summary				
Overall, how do you rate this practitioner compared to other practitioners at the same level with whom you have worked?				

Please give specific examples relating to any area in which you feel this trainee is outstanding:	Please give specific examples relating to any area in which you feel that this trainee requires development:

Do you have any concerns about this practitioners probity or health? Yes ☐ No ☐

If yes, please state your concerns:

Environments observed:

- Emergency Department/Assessment Unit Y/N
- Critical care Y/N
- MDT Y/N
- Theatre Y/N
- Outpatients Y/N
- Ward Y/N
- Other (please specify):

Signature:	Date:

Thank you for completing this MSF. Please upload to your e-portfolio or add into a paper-based portfolio.

SACP MSF, September 2020

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Observation of Teaching (OoT)

Trainee	Assessor
Name/PiN:	**Name/PiN:**
Assessment date:	**Hospital OoT took place:**

FEEDBACK: Verbal and written feedback is a mandatory component of this assessment.
General
Strengths
Development needs
Recommended actions
TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)
What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

RATINGS

Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training.
O: Outstanding **S:** Satisfactory **D:** Development required **N:** Not assessed

How do you rate this trainee in their: (please circle)		**OVERALL QUALITY OF TEACHING** Based on this observation please rate the level of overall quality of clinical audit: **Key descriptors** (please tick one)	
1. Introduction	**O / S / D / N**	**Outstanding:** Topic related to an important clinical problem, detailed and exhaustive methodology applied, resulting in conclusions with significant clinical importance. Plans for future direction highlighted. An exemplary teaching session.	
2. Presentation	**O / S / D / N**		
3. Conclusion	**O / S / D / N**	**Satisfactory:** Limited preparation. Sound methodology in a relevant topic, resulting in conclusions with practical clinical importance. Plans for future direction highlighted.	
4. Professionalism	**O / S / D / N**	**Development required:** Insufficient preparation. Inappropriate topic or poor methodology resulting in inappropriate conclusions or conclusions of limited practical use. Inadequate consideration of future direction.	

SACP OoT, September 2020

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TEACHING DETAILS	
Date of event:	
Type of teaching: e.g. Lecture	
Brief description of teaching session: (including aims and intended outcomes)	
Who were the learners?	**Number of learners:** 1-5 / 6-10 / 11-20 / >20 / >50
Teaching performed on a course / simulation training? Yes / No If yes, please give details:	
Performed in institution setting	**Description of setting**:
Title (if any):	
Trainee's signature:	**Assessor's signature:**

Appendix 11 – Supervised Learning Events (SLE)

Purpose of the SLE

The purpose of the SLE is to:

- provide immediate feedback, highlight achievement and suggest areas for further development.
- demonstrate engagement in the educational process.

Progression through SLE

tSACPs are expected to demonstrate improvement and progression in their performance during each throughout training. Undertaking and reflecting on SLEs will help tSACPs develop their clinical and professional practice.

Timing of SLEs

It is recommended that SLEs are performed throughout the training. SLEs do not need to be planned or scheduled in advance and should occur whenever a teaching opportunity presents itself.

Subject matter for SLEs

SLEs can be used to cover a spread of different acute and long-term clinical problems and discussion should include the management of long-term aspects of patients' conditions.

Targeted SLEs

Improvement in clinical practice will only happen if regular SLEs lead to constructive feedback and subsequent review of and reflection on progression. For this to occur some targeted SLEs should specifically be related to previous feedback and developmental targets. This may be facilitated if the tSACPs agree to the timing and the clinical case/problem with the trainers in advance. However, unscheduled SLEs can also be focused on specific needs. In addition to immediate feedback, SLEs should be used to stimulate discussion with the clinical and/or educational supervisor.

Who to approach for an SLE?

It is best to engage with a variety of teacher/trainers for SLEs wherever possible, including consultants. The educational or clinical supervisor should also be used for an SLE.

Teachers/trainers must be sufficiently experienced to teach and assess the topic covered by the SLE and be able to provide meaningful feedback.

Responsibility

The tSACP, with the support of the supervisor(s), is responsible for arranging SLEs and ensuring a contemporaneous record in the portfolio. The clinical and educational supervisors will have access to SLEs within the tSACP's portfolio.

The trainer must:

- Be trained in giving feedback
- Understand the role of the tool being used
- Be able to teach, assess and provide feedback on the chosen subject

Appendix 12 – Learning Partnership Agreement (Learning Contract). An Example.

TO BE COPIED ONTO EMPLOYING ORGANISATION'S LETTERHEAD

MSc ADVANCED CLINICAL PRACTICE

LEARNING CONTRACT

Trainee Surgical Advanced Clinical Practitioner (tSACP)

University and Cohort:

University roll number:

Hospital/Trust Department/Unit:

Line Manager:

Educational supervisor:

Clinical/workplace supervisor/s:

University Representative:

It Is Important to note that the agreements in this document will be verified against the portfolio and clinical capabilities

Representatives of the following organisations agree to ensure their responsibilities to tSACP learning and capabilities are met.

{Name of} Hospital/Trust

_____ Trust agrees to provide the tSACP with a minimum of _____ learning days/ week; learning out with the trust as appropriate; appraisal; formative and summative assessment and appropriately prepared Educational supervisors, Workplace supervisor (s) and line manager.

The Hospital/Trust will ensure activities are co-ordinated as appropriate; support Educational and Workplace Supervisors; and ensure honorary contracts are in place if/when tSACP gain clinical experience outside the home trust.

The Line Manager

The line manager will support the tSACP in the workplace and ensure that the tSACP is provided with the time and resources to meet the requirements of the learning contract. They will provide additional pastoral support to that of the Educational Supervisor.

Educational Supervisor

The Educational supervisor is a named individual who accepts responsibility for the final assessment of competence in line with the standards laid out in the curriculum. Assessment can only be carried out by a suitably qualified Consultant or SAS doctor as outlined in the Handbook for Supervision of trainee Surgical Advanced Clinical Practitioners.

The Educational supervisor can delegate some of the responsibilities of tSACP assessments to the Workplace Supervisors.

Clinical Supervisor

A number of Workplace Supervisors may be chosen to provide support and guidance to the student throughout the course. They require a level of skill and knowledge to challenge practice, provide constructive feedback and impart knowledge to improve the competence and confidence of the tSACP. They are responsible for documenting guidance and advice using workplace based assessments

Trainee Surgical Advanced Clinical Practitioner (Student)

By the end of the first semester of the MSc in Advanced Clinical Practice the student must submit signed copies of the agreed learning contract (Educational supervisor, University representative and tSACP to the Line Manager.

Throughout the workplace learning component of the programme the tSACP is required to adhere to the agreed learning contract. Any changes/ additions must be approved by all parties and submitted to the Trust and University. The student must meet with the learning facilitator to monitor/evaluate progress at least _____ times per semester.

The student must inform their Educational supervisor of any difficulties encountered with the academic programme and of their academic results during their formal meetings

University of {name of}

The University will monitor the progress of the tSACP in meeting the outcome of the learning contract. The University representative will liaise with Hospital/Trust representatives/Educational Supervisor to ensure the tSACP will gain access to the most appropriate resources and supervision to meet the requirements of the learning contract.

Information concerning progressing and completion of the programme, impacting on service, can be discussed with line manager and Educational Supervisor.

Line Manager

Name: Signature:_____

Qualifications: Date:

Position in Trust

Educational Supervisor

Name: Signature:_____

Qualifications: Date:

Position in Trust Contact Details: phone/ email

Trainee Surgical Advanced Clinical Practitioner

Name: Signature:_____

Qualifications Contact Details: phone/email

University Representative

Name: Signature:_____

Qualifications: Date:

Contact Details: phone/ email

References

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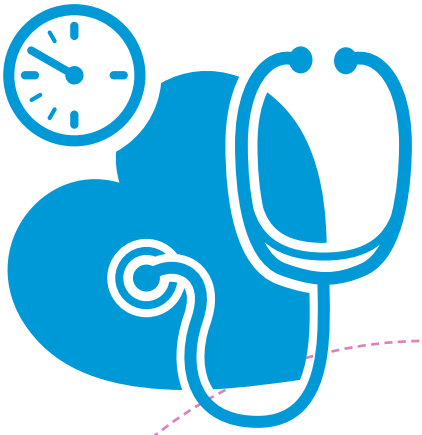

Glossary

Annual Review of Competency Progression (ARCP)
An ARCP is held at least once every 12 calendar months during the tSACP training and provides a report on the capabilities attained, forming the basis for making a recommendation of satisfactory completion of training. The ARCP outcomes are recorded in the tSACP portfolio.

Appraisal
A formal assessment, typically undertaken in an interview style format discussing the performance, skills and behaviours of the practitioner, commonly completed annually and reflecting this period. May also can be known as Personal Development Review/plan (PDR/PDP).

Clinical Supervisor
Is a registered health care practitioner (medical or non-medical) who has delegated authority from Consultant surgeon or SAS and is clinically competent in the task in which they are being asked to supervise the tSACP.

Formative assessment
Informal assessment which monitors tSACPs learning to provide ongoing feedback that can be used by educational and Workplace Supervisors to improve teaching to enhance learning. Formative assessment helps identify strengths and weaknesses and targets areas that need work. It also helps highlight where tSACPs might be struggling so can help address problems immediately.

Higher Education Institution (HEI)
A higher education institution (HEI) is a university, college or an institution which delivers education, and can award academic degrees or professional certifications.

Learning Partnership Agreement
Learning partnership is a contract developed and shared between all parties (supervisors, Workplace Supervisors, line manager and the tSACP) to ensure clear communication.

Masters award
A master's degree is an academic degree awarded by universities or colleges upon completion of a course of study demonstrating mastery or a high-order overview of a specific field of study or area of professional practice.

Portfolio
A paper or electronic folder, which is used to record evidence such as workplace assessments, reports, meetings/discussions, reflections, learning agreement and appraisals. This collection of evidence will be used to demonstrate progress of learning and development.

Revalidation
Revalidation is a mechanism used to by some registering professional bodies to affirm or establish the continuing competence" of health practitioners, whilst strengthening and facilitating ethical and professional "commitment to reducing errors, adhering to best practice and improving quality of care.

Specialty and associate specialist (SAS) doctors
SAS doctors have at least four years postgraduate experience and are found in most specialties.

Summative assessment
Evaluates whether the tSACP is competent against expected level of supervision within the capabilities in practice.