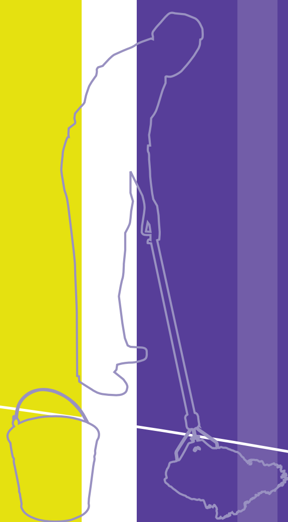
Competence and Curriculum Framework for the Emergency Care Practitioner Consultation Document

June 2006

Skills for Health



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Consultation Process for Emergency Care Practitioner Competence and Curriculum Framework Document

The purpose of this document is to share progress that has been made on the development of a new healthcare role, and to seek your comments on the proposed
Competence and Curriculum Framework. For the purpose of this consultation, the working title of Emergency Care Practitioner (ECP) will be used throughout.

We would particularly welcome your comments with respect to:

- the Curriculum Framework for the ECP as the basis for the development of educational programmes
- entry routes to the ECP programme
- the core competences at qualification
- the core clinical skills which the ECP needs to demonstrate
- the core clinical conditions which the ECP will meet in practice and the level of competence required
- arrangements for teaching and supervision
- methods of assessment, pre and post registration and national support structures
- the title for the new role
- proposed regulation of the new role

Following the consultation process, comments received will be incorporated into a final
document which will inform the development of the role and educational programmes as part of whole workforce planning by health economies. The consultation document will be accessible online at: -

http://www.skillsforhealth.org.uk/viewnews.php?id=55

Responses to, or queries regarding this consultation can be made via the postal and email addresses below. The closing date for the consultation will be 14 weeks after the public launch of the document. The document was launched on the 23rd June 2006 and the closing date for responses will be 29th September.

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Please note:
By responding to this consultation document you are consenting for information to be shared and published appropriately as part of the response to this consultation process. This consent overrides any confidentiality disclaimer that is generated by your organisation's IT system, unless you specifically include a request to the contrary in the main text of your submission to us.

We look forward to your comments.

This consultation complies with the Cabinet Office's code of practice for written consultations. The six main criteria of this code are as stated below:

1. Consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once during the development of the policy
2. Be clear about what your proposals are, who may be affected, what questions are being asked and the timescale for responses.
3. Ensure that your consultation is clear, concise and widely accessible.
4. Give feedback regarding the responses received and how the consultation process influenced the policy.
5. Monitor your department's effectiveness at consultation, including through the use of a designated consultation coordinator.
6. Ensure your consultation follows better regulation best practice, including carrying out a Regulatory Impact Assessment if appropriate.

As part of the consultation process, respondents are invited to comment on the extent to which this consultation follows the core criteria above. Should you have any comments or complaints to this end, please contact the Department of Health's Consultation Coordinator:

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Please do not send consultation responses to this address.

THE PROCESS

The purpose of this document is to define the Competence and Curriculum Framework for the Emergency Care Practitioner (ECP) role. The Curriculum was first published in August 2003. All of the ECP trials sites were issued with the original curriculum and were all expected to follow this in detail. The curriculum has been reviewed taking over 70,000 patient episodes into account and development continues under the supervision of the ECP Benchmarking Group with support from Skills for Health (SFH), those Higher Education Institutions who are already engaged in the training of ECPs and clinical colleagues drawn from a wide range of backgrounds in areas of the health service providing emergency, urgent and unscheduled care.

The original ECP curriculum was developed in partnership with ten health economies who defined the original scope of practice on which the original curriculum was based. The scope of practise was mapped out in competences and these were used to define the curriculum.

This document will lay down the scope of practice for ECPs and will stipulate the competences which will define their scope of practice.

The Competence and Curriculum Framework has been developed to provide a consistent model of education and assessment to ensure national transferability of the role and to ensure that the highest standards of practise are maintained. It will also provide a supporting framework for Voluntary Registration, leading towards Statutory Regulation of ECPs.

Regulation of ECPs is being sought, to ensure patient safety through an agreed national standard for education, training and competence. This document stipulates the standards for those ECPs who wish to join the Voluntary Register. Those ECPs on the Voluntary Register will be required to adhere to a professional code of conduct and undertake Continuing Professional Development as set down by the Professional Body. It is proposed that students will be required to achieve a national standard of assessment prior to entry on to the Voluntary Register and at points of re-accreditation after entry to the Voluntary Register.

The Framework outlines the knowledge, skills and core competences the ECP will have achieved at the point of qualification. Although it is recognised that ECPs may develop areas of special interest and expertise, they will be required to maintain this broad competence throughout their careers.

FOREWORD

Skills for Health was established as the Sector Skills Council for the health sector to help the whole sector develop solutions that deliver a skilled and flexible UK workforce in order to improve health and healthcare.
The role of the Emergency Care Practitioner (ECP) was developed specifically to ensure that staff are equipped with the right skills to meet patient need. The role has been expressed through Skills for Health's competences which were used to develop the original learning outcomes and national curriculum for the role. This curriculum was implemented by the seventeen health economies who originally trialled the role. Use of the competency framework has ensured consistency across trial sites and promoted national transferability of the role. Following the successful conclusion of these trials the curriculum has been reviewed and updated to ensure that all necessary competences are included. We believe that the development of Emergency Care Practitioners has demonstrated the benefits of competence-based role development which has led to improved outcomes for patients, service providers and staff alike. It has allowed staff to develop into clinical roles in level 6 and 7 of the Career Framework for Health which transcend the whole emergency / unscheduled care pathway.
John Rogers
Chief Executive
Skills for Health

The provision of urgent care has evolved dramatically since the publication of the NHS Plan (2000) and more recently Reforming Emergency Care (2001). The challenges for organisations in the provision of urgent care continue to be high profile with this care no longer being provided just in emergency departments. The same challenges of increasing demand, increased patient expectation, etc face primary care, ambulance trusts and out of hour's service providers who also have a service to deliver.
Since taking up the post of National Clinical Director for Emergency Access, I can honestly say there has been substantial change with greater access and improved services for patients. However, many of these improvements have only been possible because of major changes in the workforce, through new ways of working, role expansion and the development of new professional roles.
A flexible workforce and a flexible approach to skill mix – breaking down professional and traditional boundaries - are central to improving emergency care. This ensures patients receive the highest standard of care, by an appropriately trained person, at an appropriate time, in the most appropriate setting.
The introduction of Emergency Care Practitioners has not only demonstrated substantial improvements in clinical care, but is also providing excellent career opportunities for staff. I believe that Emergency Care Practitioners are one of the many significant developments in urgent care and have proved to be successful in supporting our common goal of improved urgent care for all who need it.
Professor Sir George Alberti
National Director for Emergency Access

DEVELOPMENT OF THIS DOCUMENT

This document has been developed as a result of the work of the ECP Leads Network, originally established by the Changing Workforce Programme and now led by Chris Wintle, Belle Connell, John Gosnold and Mark Bilby from Skills for Health. It draws upon experience of the trial sites set up after the work of the Coventry pilot.

The objectives of the ECP Leads Network are:

1. To finalise the Competence and Curriculum Framework for ECPs. The Framework will cover:

- Professional and educational values
- The curriculum structure
- Entry criteria into the programme
- Assessment
- Qualification and registration issues
- Quality assurance issues
- Clinical Governance

2. To identify and agree detailed competences of the role.

3. To develop the requirements laid down by the Health Professionals Council (HPC), in setting up a Voluntary Regulatory Committee as a prerequisite to formal Regulation of the ECP role.

4. To prepare the case for the ECP to be a regulated profession.

5. To advice stakeholders of progress to date based on 70,000 patient episodes

As part of this process a Benchmarking Group developed by Skills for Health will continue to monitor developments in the role and update the Competences as appropriate.

The benchmarking group will:

1. Review the competences and learning outcomes from the original Coventry programme.

2. Review skills from previous underpinning experience.

3. Perform a gap analysis of the Pilot Projects.

4. Review whether the educational program is achieving the required outcomes of educating and training Emergency Care Practitioners, with reference to the agreed competences of the role.

5. Map the current competences against established competency frameworks:
    - SFH National Workforce Competency Frameworks and National Occupational Standards.
    - Quality Assurance Agency (QAA), Benchmark statement for Healthcare Programs 2004.
    - European Qualifications Framework for Lifelong Learning
    - Practice
    - Current evidence from pilot sites

6. Establish a standard for Clinical placements in preparation for Statutory Regulation:
    - Standards of clinical supervision
    - Systems of appraisal
    - Recording of competency
    - Standards of record keeping and defensible documentation

7. Audit, Evaluation and Review.
    - Develop national systems for ongoing audit, evaluation and review of competency
    - Working with the NPSA develop a national critical incident reporting mechanism, which will function as a non-disciplinary learning tool
    - Facilitate sharing of best practice

8. Set National Standards.
    - Structure- "tools of the trade", e.g. Patient Group Directives (PGD), and dispensing guidance.
    - Process- competency framework
    - Outcome- evaluation structure

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1. INTRODUCTION

1.1 Definition

An ECP may be defined as a healthcare professional who works to a medical model, with the attitude, skills and knowledge base to deliver holistic care and treatment within the pre-hospital, primary and acute care settings with a broadly defined level of autonomy.

1.2 The role of the ECP

Emergency Care Practitioners were developed out of the Practitioner in Emergency Care (PEC) concept, which was first suggested by the Joint Royal Colleges Ambulance Liaison Committee and the Ambulance Service Association.

The ECP role is part of a wider reform of the way in which unscheduled care is delivered as described in the introduction above. The main focus of the role is to enhance the patients' experience through their emergency, urgent and unscheduled care journey by providing emergency assessment, diagnosis, treatment and aftercare.
The competence based education enables ECPs to make independent decisions based on sound clinical assessment and judgement, to complete episodes of care in a range of settings, including the out-of hospital setting when it is safe and appropriate, and to arrange appropriate referrals. This not only improves capacity and efficiency across the emergency care network but also offers staff in the elective care environment more time to concentrate on their own caseload.

ECPs are currently coming from Nursing, Paramedic or other regulated healthcare professionals who have completed the competence-based education programme developed by the NHS Modernisation Agency's Changing Workforce Programme (CWP) in partnership with Skills for Health.

ECPs deliver care that is patient-focused, in the least intensive and most convenient and appropriate place for the patient. They can provide a rapid response to an episode of unscheduled care, in a number of different environments, (e.g. General Practice, Minor Injury Units, Out of Hours Service, Rapid Response Vehicles, Walk in Centres and A&E), treat at the scene if appropriate and refer to other primary care professionals to prevent avoidable A&E attendances or admissions to secondary care. In addition to this ECP's can also enhance primary care capacity, provide an alternative model of delivering unscheduled care out-of-hours or provide an alternative model of delivering prison health care and custody suite health care.

The ECP service supports patients in making genuine choices and informed decisions about where they wish to receive treatment – quite often in the comfort of their own home.

Patients can be referred to an ECP by GP's both in and out of hours, NHS direct, nursing and residential homes, community health teams, i.e. any health and social care worker, either directly or indirectly via the 999 system, the police, the prison service, schools and work places, etc. They treat patients who are unable to leave their home due to poor mobility, have dependants who are unable to be left, and where the outcome would potentially be of greater benefit from an ECP intervention rather than attending A&E or a GP service.

The ECP role will enhance career opportunities and support a career framework based on the skills escalation model for Emergency Care Workers

1.3 The Scope of Practice of the ECP

The Emergency Care Practitioner will:

- Work across current and future organisational and professional boundaries
- Deliver care that is patient focused
- Deliver the most appropriate care in the most appropriate place and/or ensure that the patient is referred to the most appropriate health and social care professional
- Deliver care to patients in the most convenient and appropriate place for the patient
- Provide an alternative pathway for the provision of unscheduled care
- Provide appropriate healthcare advice to both their patients and other relevant groups and individuals.
- Empower patients to take responsibility for managing their own care and treatment where safe and appropriate to do so
- Undertake physical examinations based on a whole systems approach, taking a full and appropriate patient history using a medical model
- Treat minor illness and injury in pre-hospital, primary care and acute settings
- Order appropriate investigations including X-rays and pathological investigations
- Ensure fewer hand-offs between health care professionals and enhance inter-professional communication throughout the patient pathway
- Administer and supply medication in line with local Patient Group Directions, (whilst awaiting independent prescribing legislation).
- Have the knowledge and skills to access acute hospital beds in specialist units, whenever the patient needs emergency admission as an in-patient,

1.4 The key points of the Competence Framework

The Competences for the Emergency Care Practitioner, to be delivered by an integrated academic and clinical programme, have been developed out of experience and trialled through 17 different pilot sites in several areas of the United Kingdom. They will be subject to continuing review by the Benchmarking Group. The Framework describes the level of responsibility that ECPs will be expected to take for the diagnosis and management of a wide range of patient conditions.
This framework sets out the core competences to be met by all ECPs. This may be supplemented by locally determined competences, with the relevant training/education commissioned locally, to meet service needs.

1.5 The key points of the Curriculum Framework

The Curriculum Framework recognises that the development of a national standard on qualification requires:

- A flexible approach to the rigorous criteria necessary for entry for the programme
- An intensive academic programme that will allow the time required for individual professional development
- Agreed minimum levels of clinical experience
- A common core knowledge base
- Common core clinical competences
- A national assessment process

ECPs will complete an academic programme of 1000 hour designated study time of which a minimum of 300 hours is designated as theory learning (delivered at a minimum standard of Degree level) and 700 clinical learning in appropriate clinical settings. This will enable them to practice as part of the clinical team, within a range of primary and secondary health care settings.

2. THE CURRICULUM FRAMEWORK

2.1 Introduction to the Curriculum Framework

In the case of a programme leading to Voluntary Registration, it is appropriate that a Curriculum Framework includes certain specifications of structure and content and addresses the nature of the educational process and experience. Once the ECP role has Statutorily Regulation the regulator will take over responsibility for ensuring the Curriculum guidance, developed in conjunction with the professional body and ensure that it is made available to HEIs approved for education and training.

For a new profession it is vital that all entrants to the professional register meet a transparent and agreed standard.

The purpose of this Curriculum Framework is to make that standard explicit and to set out the criteria which any training programme for the ECP must meet, in order to ensure that that standard can be achieved.

To fulfil this purpose, it is clearly important that the document should identify the outcome of any such programme, the competences to be demonstrated by graduates and the clinical problems that they should be able to address using the Competence Framework

It is not the purpose of this Framework however, to create homogeneity by placing unnecessary constraints on those Higher Education Institutes who run ECP programmes. It is recognised that different institutions have their own constraints and opportunities and may well be tailoring programmes to specific catchment groups. Variation in programmes is, in any case, to be welcomed, as an enrichment of the professional educational resource and the opportunity to develop and share areas of good practice. Such differences offer the students and the Benchmarking Group a source for development.

The competences set out within this document are therefore a minimum, to which an individual institution may choose to add and determine the outcomes for their own graduates.

The length of the programme and the hours of clinical exposure (both general and in terms of particular fields) are equally set as minima.

The educational process is discussed in terms of philosophical underpinning and the effect of process on equipping the professional to fulfil their role, rather than in terms of a specification for particular learning and teaching strategies. However tightly the specification of minimum standards might be worded, they are still open to differential interpretation by individual institutions, teachers and students.

This document’ therefore’ also proposes that a national assessment of competence becomes a determinant of Voluntary Registration, without

wishing to contest the right of individual higher education institutions to determine the academic award for their own students.

2.2 Principles of learning and teaching

The primary responsibility for the achievement of the required learning rests with the student.

It is the responsibility of curriculum developers, programme organisers and teachers to provide educational structures and experiences through which the student can fulfil their responsibilities. This not only includes teaching, but also the facilitation of both individual and group work and the encouragement of self directed learning.

The clinical environment provides many of the most important learning experiences for healthcare professionals. Unlike other learning environments, the education of the student is not the primary purpose of such environments and the student must learn how to make best use of the opportunities available without imposing upon patients or disrupting the provision of service. However, the employer/trust in taking on students on clinical placements accepts a responsibility to provide learning opportunities and appropriate supervision, mentoring and assistance.

The inter-relation of theory and practice is fundamental to the development of professional competence.

Students must learn to:

- recognise clinical applicability whilst they are undertaking theoretical learning
- apply the theory they have learnt when they are in the practice setting
- reflect on practice to identify learning needs
- theorise during practice (i.e. how to, during a particular practical incident, formulate new ways of thinking and doing, which often go beyond what the text book can offer)
- theorise practice itself (i.e. how to recognise, in a particular piece of practice, the principles, assumptions, beliefs and theories, which actually shaped that practice).

Learning in professional practice is a collaborative activity in which members of one profession or of a number of professions may enhance their ability to achieve common learning needs by working together or may share their knowledge and skills to enable others to achieve their learning needs. This behaviour should be encouraged throughout the educational process.

Professional practice involves living with uncertainty and decision making in situations where there is no single right answer and where professional judgement must be used to determine the appropriate response. Learning and

teaching in the ECP programme needs to prepare students for this reality and to equip them to make and live with such decisions.

Learning is moulded and driven by appraisal and assessment and it is vital that both formative and summative assessments are designed in such a way that this direction coincides with the outcomes stated in the curriculum.

2.3 Learning partnerships

The establishment of effective learning partnerships between the student ECP and their clinical supervisors is vital to the professional learning process. To be effective, such individual partnerships must be framed by a partnership between the HEI and the clinical service provider which mutually values the role that both play in shaping and enabling learning.

The learning partnership between the student ECP and their clinical supervisor moves beyond the traditional approach of apprenticeship. Learning is to be co-directed and questioning to be encouraged, so that both parties engage more thoughtfully in the processes of teaching and learning. This in turn should provide the basis for more motivated and better directed education.

For the partnership to work effectively, the clinical supervisor must have an understanding of the future role of the ECP, of the educational principles and values underpinning the programme and a detailed understanding of student learning needs in the educational experience they facilitate. They should also have an understanding of how that experience fits in to the totality of the course.

Clinical decision making is more complex than training in technical or factual matters. Where circumstances permit, the clinical supervisor should facilitate students in making a professional judgment rather than simply offering their own. Where the supervisor does offer their own professional judgment, they must be prepared for the student to question how that judgement was made. Students in turn must recognise that there is much professional knowledge that is tacit and may be difficult for the supervisor to elucidate. The student should also recognise that intuition and experience, as well as theoretical knowledge, form part of clinical decision making.

Both supervisor and student should make efforts to adapt to the normal learning or teaching style of the other. The partnership should be guided by educational principle and must not be a collusion of ease.

It is important that the Clinical Supervisor should allow the student to continue to learn independently (whether from patients or library/internet resources) even when this may be more time consuming and where it involves a loss of control of the learning agenda by the clinical supervisor.

Where the clinical supervisor is involved in processes of formative and summative assessment, they must recognise both the different and the common intentions of the two processes.

Consequently, this Curriculum Framework supports the belief that the following principles are essential in shaping the education of the ECP:

- an initial theory course which informs the underlying importance of biosciences and patho-physiology
- a subsequent clinical period which allows for the student to experience observation in clinical settings and which is directed so that student ECP learns to see, analyse and interpret all that occurs
- action (rather than just observation) in the practical setting is essential to foster learning
- ongoing dialogue in the clinical setting between educator, clinical supervisor and student ECP, is a vital part of the learning process
- the clinical supervisors should help the student ECP investigate examples of professional judgment in both clinical and educational practice.
- problem-solving by the student ECP in a range of different practical activities, using critical thinking, analysis, creativity and improvisation
- clinical supervisors enable the student ECP to develop their use of the processes of deliberation and reflection, encouraging self-knowledge and self-appraisal.
- An ongoing system of appraisal throughout the whole course which allows the student to identify his/her strengths and weaknesses, discuss them with their supervisor and plan their learning strategy accordingly.

2.4 The aims and outcomes of the ECP programme

As mentioned previously, this Curriculum Framework aims to identify the core competences which any ECP programme should enable students to meet. The statements included in this section constitute the core competences against which students on any particular programme are judged.

In this section, the broad aims of ECP programmes are specified.
The programme aims to produce clinicians who have the knowledge, skills and professional behaviours to function as an ECP (to have their qualification nationally recognised) and have the personal and intellectual attributes necessary for life-long professional development.

Such clinicians will be:

- safe practitioners in a wide variety of clinical pathways, with patients from diverse social and ethnic backgrounds over the whole age range

- expert communicators who are empathic in a manner appropriate to a healthcare profession
- aware of health inequalities and the challenges of working in a multicultural environment
- aware of the limits of their competence and determined to act within those limits
- comfortable in the context of multi-professional working in a team environment
- adept in the use of C&IT (Communication and Information Technology) skills for healthcare
- capable and motivated lifelong learners continually engaged in active professional development
- understanding of the need to maintain and promote health, as well as to cure or palliate disease and aware of their obligations to the wider community as well as to individuals
- able to integrate theoretical and clinical learning.

2.5 The structure of ECP programmes

The structure of the ECP programme will be almost entirely dependent on the institution running it and the nature of the catchment group for which the course is primarily intended. For this Framework it is therefore only possible to state the minimum/core specification which all courses must meet.

2.5.1 Overall length of the programme

The length of the programme will be a minimum of 1000 hours of nominal study time. Of this time, a minimum of 300 should be designated as theory learning and 700 designated as clinical learning.

Some programmes may choose to follow the standard semester pattern. Other programmes may compress the three semesters into a full time ten month course. Others may offer a more prolonged “blended learning” type of course.

2.5.2 Clinical experience in the programme

The clinical learning module may include some time learning in skills centres or return to the HEI classroom but a minimum of 700 hours will be spent in practice in the clinical area, in substantive attachments to a unit or to a doctor. This includes time spent with the doctor or other clinical specialist in hospital or general practice, on ward rounds, in clinics, etc. as well as time spent in tutorials. It also includes independent learning in the clinical area that is facilitated by the doctor, or time spent with other healthcare professionals.

It is intended that the ECP, on qualification, will be able to undertake the assessment and management of individuals presenting with undiagnosed, undifferentiated health care needs in Pre-hospital, Primary and Acute care

settings. They could also provide cover in a Minor Injury Unit, provide ‘out of hours cover’ in hospital and primary care/community settings or work in Custody Suites, Prisons or other specialised areas of urgent healthcare work.

Whilst recognising that many of the competences can be demonstrated in many of these clinical areas, it is felt appropriate to recommended core placements, as a guide these could be as follows;

General Practice   (including paediatrics)
Acute Medicine
A&E/Minor Injury Unit
Mental Health
Obstetrics & Gynaecology
Paediatrics (acute setting)
Out of Hours Work
Rapid Response Work

Some of the General Practice Placement should be spent specifically on Paediatric issues in Primary Care.

Within this framework of clinical attachment, students must have the opportunity to have experience relevant to a broad range of core areas identified in National Service Frameworks.

The length of time spent by the student in any one attachment area will depend upon their previous experience and decisions made during their appraisal process.

Institutions will be encouraged to maintain flexibility in their programmes which should allow individual students to spend further periods of time in a clinical area where they were experiencing some difficulty in achieving their competences or, alternatively, in which they have a particular interest.

2.5.3 Progression

How the ECP progresses through the programme will largely be a matter for the HEI to decide, but all institutions must ensure that they have in place a rigorous and formally constituted process to ensure that student progress is dependent on the demonstration of appropriate clinical skills and the development and maintenance of appropriate professional behaviour (fitness to practice) as well as on what might be considered the standard basis of academic performance.

Since acceptance onto the Voluntary Register is dependent on other factors in addition to academic performance, it is proposed that the award of the academic qualification at the end of the HEI programme should not confer automatic entry to the Voluntary Register. Registration will be dependent on the award of an appropriate academic qualification and a statement from the

Institute regarding the candidate's fitness to practice, in terms of professional behaviour and clinical competence.

2.6 Criteria for entry to the programme

2.6.1 Defined entry groups

It is envisaged that, during the early implementation of ECP programmes produced on the basis of this Framework, there will be two main groups from which student ECPs will be drawn – appropriately experienced paramedics and nurses.
Other entrants could come from other health care professions, for example medics from the armed forces and physiotherapists.

Universities may tailor the programmes they offer to one or other group of candidates and select accordingly. In their selection processes for this programme, we would encourage universities to recognise and value life experience as well as proven academic ability.

Whichever group a university decides to draw a student from, the institution has a duty to ensure that the student it recruits to the programme is 'of good character' as well as academically capable of completing the course and undertaking the clinical role.

As specified by the General Medical Council (GMC), with regard to undergraduate medical training:

"Universities have a duty to make sure that no member of the public is harmed as a result of taking part in the training of their medical students. Medical students cannot complete the undergraduate curriculum without coming into close, and sometimes intimate, contact with members of the public who may be vulnerable or distressed. The vocational part of their training, which prepares them for clinical practice when they become registered doctors, is such that they may not be directly observed or supervised during all contact with the public, whether in hospitals, in general practice or in the community."

Good practice would advise that all students be cleared with a CRB check and that, in the Clinical Placement module, an Honorary Contract be signed with the Trust to which the student is attached which complies with the national guidance.

The means by which the character and capability of candidates is assessed is a matter for individual institutions or groups of institutions. However, in determining admission processes, institutions must be cognisant of developing practice in other healthcare professions* and the need to offer opportunities to widen participation in both higher education and the NHS.

However, account needs to be taken of the eventual acceptability of candidates to the Statutory Regulatory Body (e.g. candidates previously removed from a professional register; with a criminal record etc).
* For example developments aimed at assessing the intellectual capacity of candidates as opposed to their achievement and/or admission processes which allow institutions to broaden the basis of selection beyond the traditional mix of paper qualification and interview, to include team-working, debating current issues, problem-solving, interpersonal skills etc.

2.6.2 Other entry routes

Some of those interested in training as an ECP may not have the professional experience or appropriate education to allow defined route of entry into ECP programmes. As the ECP role becomes better known, this may include mature students looking for a change in career and school leavers selecting an ECP career. It may also include medical technicians/assistants in the armed services looking for professional development within the forces or a means of ensuring a career pathway when they return to civilian life.

As a consequence Higher Education Institutions offering ECP programmes should look at graduates from degrees or other preparatory programmes as well as considering a more direct of entry into ECP programmes.

2.6.3 Transitional arrangements

A number of qualified ECPs not only from pilot programs may find that their initial programs do not equip them to achieve the breadth of competence and/or educational accreditation set out in this document and, in future, required for Voluntary Registration as an ECP. They will therefore be able to apply for entry onto the Voluntary Register through Grandparenting rights. The required standard for entry via this route will only be open to those ECPs who have received their training/education prior to a time specified by the regulator and they will need to demonstrate lawful, safe and effective practice. This will be further clarified by the Voluntary Regulatory Committee, but will follow the practice of Grandparenting laid down by the HPC and other Voluntary Regulatory Councils.

2.6.4 APL/APEL for other groups

Whilst current ECP students seeking to top up their existing learning are the urgent group to consider in terms of APL/APEL, there may well be a continuing flow of highly experienced personnel from other health professions who would wish to receive a shortened training. In this context, it is important to identify that the ECP role differs in important respects from those that such candidates have previously undertaken. There are issues of socialisation into the ECP role that can only be achieved through an accepted quantum of experience as an ECP student. In addition, it should be noted that experience

in a given clinical area (for example as a nurse working in A&E) may not necessarily mean that there is no need to undertake further experience in that field as part of ECP training.

Having said this, there are clearly circumstances where APL/APEL would be appropriate, but any other health professional, whatever their experience, should undertake a minimum of 700 hours of clinical experience as part of ECP training. The clinical fields in which these 700 hours is spent would depend on the student's prior learning and experience.

3. THE COMPETENCE FRAMEWORK

This chapter defines the core achievements required of the ECP student at the point of qualification, in order to be placed on the voluntary register. The competences have been taken from the following SFH National Workforce Competence Frameworks;

- Drugs and Alcohol
- Allied Health Professions
- Blood Donor Support
- Coronary Heart Disease
- Cancer- Chemotherapy
- Clinical Health Skills
- Children's Services
- Diabetes
- Emergency, Urgent & Scheduled Care
- Managing Work related Violence
- General Healthcare
- Healthcare Science
- Health & Social Care
- Maternity & Care of the Newborn
- Mental Health
- Older People- Falls & Stroke

Initially the learning outcomes for the ECP role were developed before the SFH competences were completed; however all the original outcomes have now been cross mapped into the SFH competences. The original learning outcomes can be viewed in appendix 1.

This document sets out the competence expected at the point of qualification.

The ECP is required to maintain this breadth of competence throughout their professional career. Any additional expertise that they may acquire in particular fields, through experience or further training, is an addition to this general competence and not a substitute for it.

3.1 The context for the specification of competence

It is anticipated that currently ECP students will be drawn from a variety of backgrounds, but the majority will be Registered Paramedic staff from the Ambulance Service and Registered Nurses working in the Emergency and Primary Care sectors. Other areas for recruitment could include medics from the armed services and other allied health professions. As a consequence, there will be a variation in knowledge levels, clinical and educational experience of different entrants, as well as variation in their life experience. Some prospective entrants may need access programmes to enable them to follow the intensive higher educational level of the programme

The competences reflect the requirement for a significant knowledge base and an understanding of the scientific principles acquired through an appropriate academic and clinical curriculum approved by the Professional Body. The core competences outlined in this document must be achieved by those that are undergoing ECP education before they take up the professional role. In keeping with the philosophy of lifelong learning in the NHS, further skills will be acquired and, after assessment, the ECPs may then work in specialist areas.
Arrangements for supervision in these areas and the delegation of duties and responsibilities will vary according to the level of overall experience of the ECP and expertise in the specialist clinical field, as with any other regulated healthcare profession working in a multi-disciplinary team.

The detailed organisation of assessment of clinical competences and skills will be a matter for individual institutions, but must be rigorous and will include:

- OSCE - objective structured clinical examination (e.g. clinical skills laboratory, simulated patients or, where appropriate, actual patients)
- skills stations to examine the knowledge of the ECP with X-rays, ECGs, anatomy, pharmacology and a variety of clinical conditions
- direct observation of the student's communication and interpersonal skills
- direct observation of the student's clinical and procedural skills in practice
- evidence provided by other healthcare practitioners regarding the performance of the student
- direct questioning by an assessor to check understanding of patient centred care, health and safety procedures, technological interventions and interpretation of results, in addition to demonstrating core knowledge. This will be completed prior to the "signing off" of the competences
- regular presentations, which will enable the student to demonstrate their ability to research a set topic and present it to their peers
- a portfolio of evidence maintained by the student. This will include a record of progress as well as reflective accounts of critical learning encounters. This will inform the final assessment process and its outcome.
- summative assessment at prescribed times will take account of the development of the student ECP against the specification set. In terms of providing evidence for the clinical competences, skills and conditions, the evidence must reflect that the ECP has demonstrated the skills in theory and worked with patients in the clinical setting.

In preparation for Statutory Regulation the Professional Body will provide national assessment standards for the HEI's to utilise. These will be held on a

database and maintained by the ECP Professional Body. Student ECPs must pass these standards in order to gain entry onto the Voluntary Register.

It is acknowledged that regular work is needed on the core competences specified throughout the document in order to ensure that ECPs, who are likely to have significant contact with children and young people (particularly in primary care and A&E settings), are able to demonstrate that they have the necessary skills to work with children and young people, as reflected by national policy and guidance.

3.2 Defined Competences

The following competences have been selected from the full suit of competences developed/utilised by Skills for Health.
The summaries attached to each competence title are those supplied by Skills for Health, therefore the context for the use of the competence will not be specific to the ECP role, but will include any/all situations or roles which may utilise the competence. This may mean that parts of the summary do not apply to the ECP role but the overarching competence does. If the summary does not clearly show the relevance of the competence to the ECP role an example from practise has been added in italics.

AA1: Recognise indications of substance misuse and refer individuals to specialists

Summary: This unit is about recognising signs which may indicate that someone - an employee, colleague, co-worker, customer, student or anyone else you come into contact with during your work - may be misusing drugs (illegal, prescription or over the counter), alcohol, solvents or other substances. It covers taking appropriate action to minimise the risks to the individuals and others from their substance misuse, referring individuals to specialists for help, monitoring the situation and taking appropriate action as it changes. There are two elements: AA1.1 Recognise indications of substance misuse AA1.2 Refer individuals with indications of substance misuse to specialists. This unit is for a wide range of people, such as employers, managers, teachers, sports instructors, youth workers, outreach workers, criminal justice workers, who: • have a general responsibility for the health, safety and well-being of people they come into contact with • are required to recognise indications of substance misuse and take appropriate action, and • have the appropriate knowledge and experience to be able to do so competently. It is part of a group of units about helping individuals access substance misuse services.

AA2: Relate to, and interact with, individuals

Summary: For this unit you need to be able to identify the relationship needs of individuals, develop effective relationships with them and monitor and alter the relationships to meet changing needs.

AHP4: Provide & fit prescribed assistive devices for individual use

Summary: Relates to working with individual patients, their carers & other members of a multi-disciplinary team, where appropriate, to provide & fit assistive devices to meet individual needs. This may take place anywhere. This will include confirmation of suitability for the prescription, suitability of fit & operation & the capacity or social interaction of the individual which may include use of the assistive device in the user environment. *E.g. correct fitting of walking sticks or crutches*

AHP5: Enable individuals to use assistive devices

Summary: Relates to working with individuals, their carers & other members of a multi-disciplinary team, where appropriate, to assist individuals to use assistive devices. This may take place anywhere. *E.g. teaching individuals how to correctly use walking sticks or crutches*

BDS2: Obtain & test capillary blood samples

Summary: This workforce competence covers the collection of capillary blood samples using either manual or automated lancets, testing of the sample where this is required or sending it elsewhere for laboratory testing. Samples may include those for blood sugar determination, haemoglobin levels and Guthrie testing of the new born.

BDS11: Obtain venous blood samples

Summary: This workforce competence covers the use of venepuncture/phlebotomy techniques and procedures to obtain venous blood samples from individuals for investigations as part of their care plan, or from potential donors in blood and blood component donor sessions. This workforce competence is not intended to cover the actual collection of blood or blood components within donor sessions.

CHD_EB3: Disseminate information and advice materials about CHD and how to reduce the risk of CHD

Summary: This workforce competence is about disseminating information and advice materials about CHD and how to reduce the risk of CHD.

CHD_ED2: Provide information and advice about how to reduce the risk of CHD

Summary: This workforce competence is about providing people with information and advice about how they can reduce their risk of CHD.

CHD_ED3: Encourage behaviour and activities that reduce the risk of CHD

Summary: This workforce competence is about encouraging people to adopt behaviour and undertake activities that reduce their risk of CHD.

CHD_EE1: Enable individuals to understand and reduce the risk of CHD

Summary: This workforce competence is about working with people, individually or in groups, to help them understand how lifestyle factors affect the risk of CHD. It also covers assisting and supporting

individuals to change their lifestyles so that they can reduce the risk of CHD.

CHD_EE2: Refer individuals to specialist services that may help reduce the risk of CHD

Summary: This workforce competence covers referring individuals to appropriate specialist services to help them reduce their risk of CHD.

CHD_EF1: Identify individuals with CHD and those at significant risk of developing CHD

Summary: This workforce competence is about identifying individuals with CHD and those at significant risk of developing CHD.

CHD_FA1: Contribute to assessing individuals with suspected coronary heart disease

Summary: This workforce competence is about contributing to assessing individuals with suspected coronary heart disease. It covers baseline observations and tests. The assessment may take place in, for example, the individual's home, chest pain clinic, community setting, surgeries and hospitals.

CHD_FA2: Examine and assess individuals with suspected coronary heart disease and produce a diagnosis

Summary: This workforce competence is about examining and assessing individuals with suspected coronary heart disease, and producing a diagnosis. It covers baseline observations and tests, as well as clinical examination. The assessment may take place in, for example, the individual's home, chest pain clinic, community setting, surgeries and hospitals.

CHD_HB1: Recognise indications of heart conditions and take appropriate action

Summary: This workforce competence is about recognising the indications of acute cardiac syndromes and taking appropriate action. This workforce competence has been developed for practitioners who may be working in settings outside the Coronary Heart Disease area e.g. primary care setting, general wards.

CHD_HB2: Administer drug treatments for individuals experiencing ACS

Summary: This workforce competence covers administering drug treatments for individuals experiencing acute coronary syndrome (ACS). *E.g. administration of thrombolysis/nitrates etc*

CHD_HC1: Store and transport oxygen cylinders safely

Summary: This workforce competence is about storing and transporting oxygen cylinders safely.

CHD_HL1: Enable individuals to take their medication as prescribed

Summary: This competence is about helping individuals, their families and carers to understand the effect and benefits of the medication that

has been prescribed for them, and enabling them to take their medication in line with the prescribing regime.

CHD_HL2: Help individuals to use oxygen safely and effectively

Summary: This workforce competence is about helping individuals to use oxygen safely and effectively.

CHD_HL3: Advise individuals how they can carry out routine tests

Summary: This workforce competence is about advising individuals how to carry out routine tests.

CHEM10: Obtain informed consent for clinical interventions, diagnostic investigations and treatment

Summary: This workforce competence covers obtaining informed consent for clinical interventions, diagnostic investigations and treatment to adult patients. It includes the explanation of the options available to the patient and facilitating an understanding of the advantages, disadvantages, benefits and potential complications and side effects of these. It also covers assistance for the patient in reaching an informed decision.

CHS1: Receive and store medication and products

Summary: Receiving and storing medications and products in a variety of settings, e.g. hospitals, and nursing and residential homes. The medication and products may be from a number of different sources including the individuals who have been prescribed the medication, and from pharmacy. The storage of medication includes stock rotation, maintaining suitable conditions and disposing of out of date stock. It does not include the storage of controlled drugs.

CHS2: Assist in the administration of medication

Summary: Administration of medication either to an individual, or as part of a larger process where a 'drug round' may be undertaken. You will always work with other staff within this context whose role is to lead the process & need to work within your own role & area of responsibility. This activity may be undertaken in a variety of settings, including hospitals, residential & nursing homes, hospices, including the individual's own home.

CHS3: Administer medication to individuals

Summary: Administration of medication to individuals and monitoring the effects. Role is complex and will not be the role of all care staff, only those designated to undertake this activity - applies to all medication used for and by individuals, both prescribed and non-prescribed. This includes immunisation and vaccination and is intended to be used in a variety of care settings including hospitals, nursing & residential homes, hospices, and community settings including the individual's own home and GP surgeries. It does not cover the use and administration of intra-venous medication.

CHS6: Move & position individuals

Summary: The movement, handling and positioning of individuals as part of their care plan according to their specific needs due to their condition. This includes moving individuals from one place to another and re-positioning individuals within their immediate environment.

CHS7: Obtain & test specimens from individuals

Summary: Obtaining specimens, testing some specimens in the work area, and forwarding some specimens for laboratory investigation. Specimens include: urine, including via catheter and mid-stream specimens, faeces, sputum, exudates, saliva, breath, aspirates, semen and skin scraping. Collection of blood specimens is not included. This is covered in competences BDS11 Obtain venous blood samples and BDS2 Obtain and test capillary blood samples.

CHS8: Insert and secure urethral catheters and monitor and respond to the effects of urethral catheterisation

Summary: Insertion of urethral catheters, including re-catheterisation, following agreed protocols and procedures. It also covers regular monitoring and care of the urethral catheter after insertion. It does not include suprapubic catheterisation.

CHS9: Undertake care for individuals with urinary catheters

Summary: It is applicable in any care setting where an individual has a urinary catheter in position. This competence involves emptying catheters bags, providing catheter hygiene and removing urinary catheters, as and when directed by a competent practitioner. It does not cover insertion of urinary catheters. This activity is covered by CHS 8 Insert and secure urethral catheters and monitor and respond to the effects of urethral catheterisation. All of these activities must be undertaken using an aseptic technique and following local guidelines and procedures.

CHS12: Undertake treatments and dressings related to the care of lesions and wounds

Summary: It is applicable in a variety of care settings including hospitals, care homes, the individuals own home or other community settings such as GP surgeries. It involves removing and disposing of soiled dressings and wound coverings, cleaning lesions and wounds and applying fresh treatments/dressings. All of these activities must be undertaken using an aseptic technique and following local guidelines & procedures. *E.g. unexpected need for re-dressing or first dressing application, then would need referral to appropriate person for continuing care*

CHS14: Remove wound closure materials from individuals

Summary: It is applicable in a variety of care settings including hospitals, care homes, the individuals own home or other community settings such as GP surgeries. It involves removing and disposing of wound closure materials using an aseptic technique, following local guidelines and procedures, as and when directed by a competent

practitioner. All of these activities must be undertaken using an aseptic technique and following local guidelines and procedures.

CHS19: Undertake physiological measurements

Summary: Measurements include: blood pressure by manual and electronic; pulse rates and confirming pulses at a variety of sites e.g. Pedal pulses; pulse oximetry; temperature, respiratory rates, peak flow rates; height; weight; body mass index (BMI); girth. These activities could be done in a variety of care settings, including hospitals wards and other departments including out patients, nursing homes, the individuals own home, GP surgeries etc. The recording of such measurements must take into account the individuals overall condition, and the delegation of these measurements to you may change as the individual's condition changes. Sometimes this skill will fall outside of your role and responsibility. Any adverse conditions may result in other members of the care team undertaking these measurements.

CHS20: Undertake examination of the external ear

Summary: Does not include further treatment that might be recommended following examination of the ear. The examination could be carried out in a variety of care settings, including hospitals, both for in and out patients, GP surgeries, nursing and residential homes, and in the individuals own home. The term 'individuals' is intended to cover adults and children, though there may be internal policies and protocols which restrict the group on whom you can perform ear examinations. Likewise this competence covers all care groups including the elderly, those with long-term mental health problems and those with learning disabilities.

CHS22: Perform intravenous cannulation

Summary: This competence relates specifically to the insertion of intravenous cannula to facilitate access to the blood system for treatment or diagnostic purposes. Access may be required for serial sampling, or for administration of fluid or drug treatments. This procedure may be performed with adults or children and will usually take place in hospital with individuals receiving health care. It may also take place in a therapeutic, research or emergency situation. You will need a firm knowledge and understanding of this procedure based upon your employers protocols, guidelines and patient group directives (where used). You will be working without direct supervision but according to agreed protocols.

CHS23: Carry out intravenous infusion

Summary: This competence covers setting up equipment and attaching prescribed intravenous fluids to existing intravenous cannulae. This procedure may be performed with adults or children and will usually take place in hospital with individuals receiving health care. It may also take place in a therapeutic, research or emergency situation. You will need a firm knowledge and understanding of this procedure based upon your employers protocols, guidelines and

patient group directives (where used). You will be working without direct supervision but according to agreed protocols.

CHS24: Carry out arterial puncture and collect arterial blood

Summary: This competence covers obtaining arterial blood samples by arterial puncture. This would normally be an investigative procedure, and may be performed in respiratory laboratories, in hospital, and in outpatient clinics. It would not be performed in the individual's home. The procedure will be performed with adults and children and with individuals in critical care areas such as Intensive care units. It may include the use of a range of equipment, blood collection systems and techniques relating to arterial sites. *E.g. ECP working in a medical assessment unit or acute unit treating patients with respiratory conditions*

CHS33: Develop relationships with children and young people

Summary: This workforce competence is about the practitioner developing a relationship with the child or young person, and this is achieved by involving them in discussing their situation. It is important also that the practitioner uses play and other methods to develop their relationship according to the age of the child or young person. They are then in a position to discuss the situation of the child or young person in more depth, and to explore with them what they feel about the situation, and what they would like to happen to them. This will also include those who are involved in their care, e.g. parents and family members, but the child or young person is central to this process.

CHS34: Provide help for children and young people to understand their health and wellbeing

Summary: This workforce competence is about the practitioner helping children and young people to understand their situation in relation to their health and wellbeing. This will be done during the normal course of the practitioner's work, and is not something that can be achieved in a one-off session. It is important also that the practitioner uses play and other methods to develop their relationship according to the age of the child or young person. They are then in a position to discuss the situation of the child or young person in more depth, and to explore with them what they feel about the situation, and what they would like to happen to them. This will also include those who are involved in their care, e.g. parents and family members, but the child or young person is central to this process. *E.g. ECPs dealing with unscheduled care are often in a position to start this process off and then refer it on to an appropriate person*

CHS35: Provide first aid to an individual needing emergency assistance

Summary: This workforce competence covers the provision of first aid to meet the individual's requirements.

CHS36: Provide basic life support (Paediatric)

Summary: This workforce competence covers preparing for and providing basic life support. Note that this workforce competence does not include the use of automated external defibrillators - this is covered in a separate workforce competence within the Emergency, Urgent and Scheduled Care suite (EC18).

CS1: Communicate with children and young people, and those involved in their care

Summary: This unit is about communicating effectively with children and young people, as well as those involved in their care. It covers establishing the most effective methods of communication, and enabling children and young people to participate in communication. The main focus of communication is in relation to the health and well-being of the child or young person. The unit is relevant to practitioners who deliver services to children and young people. Practitioners working in this area require specialist communication skills that take account of age-related, as well as other, communication needs, and the family and social context of the child or young person.

CS2: Work with children and young people to assess their health and well-being

Summary: This unit is about working with children and young people, and those involved in their care to assess the health and well-being of children and young people. It covers agreeing the nature and purpose of assessments, determining needs and agreeing courses of action. The unit is relevant to practitioners who deliver services to children and young people. Practitioners working in this area require specialist expertise concerning the health and well-being needs of children and young people. *E.g. assessing a child with an unscheduled episode of care*

CS9: Create an environment to safeguard children and young people from abuse

Summary: This unit is about the need to provide environments that are safe for children and young people, where the risk of abuse is minimised, and all appropriate actions are taken to address any concerns about children and young people's welfare in accordance with agreed local policies and procedures. An important way of achieving this is to raise the awareness of other people to the risk of abuse. This can involve the use of a variety of methods, such as individualised training. However, practitioners have to be proactive, and in effect create a constant dialogue with all those involved in the care of children and young people. It is important that all those involved in the care of children and young people are aware of the different forms of abuse that exist. It is also important that systems and procedures are being used correctly by all practitioners, and that these are monitored, reviewed, and improved in the light of any recent developments.

CS10: Safeguard children and young people at risk of abuse

Summary: This competence is about the need to protect children and young people when there is the possibility that abuse is occurring. It is important that the practitioner is competent to identify the indicators of potential abuse, and that appropriate action is taken according to the practitioner's role and responsibility. It is important that all information collected is recorded, preferably contemporaneously. When the practitioner has concerns, these should also be recorded and the appropriate people informed of them. If the concerns warrant it, immediate action must be taken to protect the child or young person. Depending on the type of abuse, the action should involve a referral to one or more of the statutory agencies for child protection, including the police if necessary. The practitioner has to comply with all legal requirements and codes of practice, and these should always be seen as the principle sources of advice on the action to take. The practitioner should monitor the outcome of the action to ensure that the child or young person is protected.

CS11: Enable children and young people to understand their health and well-being

Summary: This unit is about the practitioner helping children and young people to understand their situation in relation to their health and well-being. This will be done during the normal course of the practitioner's work, and is not something that can be achieved in a one-off session. The practitioner needs to develop a relationship with the child or young person, and this is achieved by involving them in discussing their situation. It is important also that the practitioner uses play and other methods to develop their relationship according to the age of the child or young person. They are then in a position to discuss the situation of the child or young person in more depth, and to explore with them what they feel about the situation, and what they would like to happen to them. This will also include those who are involved in their care, e.g. Parents and family members, but the child or young person is central to this process. *E.g. ECP's will often be in a position to identify a need, start the enabling process and refer it to an appropriate individual*

Diab_CA1: Develop your knowledge and practice

Summary: This unit covers you evaluating your skills and knowledge, seeking help to develop these and using new knowledge and skills when carrying out the activities for which you are responsible.

Diab_CA2: Reflect on and develop your practice

Summary: This unit covers reflecting on, evaluating and taking action to enhance your own knowledge and practice.

Diab_DA1: Promote effective communication for and about individuals

Summary: This unit covers communicating on difficult, complex and sensitive issues, supporting others to communicate and update and maintain records and reports.

Diab_DA2: Ensure your own actions support the care, protection and wellbeing of individuals

Summary: This unit covers demonstrating that you value and treat people equally and with respect and dignity, encouraging and respecting the individual's preferences and protecting them from danger, harm and abuse.

Diab_DA3: Support individuals to communicate using interpreting and translation services

Summary: The focus of this unit is on arranging for and assisting translators and interpreters to help individuals communicate their needs wishes and concerns. Those taking the unit will have to arrange both translation and interpreting services, communicate with people through interpreters and support individuals to evaluate the services offered. People completing this unit will work directly with individuals, key people in their lives and others but will have a degree of autonomy for the management of their own work activities.

Diab_DA5: Break bad news to individuals about their health

Summary: This unit covers informing an individual that tests indicate a worsening of their health, or an increased risk to their health. The activities described in this unit may be necessary at any point in the patient pathway where there is a deterioration in the health of an individual, or there is evidence of increased risk, except for the initial discussion of a diagnosis of diabetes, which is covered by Unit GA4. You should discuss the bad news face to face with the individual and with their carer if the individual chooses to involve them. The activities described in this unit will normally be followed by changes in therapy, such as those described in Units HA7, HA8, and HA9. *E.g. for ECPs this may not be related to diabetes, it is the ability to deal with the breaking of bad news which is in issue, not what the bad news is.*

Diab_FA1: Perform, evaluate and interpret a non-invasive blood pressure examination

Summary: This unit is about measuring and technically evaluating a non-invasive blood pressure examination, either at rest or during exercise, together with the clinical interpretation of the results. Practitioners need to know about • the selection of equipment appropriate to the examination and how the requirements of the procedure may influence equipment choice • the principles of non-invasive blood pressure measurement • the ways in which information should be presented in the records • normal and abnormal findings.

Diab_FA2: Obtain venous blood samples using invasive techniques

Summary: This competence covers the use of venepuncture/phlebotomy techniques and procedures to obtain venous blood samples from individuals for investigations as part of their care plan, or from potential donors in blood and blood component donor sessions. This competence is not intended to cover the actual collection of blood or blood components within donor sessions.

Diab_FA4: Obtain and test specimens from individuals

Summary: This unit is designed for you if your role includes obtaining specimens, excluding blood, testing some specimens and forwarding some specimens for laboratory investigation. This unit requires you to have a sound knowledge of health and safety issues in relation to your personal safety, and the safety of others. All tasks must be carried out in accordance with local and organisational policies and procedures including infection control guidelines.

Diab_FA5: Undertake the monitoring and recording of individuals' physiological measurements

Summary: This unit is for you if you take any physiological measurements of individuals you care for. These measurements include Blood pressure - both by manual and electronic; Pulse rates - Confirming pulses at a variety of sites e.g. Pedal pulses ; Pulse oximetry - oxygen saturation ; Temperature - including tympanic recording ; Respiratory rates ; Peak flow ; Height ; Weight ; Body mass index (BMI) ; Girth.

Diab_GA2: Assess and investigate individuals with suspected diabetes

Summary: This unit is about assessing individuals with suspected diabetes and deciding whether further investigations should be requested. The individual, or their companions, may suspect they have diabetes, and request an assessment, or they may have been advised to seek an examination by another healthcare practitioner. The setting in which the assessment takes place might include the individual's home, community settings, day centres, surgeries, mobile assessment centres and hospitals. The development of a diagnosis of diabetes is covered in Unit DIAG2, and informing an individual of a diagnosis and providing initial support is covered in Unit C1. *E.g. many cases of suspected diabetes come to light during unscheduled care episodes*

Diab_HC2: Measure visual acuity

Summary: This workforce competence covers the performance of tests of distance visual acuity with and without optical correction. It includes the assessment of visual acuity in patients of different ages including children (of 12 years and above) individuals with communication difficulties, and individuals with a range of refractive error or ocular disease. Before measuring visual acuity, the patient must be prepared for the procedure, as described in Competence HC1.

Diab_HD1: Administer medication to individuals

Summary: This competence covers the administration of medication to individuals and monitoring the effects. This role is complex and will not be the role of all care staff, only those designated to undertake this activity according to their expertise and employers decisions. The competence applies to all medication used for and by individuals, both prescribed and non-prescribed. This competence is intended to be used in a variety of care settings including hospitals, nursing and residential homes, hospices and community settings including the individuals own home and GP surgeries.

Diab_HD4: Identify hypoglycaemic emergencies and help others manage them

Summary: This competence concerns the activities a person who is not a diabetes specialist should undertake if they are present when an individual with diabetes shows symptoms of hypoglycaemia. The competence indicates what might be expected of a healthcare practitioner who may be working with the individual in another context – such as examining their eyes, or their feet.

Diab_HD5: Provide basic life support

Summary: This competence covers preparing for and providing basic life support. Note that this competence does not include the use of automated external defibrillators.

Diab_HD9: Prepare individuals for clinical/therapeutic activities

Summary: This competence covers preparing the individual in accordance with the requirements of the clinical/therapeutic activity to be performed, the practitioner and the assessed needs of the individual. *E.g. performing an ECG at the point of patient contact*

Diab_HD10: Support individuals during and following clinical/therapeutic activities

Summary: This competence covers supporting individuals during and after some form of clinical or therapeutic activity, other than within an operating department.

Diab_HD11: Contribute to moving and handling individuals

Summary: This competence covers moving, handling and re-positioning individuals. You have a responsibility when you move and handle individuals, you do so safely and correctly to ensure your own safety and that of others.

Diab_HE1: Maintain a safe and clean environment

Summary: This competence covers maintaining safe and clean environments.

Diab_HE2: Support the health and safety of yourself and individuals

Summary: This competence covers keeping yourself, individuals and others for whom you are responsible for, safe and secure within the working environment.

Diab_HE3: Promote, monitor and maintain health, safety and security in the working environment

Summary: This competence covers keeping yourself, individuals and others for whom you are responsible, safe and secure within your working environment and minimising risks arising from emergencies.

Diab_HE4: Prepare environments and resources for use during clinical/therapeutic activities

Summary: This competence covers your role in preparing environments and resources so that they are ready for designated clinical/therapeutic procedures.

Diab_HE5: Monitor and manage the environment and resources during and after clinical/therapeutic activities

Summary: This competence covers the management of the immediate environment and resources.

Diab_HE6: Monitor, handle and maintain materials and equipment

Summary: This competence covers monitoring, handling and maintaining materials and equipment.

EC_03: Prioritise and refer individuals for further assessment and care

Summary: This unit covers prioritising individuals requiring further medical assessment and treatment, referring them on to others for the provision of those services. This could involve performing triage functions and referring individuals for further assessment and care, in line with your level of autonomy and responsibility. This is a multi-component competence which has the following elements: 3.1 Prioritise individuals for assessment and treatment according to their health status and needs 3.2 Refer individuals for specialist assessment and programmes of support

EC_05: Assess and determine the health status and health care needs of adults presenting for emergency assistance

Summary: This unit covers assessing an adult of working age who presents as a medical emergency and involves carrying out primary and secondary surveys of the adult to enable a judgment to be formed as to their health status and needs for assistance. This is a multi-component competence which has the following elements: 5.1 Assess an adult presenting for emergency assistance 5.2 Form a judgment as to the health status and needs of an adult

EC_06: Assess and determine the health status and needs of older people presenting for emergency assistance

Summary: This unit covers assessing an older person who presents for emergency assistance and involves carrying out primary and secondary surveys of the older person to enable a judgment to be formed as to their health status and needs for assistance. This is a multi-component competence which has the following elements: 6.1 Assess an older person presenting for emergency assistance 6.2 Form a judgment as to the health status and needs of an older person

EC_07: Assess and determine the health status and needs of children or young people presenting for emergency assistance

Summary: This unit covers assessing a child or young person who presents as a medical emergency and involves carrying out primary and secondary surveys of the child or young person to enable a

judgment to be formed as to their health status and needs for assistance. This is a multi-component competence which has the following elements: 7.1 Assess the child or young person presenting for emergency assistance 7.2 Form a judgment as to the health status and needs of the child or young person

EC_08: Transmit information on the health status of individuals by electronic communication media

Summary: This unit covers the transmission of data on the health status of an individual from one location to a clinical practitioner at another location. The unit includes the need to work collaboratively with the practitioner in the second location in order to ensure the effective collection and transfer of information. This is a multi-component competence which has the following elements: 8.1 Prepare transmission equipment for use 8.2 Capture and transmit information to a second location

EC_09: Advise on the health status and health care needs of individuals at a distant location using electronic communication media

Summary: This unit covers advising on the health status and health care needs of an individual at a distant location using information provided through a variety of communication media and where the clinical practitioner giving the advice is at a central location. This includes the need to work collaboratively with a practitioner on-site at the individual's location in order to ensure the effective care of the individual. This is a multi-component competence which has the following elements: 9.1 Obtain and control information sent by electronic communication media 9.2 Advise on the health status and needs of an individual using information sent by electronic communication media

EC_10: Establish an individual's functional capabilities in the context of an emergency presentation

Summary: This unit covers assessing an individual who presents as a medical emergency and whose functional capabilities need to be assessed as part of an overall assessment process. This is a multi-component competence which has the following elements: 10.1 Assess an individual's functional capabilities 10.2 Form a judgment as to an individual's functional capabilities in the context of emergency presentation

EC_11A: Investigate and diagnose an individual presenting for emergency assistance with breathlessness

Summary: This unit covers the formation of a justifiable diagnosis of an individual presenting for emergency assistance with breathlessness. The unit involves the collection and systematic, balanced analysis of information to arrive at a diagnosis. This is a multi-component competence which has the following elements: 11A.1 Obtain and interpret information needed to reach a diagnosis 11A.2 Form a diagnosis 11A.3 Take immediate action following a diagnosis

EC_11B: Investigate and diagnose an individual presenting for emergency assistance with bleeding and fluid loss

Summary: This unit covers the formation of a justifiable diagnosis of an individual presenting for emergency assistance with bleeding and fluid loss. The unit involves the collection and systematic, balanced analysis of information to arrive at a diagnosis. This is a multi-component competence which has the following elements: 11B.1 Obtain and interpret information needed to reach a diagnosis 11B.2 Form a diagnosis 11B.3 Take immediate action following a diagnosis

EC_11C: Investigate and diagnose an individual presenting for emergency assistance with pain

Summary: This unit covers the formation of a justifiable diagnosis of an individual presenting for emergency assistance with pain. The unit involves the collection and systematic, balanced analysis of information to arrive at a diagnosis. This is a multi-component competence which has the following elements: 11C.1 Obtain and interpret information needed to reach a diagnosis 11C.2 Form a diagnosis 11C.3 Take immediate action following a diagnosis

EC_11D: Investigate and diagnose an individual presenting for emergency assistance with tissue trauma

Summary: This unit covers the formation of a justifiable diagnosis of an individual presenting for emergency assistance with tissue trauma. The unit involves the collection and systematic, balanced analysis of information to arrive at a diagnosis. This is a multi-component competence which has the following elements: 11D.1 Obtain and interpret information needed to reach a diagnosis 11D.2 Form a diagnosis 11D.3 Take immediate action following a diagnosis

EC_11E: Investigate and diagnose an individual presenting for emergency assistance with skin rashes/ dermatological features

Summary: This unit covers the formation of a justifiable diagnosis of an individual presenting for emergency assistance with skin rashes/dermatological features. The unit involves the collection and systematic, balanced analysis of information to arrive at a diagnosis. This is a multi-component competence which has the following elements: 11E.1 Obtain and interpret information needed to reach a diagnosis 11E.2 Form a diagnosis 11E.3 Take immediate action following a diagnosis

EC_11F: Investigate and diagnose an individual presenting for emergency assistance with toxic ingestion

Summary: This unit covers the formation of a justifiable diagnosis of an individual presenting for emergency assistance with toxic ingestion. The unit involves the collection and systematic, balanced analysis of information to arrive at a diagnosis. This is a multi-component competence which has the following elements: 11F.1 Obtain and interpret information needed to reach a diagnosis 11F.2 Form a diagnosis 11F.3 Take immediate action following a diagnosis

EC_11G: Investigate and diagnose an individual presenting for emergency assistance with altered consciousness, dizziness, faints and fits

Summary: This unit covers the formation of a justifiable diagnosis of an individual presenting for emergency assistance with altered consciousness, dizziness, faints and fits. The unit involves the collection and systematic, balanced analysis of information to arrive at a diagnosis. This is a multi-component competence which has the following elements: 11G.1 Obtain and interpret information needed to reach a diagnosis 11G.2 Form a diagnosis 11G.3 Take immediate action following a diagnosis

EC_11H: Investigate and diagnose an individual presenting for emergency assistance with altered behaviour

Summary: This unit covers the formation of a justifiable diagnosis of an individual presenting for emergency assistance with altered behaviour. The unit involves the collection and systematic, balanced analysis of information to arrive at a diagnosis. This is a multi-component competence which has the following elements: 11H.1 Obtain and interpret information needed to reach a diagnosis 11H.2 Form a diagnosis 11H.3 Take immediate action following a diagnosis

EC_11I: Investigate and diagnose an individual presenting for emergency assistance with fever

Summary: This unit covers the formation of a justifiable diagnosis of an individual presenting for emergency assistance with fever. The unit involves the collection and systematic, balanced analysis of information to arrive at a diagnosis. This is a multi-component competence which has the following elements: 11I.1 Obtain and interpret information needed to reach a diagnosis 11I.2 Form a diagnosis 11I.3 Take immediate action following a diagnosis

EC_11J: Investigate and diagnose an individual presenting for emergency assistance as the result of a fall

Summary: This unit covers the formation of a justifiable diagnosis of an individual presenting for emergency assistance as the result of a fall. The unit involves the collection and systematic, balanced analysis of information to arrive at a diagnosis. This is a multi-component competence which has the following elements: 11J.1 Obtain and interpret information needed to reach a diagnosis 11J.2 Form a diagnosis 11J.3 Take immediate action following a diagnosis

EC_11K: Investigate and diagnose an individual presenting for emergency assistance with ear, nose and throat problems

Summary: This unit covers the formation of a justifiable diagnosis of an individual presenting for emergency assistance with ear, nose and throat problems. The unit involves the collection and systematic, balanced analysis of information to arrive at a diagnosis. This is a multi-component competence which has the following elements: 11K.1 Obtain and interpret information needed to reach a diagnosis 11K.2 Form a diagnosis 11K.3 Take immediate action following a diagnosis

EC_11L: Investigate and diagnose an unwell older person presenting for emergency assistance

Summary: This unit covers the formation of a justifiable diagnosis of an unwell older person presenting for emergency assistance. The unit involves the collection and systematic, balanced analysis of information to arrive at a diagnosis. This is a multi-component competence which contains the following elements: 11L.1 Obtain and interpret information needed to reach a diagnosis 11L.2 Form a diagnosis 11L.3 Take immediate action following a diagnosis

EC_11M: Investigate and diagnose an unwell child or young person presenting for emergency assistance

Summary: This unit covers the formation of a justifiable diagnosis of an unwell child or young person presenting for emergency assistance. The unit involves the collection and systematic, balanced analysis of information to arrive at a diagnosis. This is a multi-component competence which has the following elements: 11M.1 Obtain and interpret information needed to reach a diagnosis 11M.2 Form a diagnosis 11M.3 Take immediate action following a diagnosis

EC_12: Undertake point of care testing

Summary: This unit covers the conduct of 'point of care', or 'near-patient' testing and includes the performance of routine preventative and corrective maintenance activities by the user for equipment in use within the individual's own working context. The unit also covers the calibration and verification of specific point of care testing equipment before, during and after clinical use by the individual. This is a multi-component competence which has the following elements: 12.1 Perform point of care testing 12.2 Conduct routine preventative and corrective maintenance on equipment in local use 12.3 Calibrate and verify equipment before, during and after clinical use

EC_13: Provide clinical care advice and information to others pending the attendance of emergency assistance

Summary: This unit covers the giving of advice and information to individuals and others with them, who are awaiting the attendance of dispatched emergency assistance. The unit covers giving advice and information on basic first aid procedures in order that the individual or someone with them can attempt to maintain their condition until an emergency practitioner is in attendance. A separate unit (EC 9) is available to cover the provision of clinical advice from one practitioner to another. This is a multi-component competence which contains the following elements: 13.1 Provide advice to individuals and third parties pending the attendance of emergency services

EC_15: Perform endotracheal intubation in an emergency situation

Summary: This unit covers preparing for and performing endotracheal intubation on an individual in order to maintain life. This is a multi-component competence which contains the following elements: 15.1 Determine the need for and prepare equipment used in endotracheal intubation 15.2 Perform endotracheal intubation

EC_17: Provide intermediate life support

Summary: This workforce competence covers preparing for and performing intermediate life support, including the use of equipment to promote airway management and assist in ventilation. It addresses clearing and maintaining an open airway, establishing adequate ventilation and cardiac output in an individual as well as responsibility for monitoring and responding to changes in the individual's condition.

EC_19: Perform manual external defibrillation on an adult or older person

Summary: This workforce competence covers preparing for and performing external defibrillation on an adult or older person in order to establish an effective cardiac rhythm. Separate workforce competences exist for defibrillation of a child or young person (EC20), and for the sole use of automated external defibrillation equipment (EC18).

EC_20: Perform manual external defibrillation on a child or young person

Summary: This unit covers preparing for and performing external defibrillation on a child or young person in order to establish an effective cardiac rhythm. This is a multi-component competence which has the following elements: 20.1 Apply external defibrillation to a child or young person 20.2 Maintain myocardial and cerebral perfusion during defibrillation on a child or young person

EC_21: Contribute to social care during emergency situations

Summary: This unit covers providing social care support to an individual while receiving emergency healthcare assistance, or others affected by an emergency situation. Such social support could include helping to arrange care provision e.g. for family members to be supported by neighbours/friends or organising security of an individual's property. It also covers the immediate support that the practitioner provides in relation to the emotional and psychological well-being of those affected by the emergency. This unit does not cover the arranging of subsequent social care provision for an individual being discharged following emergency assistance. This is a multi-component competence which has the following elements: 21.1 Contribute to the social well being of individuals requiring emergency assistance 21.2 Contribute to the emotional and psychological well being of the individual and others

EC_23: Evacuate and transport individuals who require emergency transport to suitable locations for treatment/intervention/care

Summary: This unit covers the transfer of individuals requiring emergency treatment/intervention/care (except driving which is dealt with separately in Unit EC22). It includes the safe handling and assisting of individuals to and from an emergency vehicle and the interpersonal skills required during transfer to a suitable location. This unit covers the monitoring of an individual's condition and providing transfer reports, especially where any deterioration has occurred. Responsibility for the acceptance of individuals and the subsequent

transfer of this responsibility is also included. This is a multi-component competence which has the following elements: 23.1 Transfer individuals to and from a vehicle under emergency conditions, moving/handling appropriately 23.2 Monitor and report changes to an individual's condition en route 23.3 Transfer/accept responsibility for individuals, and provide oral reports on those individuals *E.g. ECP acting in the role of patient escort if appropriate to do so*

EC_26: Play a designated role within the response to a major incident

Summary: This unit covers the actions needed to fulfil the responsibilities of a designated role within a Major Incident Plan. This is a multi-component competence which has the following elements: 26.1 Fulfil the responsibilities of a given role 26.2 Integrate your actions with those of others

EC_27: Provide information and advice to an individual or significant others on the progress and outcomes of emergency services provided

Summary: This unit covers passing on and discussing information and advice concerning the emergency services being provided to an individual. This may involve communicating information and advice to the individual receiving the emergency services and to their family and significant others. In the latter case, this can include passing on news that an individual has died. This is a multi-component competence which has the following elements: 27.1 Communicate and discuss the progress and outcomes of emergency services with an individual and/or significant others

EC_28: Provide information and advice to third parties who enquire about health and well being issues

Summary: This unit covers establishing the needs of third parties for information in relation to an emergency and providing information and advice to address those needs. This unit demands that you are able to communicate information effectively, and be responsive to queries. This is a multi-component competence which has the following elements: 28.1 Determine third party requirements for information and advice about health and well being issues 28.2 Provide information and advice about health and well being issues

EC_29: Analyse and collate information in response to queries

Summary: This unit covers the process of analysis and collation of information on health matters in response to specific requests, for example with regard to support groups and networks for individuals diagnosed with a specific condition. This is a multi-component competence which has the following elements: 29.1 Obtain and collate information in response to queries 29.2 Report information relating to queries

EC_30: Act within the limits of your competence and authority

Summary: This unit covers the application of protocols and other systems designed to promote good practice, as well as self-awareness and understanding of the skills and authority levels of others. This is a

multi-component competence which has the following elements: 30.1 Comply with protocols and systems designed to promote good practice 30.2 Maintain quality within a defined role

EC_32: Manage the progress of individuals through emergency care patient pathways

Summary: This unit covers the effective management and operation of patient pathways within an emergency care context. This is a multi-component competence which has the following elements: 32.1 Manage the operation of emergency care patient pathways 32.2 Monitor and maintain the progress of individuals within emergency care patient pathways

EC_33: Support the operation of emergency care patient pathways

Summary: This unit covers the part that every practitioner plays in ensuring that emergency care pathways, for individuals requiring emergency assistance, are effective and lead to the best possible outcome for each individual. This is a multi-component competence which has the following elements: 33.1 Promote individuals' progress along a defined emergency care patient pathway 33.2 Contribute to the improvement of emergency care patient pathways

ENTO_W7: Protect yourself from the risk of violence at work

Summary: Elements: W7.1 Help to de-escalate a potentially violent situation W7.2 Review the incident for recording and monitoring purposes

EUSC_01: Take a presenting history from an individual to inform assessment

Summary: This workforce competence covers gathering information to support and inform the assessment of the health status and needs of an individual requiring medical assistance.

EUSC_02: Obtain supporting information to inform the assessment of an individual

Summary: This workforce competence covers gathering information to support and inform the assessment of the health status and needs of an individual requiring medical assistance.

EUSC_03: Coordinate further assessments and investigations of an individual prior to initiation of an intervention

Summary: This workforce competence covers the coordinating of any further assessments or investigations prior to an intervention within the EUSC environment. You will be working with individuals, their significant others and other health and care providers as appropriate to identify the need for further assessments and investigations and to make arrangements for these to be carried out. *E.g. the ECP can directly refer individuals onto a pathway of care and ensure all relevant tests/investigations are addressed*

EUSC_04: Determine an individuals' state of physical health and fitness

Summary: This workforce competence covers the determination of an individual's state of physical health and fitness and their resulting needs for physical rehabilitation following a clinical, surgical or therapeutic intervention within an EUSC context or environment. The assessment process covered by this competence would be used to inform the agreement and development of a rehabilitation plan. There is a separate competence in the EUSC competence framework that covers the assessment of an individual's needs for psychological, emotional or social rehabilitation. *E.g. ECP referral to physiotherapy following trauma*

EUSC_05: Review presenting conditions and determine the appropriate intervention for the individual

Summary: This workforce competence covers the review of an adult individual's presenting conditions to determine the appropriate intervention to optimise their health and well-being. It includes discussing and agreeing the suitability of possible intervention options with the individual and involving them in the decision-making process where possible and appropriate. Presenting conditions might be reviewed to determine clinical, surgical or therapeutic interventions.

EUSC_07: Prioritise individuals for further assessment, treatment and care

Summary: This workforce competence covers determining the priority order for a number of people who need to receive further assessment, treatment or care. Priority must be assigned in such a manner as to ensure the optimal service provision to all individuals requiring further assessment, treatment and care. This is different from prioritising multiple interventions required by an individual to ensure their health is optimised and there is a separate competence within the EUSC competence framework that covers this.

EUSC_08: Prioritise the interventions to be performed for an individual

Summary: This workforce competence covers the prioritising of any interventions to be performed on an individual with a number of health and/or care needs to ensure that interventions are conducted in an order that optimises the health of the individual. This will include establishing and determining the severity of each health and/or care need and communicating priorities to other health and care professionals. There is a separate competence within the EUSC competence framework that covers assigning priority to a number of different individuals requiring treatment or care.

EUSC_09: Refer individuals for further assessment, treatment and care

Summary: This workforce competence is clinically focused and covers referring an individual for further assessment. This referral might be made after their initial presentation to determine the appropriate intervention required, or following any interventions they have already undergone within the EUSC arena. It includes considering any relevant

supporting personal and socio-cultural information about the individual that may affect their referral.

EUSC_10: Prepare a discharge plan with individuals

Summary: This workforce competence covers the preparation of a discharge plan with individuals to ensure that their post-discharge health and care is optimised and stabilisation and improvement of their condition is planned for. It includes the discharge of individuals from the emergency, urgent or scheduled care service. Individuals may be discharged into the care of other health and care providers, their own care, or that of significant others.

EUSC_11: Discharge individuals from the emergency, urgent and scheduled care service

Summary: This workforce competence covers the discharge of individuals from the emergency, urgent or scheduled care service. It includes explaining the discharge arrangements to the individual and ensuring that they understand and agree with them. Individuals may be discharged into their own care, or that of significant others or other health and care providers.

EUSC_12: Prepare for the administration of medication

Summary: This workforce competence is about preparing for the administration of prescribed medication to individuals. It is designed to cover a wide range of prescribed medications which are administered in health and care settings including injections (subcutaneous, intra-muscular and intradermis); oral medication; intra-venous medication; inhaled medication; eye and nasal preparations and ear drops; vaginal and rectal preparations; topical preparations. It does not include the administration of controlled drugs.

EUSC_13: Prepare the equipment and instrumentation required to support an intervention

Summary: This workforce competence covers the preparation of equipment and instrumentation required to support an intervention in an EUSC environment. It is specifically about equipment and instrumentation that is used in the intervention environment to support, monitor and maintain the individual's health in the broader sense whilst they undergo an intervention. Such equipment and instrumentation is most likely to be required in environments and situations where invasive interventions occur, although it may also be required in some non-invasive and/or emergency circumstances. This competence does not cover the primary equipment and instrumentation directly used for performing the intervention itself.

EUSC_16: Perform advanced life support for an individual

Summary: This workforce competence covers the performance of advanced life support for an individual in response to the emergency presentation of an individual or as a reaction to problems that have arisen during an intervention already being conducted for the individual in an EUSC environment. This workforce competence is specifically

intended for application to adults requiring advanced life support. Anyone performing advanced life support should only do so within their scope of practice and in accordance with the European and UK Resuscitation Council Guidelines and algorithms.

EUSC_17: Manage emergency situations that occur as a result of an EUSC intervention

Summary: This workforce competence relates to the management of clinical emergencies that may occur as a result of an EUSC intervention. The range of potential situations is huge and this competence focuses on the ability to both isolate and resolve the emergency and to evaluate and report on the likelihood of a similar intervention-related emergency arising. This could take place anywhere within the EUSC environment where interventions are being performed.

EUSC_18: Undertake endotracheal extubation within an EUSC environment

Summary: This workforce competence covers the actions involved in extubating an individual who has been intubated either in an emergency situation, or to support breathing during an invasive intervention. It includes monitoring the individual throughout the procedure and responding promptly and effectively to any contra-indications and complications that may arise. It also involves working in a manner that avoids causing or exacerbating complications or injury to the individual as a result of extubating. This will be performed at the point where the individual's health will not be compromised and they are able to breathe independently.

EUSC_19: Administer pharmaceutical interventions

Summary: This workforce competence covers the administration of pharmaceutical interventions in a health and care provider setting. It is most likely to apply in the administration of pharmaceuticals during other interventions that occur in the context of surgery, critical care or emergency care and delivery of medication. It does not cover the routine administration of prescribed medications to individuals or the administration of anaesthesia and these are covered in other workforce competences in the EUSC competence framework.

EUSC_20: Use pre-planned methods to manage blood loss

Summary: This workforce competence covers the actions involved in managing blood levels during an intervention. This is likely to take place in an operating area within the EUSC environment. It involves the pre-planned approaches that need to be considered and implemented to optimise blood levels during this time, including the role of blood salvage, transfusions, the impact of anaesthesia and other relevant pharmaceuticals such as antifibrinolytic drugs. *E.g. temporary fluid replacement following long bone trauma*

EUSC_29: Extract and/or excise surface and subcutaneous foreign bodies from an individual

Summary: This competence covers the extraction and/or excision of surface and subcutaneous foreign bodies from an individual. The extraction method will be determined by the foreign body being extracted, the depth of penetration and accessibility of the foreign body. It will also be determined by the difficulty/ease of removal of the foreign body and any complications that might arise as a result of removal of the foreign body.

EUSC_34: Provide musculo-skeletal support

Summary: This competence covers the actions of providing musculo-skeletal support for conditions such as fractures, tendon/muscle damage, major tissue damage, lacerations. Musculo-skeletal support may include the use of bandages, straps, slings, splints, collars and spinal boards.

EUSC_36: Reduce dislocated joints using non-surgical techniques

Summary: This workforce competence covers the reduction of dislocated joints through the manipulation and physical reduction of dislocated joints. It includes selecting and applying the appropriate musculo-skeletal support and immobilisation techniques prior to reduction of the joint. It also includes determining and applying the appropriate technique for reducing the joint, taking account of the location and severity of the dislocation, the potential for recurrence of the dislocation, any other injuries the individual has, and the age and activity level of the individual. It does not cover those dislocations that are more severe or complicated and which require surgical reduction and this is covered in another EUSC competence. *E.g. immediate reduction required if critical skin is present*

EUSC_37: Re-align bones

Summary: This workforce competence covers the surgical re-alignment of fractured bones, which could be either open or closed compound fractures. It includes determining and applying the appropriate technique for reducing the joint in a way that recognises and minimises any potential or actual complications, discomfort, pain or trauma for the individual during and after the intervention. The chosen technique must take account of the location of the fracture, the severity of the angulation or deformity of the joint, caused by or contributing to the bone fracture, the potential for healing, any other injuries the individual has, and the age and activity level of the individual. This competence does not cover the reduction of joints or the invasive reconstruction of bones and there are other competences for these in the EUSC framework *E.g. application of a donway splint*

EUSC_44: Discontinue infused and/or inhaled pharmaceutical interventions

Summary: This competence covers the actions involved in discontinuing an inhaled or infused pharmaceutical intervention having determined that it is appropriate to do so, in line with European, national and local legislation, policies, protocols and guidelines for the administration of pharmacological agents. It includes anticipating,

accounting for and reacting to any problems or adverse reactions that might occur as a result of the pharmaceutical intervention or as a result of the discontinuation of the pharmaceutical intervention. It also includes ensuring that any necessary further pharmaceutical interventions are delivered where required to support the individual following the discontinuation of the primary infused and/or inhaled pharmaceutical intervention. There are a number of other competences in the EUSC competence framework that cover different aspects of pharmaceutical preparation and delivery.

EUSC_51: Operate equipment required to support an intervention

Summary: This workforce competence covers the actions of operating equipment required to support an intervention in an EUSC environment, working appropriately with other members of the team. It is specifically about equipment and instrumentation that is used in the intervention environment to support, monitor and maintain the individual's health in the broader sense whilst they undergo an intervention. Such supporting equipment and instrumentation is most likely to be required in environments and situations where invasive interventions occur, although it may also be required in some non-invasive or emergency circumstances. This competence does not cover the primary equipment and instrumentation directly used for performing the intervention itself. There are a number of other competences in the EUSC competence framework relating to the preparation and use of equipment.

EUSC_52: Assess an individuals' needs for psychological, emotional or social rehabilitation

Summary: This workforce competence covers the assessment of individual's needs for psychological, emotional or social rehabilitation following a clinical, surgical or therapeutic intervention within an EUSC context or environment. The assessment process covered by this competence would be used to inform the agreement and development of a rehabilitation plan. This competence does not cover the assessment of the individual's needs for physical rehabilitation and there is a separate competence for this in the EUSC competence framework.

GEN2: Prepare & dress for work in clinical/therapeutic areas

Summary: Control of cross-infection, by correctly preparing & dressing appropriately for work in clinical/therapeutic areas. This includes effective hand washing/cleansing.

GEN3: Maintain health & safety in a clinical/therapeutic environment

Summary: This includes control of cross-infection by ensuring effective cleaning rooms, work areas, equipment and surfaces when required and following agreed cleaning schedules, where appropriate. It also covers monitoring and maintaining the cleanliness of the environment and reporting shortfalls to the person in charge of the care area. Monitoring and adjusting environmental factors, assessing risk and

managing and handling emergencies related to the clinical/therapeutic environment are also included.

GEN4: Prepare individuals for clinical/therapeutic activities

Summary: Preparing the individual in accordance with the requirements of the clinical/therapeutic activity to be performed, the practitioner & the assessed needs of the individual.

GEN5: Support individuals during and following clinical/therapeutic activities

Summary: This workforce competence covers supporting individuals during and after some form of clinical or therapeutic activity, other than within an operating department.

GEN6: Prepare environments & resources for use during clinical/therapeutic activities

Summary: Preparing environments & resources so that they are ready for designated clinical/therapeutic procedures. Does not apply to the operating theatre.

GEN9: Check and prepare vehicles for the transport of people, materials and equipment

Summary: The vehicles could include articulated vehicles, coaches, vans, minibuses or cars. *E.g. all mobile staff will need this competence*

GEN10: Operate and control vehicles and collect, transport and set down passengers and/or materials & equipment

Summary: Operation and control of vehicles for the transport of people, material and equipment on public roads. It also covers collecting, transporting and setting down passengers and/or materials and equipment. The vehicles could include articulated vehicles, coaches, vans, minibuses or cars. It is not designed to assess basic driving skills and knowledge of the Highway Code. It is necessary that you have passed a driving test and hold a valid and appropriate Department of Transport Driving Licence, which must be produced as additional evidence. Does not cover emergency driving skills ('blue light driving').

GEN11: Assess & respond to accidents, breakdowns & incidents

Summary: Deals with accidents, breakdowns and emergencies that may occur during the transportation of people, materials and equipment on public roads. The vehicles could include articulated vehicles, coaches, vans, minibuses or cars. It is not designed to assess basic driving skills and knowledge of the Highway Code. It is necessary that you have passed a driving test and hold a valid and appropriate Department of Transport Driving Licence, which must be produced as additional evidence. Does not cover emergency driving skills ('blue light driving').

GEN18: Give presentations to groups

Summary: Identifying individual needs and learning styles; choosing appropriate presentation techniques; structuring presentations; and adapting presentations to take account of technology-based learning.

GEN19: Assist others to plan presentations to enable learning

Summary: Assisting a qualified practitioner to plan a presentation in order to meet the needs of individuals. It involves developing the presentation's aims & objectives, once these have been identified by the practitioner, and gathering the required information.

HCS_A3: Calibrate and verify equipment prior to clinical use

Summary: This standard relates to calibration and verification of specific equipment prior to clinical use. Individuals will be able to calibrate equipment for use in their own clinical context. Individuals will be assessed against the standard for each type of equipment within the scope of their normal work activity.

HCS_A4: Conduct routine preventative and corrective maintenance on equipment in clinical use

Summary: This standard relates to the performance of routine preventative and corrective maintenance activities by the professional user for equipment in use within the individual's own working context. Individuals will be assessed against the standard for each type of equipment within the scope of their normal work activity

HCS_A5: Handle and store medical equipment and consumables within accepted and safe limits

Summary: This standard relates to the safe and correct storage of equipment related devices and consumables within the clinical context in which individuals work. Individuals will be assessed against the standard for each type of equipment within the scope of their normal work activity.

HCS_A6: Confirm sufficiency and suitability of clinical equipment and resources required for procedure

Summary: This standard relates to checking and confirming the correct range and type of equipment, instruments and protective clothing prior to commencement of healthcare science procedures. It also includes checking availability of relevant people required for the procedure.

HCS_AN1: Determine autonomic investigations to be performed

Summary: This standard relates to the review of initial information provided to request patient investigations in order to decide on the type and/or range of investigations to be conducted. The actual range of investigations undertaken will be dependent upon the context in which individuals work. The structure of clinics, units and departments will dictate the type and extent of investigations. It is therefore expected that an individual assessed for this standard will be competent to perform the range required within their own working context.

HCS_AN2: Plan autonomic investigations to meet clinical need

Summary: This element concerns the preparation of initial, intermediate and final plans for patient investigations – based on the information which is available at each stage. It includes planning to meet the type and complexity of investigations to be undertaken based on information available and other influencing factors. Account is also taken of contingencies which may arise, this includes preparing for patients' special needs

HCS_AP9: Support relatives of the deceased

Summary: This standard relates to contact and communication with relatives of the deceased both by telephone and personal contact. This will include viewing of the deceased by relatives for identification or personal reasons and discussions regarding actions to be taken pre, during and after post mortem examinations.

HSC24: Ensure your own actions, support the care, protection and well-being of individuals

Summary: This workforce competence covers supporting the care, protection and well-being of individuals. This involves relating to and supporting individuals in the way they choose, treating people with respect and dignity, and assisting in the protection of individuals from danger, harm and abuse.

HSC31: Promote effective communication for and about individuals

Summary: This competence covers promoting effective communication for and about individuals. This involves identifying ways of communicating effectively on difficult, complex and sensitive issues, supporting others to communicate and updating and maintaining records and reports

HSC33: Reflect on and develop your practice

Summary: This competence covers reflecting on, evaluate and taking action to enhance your own knowledge and practice

HSC43: Take responsibility for the continuing professional development of self and others

Summary: This competence covers taking responsibility for the continuing professional development of yourself and others. This involves taking responsibility for own personal and professional development, and contributing to the personal and professional development of others by sharing your learning, both in a supervisory capacity and as a role model to others.

HSC216: Help address the physical comfort needs of individuals

Summary: This workforce competence covers the provision of help to address the individuals' needs for physical comfort. This includes assisting in minimising individuals' discomfort and providing conditions to meet individuals' need for rest.

HSC224: Observe, monitor and record the conditions of individuals

Summary: This workforce competence covers observing, monitoring and recording the conditions of individuals. This involves observing and monitoring individuals' conditions, recording and reporting changes to the appropriate people and carrying out instructions to meet individuals' changing conditions. It does not include taking and recording physiological measurements. This is covered in CHS19 Undertake physiological measurements

HSC226: Support individuals who are distressed

Summary: This workforce competence covers supporting individuals who are distressed. This involves identifying aspects of individuals lives that may cause distress, working with individuals and others to deal with their distress, and supporting individuals through periods of stress and distress.

HSC229: Gain access to and ensure individual's homes are secure

Summary: This workforce competence covers gaining access to, and ensuring the safety of individuals' homes. This involves following procedures to access and secure individuals' homes, taking appropriate action when you cannot access individuals' homes, and reviewing procedures for accessing and securing individuals' homes.

HSC239: Contribute to the care of a deceased person

Summary: This workforce competence covers contributing to the care of a deceased person. This involves contributing to the preparation of the deceased person, and assisting in the movement of the deceased person to the required location. This may be to another area of the individuals home, to an undertakers or a hospital mortuary.

HSC241: Contribute to the effectiveness of teams

Summary: This workforce competence covers contributing to the effectiveness of teams. This involves agreeing and carrying out your roles and responsibilities within the team, and participating effectively as a team member

HSC325: Contribute to protecting children and young people from danger, harm and abuse

Summary: This competence covers all aspects of protecting children from abuse including the identification of possible abuse, handling disclosures from a child, recording and reporting information about abuse and working with/supporting children who may have been abused.

HSC335: Contribute to the protection of individuals from harm and abuse

Summary: This competence covers contributing to the protection of individuals from harm and abuse. This includes recognising and reporting on factors that may cause danger, harm and abuse; contributing to minimising the effects of dangerous, harmful and

abusive behaviour and practices and contributing to dealing with suspected and disclosed danger, harm and abuse

HSC385: Support individuals through the process of dying

Summary: This competence covers supporting individuals through the process of dying. This includes supporting individuals to prepare for death and through the process of dying

HSC431: Support individuals where abuse has been disclosed

Summary: This competence covers supporting individuals who have disclosed abuse and who have been abused. It is about supporting those who have been abused and/or who have disclosed abuse. The abuse may be through the individual self harming, such as through the use of substances, or through the abuse of one individual by another. The worker's role is to support the individual (or others liable to abuse) in coping with their situation and in making decisions, consistent with the guidelines and policies laid down by the agency in which they work. A major focus within this competence is the promotion and support of people's rights and responsibilities in difficult situations, the promotion of confidentiality in such situations and managing the tensions that may arise between them. While the competence concentrates on support for the individual, the worker should take steps to ensure that their own needs for support in managing the difficult emotions that may be raised by such situations can be met. *E.g. an ECP may be the first person to whom the abuse has been disclosed; they can therefore start the support process and refer to an appropriate person*

HSC3102: Work with community networks and partnerships

Summary: This competence covers working with community networks and partnerships. This involves identifying the potential for being involved in community networks, participating effectively as a member of community networks, and providing information to inform practice

HSC3115: Receive, analyse, process, use and store information

Summary: This competence is about processing information so that sound decisions can be taken. This involves receiving and obtaining relevant information, analysing, prioritising, storing and processing this information so that decisions can be taken.

HSC3121: Contribute to promoting the effectiveness of teams

Summary: This competence covers working in and leading teams providing health and social care services for individuals. This involves contributing to developing effective team practice, support team members to contribute to and fully participate in the team activities and working within the team to promote its effectiveness.

MCN_1: Communicate and interact with babies

Summary: This competence is about communicating and interacting effectively with babies, as well as those involved in their care. The main focus of this competence is in relation to the health and well-being of the baby.

MCN_21: Administer medication to babies

Summary: This competence covers the administration of medication to babies, as well as monitoring the effects. This role is complex and will not be the role of all care staff, only those designated to undertake this activity according to their expertise and employers decisions. The competence applies to all medication used for babies, both prescribed and non-prescribed.

MH_14: Identify potential mental health needs and related issues

Summary: This workforce competence covers the initial identification of mental health needs. Partners, families and/or friends of the individual should be included in the discussion of the individual's needs only where s/he has agreed for this to happen, except when working with children and young people, when discussion and agreement about referral to mental health and/or other services must include the parent or legal guardian. This workforce competence applies to people who identify and act on indications of mental health needs as part of their wider job role. This includes those working in areas such as primary health care, accident and emergency departments, social services, criminal justice and other areas where people with mental health needs are likely to present themselves.

MH_15: Refer individuals to mental health and/or other services

Summary: This workforce competence covers referral of the individual with identified mental health needs to mental health services and/or other services appropriate to their immediate needs. Partners, families and/or friends of the individual should be included in the discussion of the individual's needs only where s/he has agreed for this to happen, except when working with children and young people, when discussion and agreement about referral to mental health and/or other services must include the parent or legal guardian. This workforce competence applies to people who identify and act on indications of mental health needs as part of their wider job role. This includes those working in areas such as primary health care, accident and emergency departments, social services, criminal justice and other areas where people with mental health needs are likely to present themselves.

OP1: Communicate with older people and their carers

Summary: This unit is about communicating effectively with older people and their carers. It covers establishing relationships, identifying the most effective methods of communication, and enabling older people and their carers to participate in communication. The main focus of the unit is in relation to the health and well-being of the older person. The unit is relevant to practitioners who deliver services for older people. Practitioners working in this area require specialist communication skills that take account of age-related, as well as other, communication needs and differences in order to plan deliver and evaluate services for older people.

OP2: Assess the health and well-being of older people

Summary: This unit is about working with older people and their carers to assess health and well-being. It covers agreeing the nature and purpose of assessments, determining needs and agreeing courses of action. The unit is relevant to practitioners who deliver services to older people with age related health needs. Practitioners working in this area require specialist expertise concerning the health and well-being needs of older people.

OP10: Create an environment to protect older people from abuse

Summary: This unit is about the need to provide environments that are safe for older people, and where the risk of abuse is minimised. An important way of achieving this is to raise the awareness of other people to the risk of abuse. This can involve the use of a variety of methods such as distributing leaflets. However, practitioners have to be proactive, and in effect create a constant dialogue with all those involved in the care of older people. It is important that all those involved in the care of older people are aware of the different forms of abuse that exist. It is also important that the systems and procedures for safeguarding older people are being used correctly by all practitioners, and that these are monitored, reviewed and improved in the light of any recent developments.

OP11: Protect older people from abuse

Summary: This unit is about the need to protect older people when there is the possibility that abuse is occurring. It is important that the practitioner is competent to identify the signs of possible abuse, and that the appropriate action is taken according to the practitioner's role and responsibility. It is important that information is collected to provide a more informed view of a potential abuse situation. It is also important that all information collected is recorded, preferably contemporaneously. If the practitioner has concerns, these should also be recorded and the appropriate people informed of them. If the concerns warrant it, action must be taken to protect the older person. The relevant people should be consulted before action is taken, not least the older person: what might appear like abuse to the practitioner might be seen by the older person as a normal way of acting. It is important to also consider whether the alternatives that can be provided to the older person are sufficiently attractive to them.

OP_F&S_2: Refer individuals to specialist services to promote their health and well-being and reduce health risks

Summary: This competence is about referring people to specialist services to promote their health and well-being and reduce health risks. These services include those related to lifestyle changes such as to increase mobility and physical activity, smoking cessation, dietary advice, weight reduction, and substance misuse. The individuals may be children, young people, adults or older people. It covers both making arrangements to refer individuals to specialist services and enabling them to access services that are suitable to them. This

competence is relevant to practitioners working with people in primary care, hospitals, residential care homes, the community and people's homes. Practitioners working in all these settings have the opportunity to advise people on adapting their lifestyle to promote health and reduce health risks, and to refer them to specialist services that can support them in changing their behaviour. This competence does not cover the provision of specialist advice, guidance and counselling services or referral to healthcare practitioners for further assessment and care which are covered by other competences.

OP_S2: Examine and assess individuals with suspected stroke

Summary: This competence is about carrying out an initial assessment of individuals with suspected Transient Ischaemic Attack (TIA) or stroke and referring to the appropriate specialist services as required. The setting in which the assessment takes place might include the individual's home, community settings, day centres, surgeries, mobile assessment centres, ambulance and hospitals.

4. ASSESSMENT

4.1 Definition of competence

National Workforce Competences/National Occupational Standards are statements of competence describing good practice and are written to measure performance outcomes. They are competences which describe what needs to happen in the workplace - not what people are like. They are tools to enable a range of people; individuals, employers, education and training providers to:

- meet the demands of employment
- develop good practice in employment
- develop the coverage and focus of services
- develop the structure and content of education and training and related qualifications
- develop appraisal targets, and
- meet Continuing Professional Development needs

In this Framework competence is defined within a professional context as:

"*the broad ability with which a professional person is able to practice to the required standards in a predetermined range of clinical fields and across a range of situations".*

This broad definition includes attributes that can be applied such as clinical performance (Stuart 2003), and the use of professional judgment (Carr 1993).

Competences therefore are those elements performed to the predetermined standard, which combine to create professional competence in a defined role (Stuart 2003).

4.2 Roles of assessment

Assessment fulfils a number of roles in an educational program leading to a professional qualification. These can be primarily divided into summative and formative roles.

Summative assessment relates to the setting of standards and of assessments to judge whether they have been met, and thus protect the public and, in this case, the health service, by ensuring that all those qualifying from a course have achieved the required competences and knowledge, and the skills and professional behaviours that underpin them. Equally, it protects the Higher Educational Institute by ensuring that there is no devaluation of the degrees or other qualifications that they offer.

Formative assessment is a 'no stakes' process, in as much as failure does not bar progress or affect grades or classification, but it is no less important for

that. Its main purpose, within the appraisal process, is to provide feedback and enable students and educators to identify specific learning needs, so that they can focus their future efforts effectively.

Formative assessment will be a largely continuous, rather than event based, process with a clinical portfolio playing a key role. The portfolio should include a log of experience and a reflective diary which will form the basis for Clinical Presentations and classroom discussion of cases.

It must be structured in such a way that it encourages students to identify their weaknesses as well as to demonstrate their strengths and to determine their learning needs accordingly.

Assessment and appraisal both have a role in shaping learning. Whilst appraisal may enable a student to prioritise learning in response to their current performance profile it is summative assessment that sets the learning agenda in the first place.

All candidates look at what they are going to be tested on, and what form the test will take, as a major determinant of what they are going to learn. Assessment drives learning so there is a need to ensure that the syllabus is in concordance with the program; in other words the pattern of assessment is what would be expected from the pattern and purpose of the curriculum.

It is vital that assessment should drive students towards education which involves intellectual development and the application of knowledge and professional judgment, rather than training which is simply the accumulation of knowledge and the unquestioning use of protocols.

In setting the standards to be tested, it is vital that knowledge, skill and professional behaviour, although they may be used together in the clinical environment, are seen as constituting separate domains for the purposes of assessment, that there can be no compensation between them and that a satisfactory standard must be demonstrated in each. It is as inappropriate for a student who has ‘a good way with patients’ to be allowed to graduate despite a lack of knowledge.

The nature of the assessment process appropriate to one domain may be entirely different from that for another.

Students also need to demonstrate that they can perform a particular skill. Skills development takes longer for some students than for others and it may be perfectly appropriate for them to go several times around the learning, appraisal and assessment cycle until they have achieved the standard required. It may be perfectly appropriate for students to demonstrate, in an examination, that they can apply knowledge and professional judgment in a given scenario, but in terms of professional behaviour, they need to demonstrate that they habitually act in an appropriate way towards patients rather than that they can simply behave appropriately during the examination situation.

4.3 National assessment and accreditation

In preparation for Statutory Regulation, it is proposed that there should be a national standard of assessment (theoretical and clinical) to be undertaken by all ECP students, to assess their core theoretical knowledge and clinical skills.

A national standard of assessment is the only way to ensure commonality amongst all entrants to the ECP profession.

It is proposed that a database of theory papers in biosciences, patho-physiology and clinical medicine, OSCEs covering a wide range of clinical conditions and skills stations, be developed by the ECP Professional Body, which each HEI may use as appropriate in their assessment process.

Voluntary Registration will be dependent on this assessment but must be followed by Continuing Professional Development and regular re-assessment at 2 yearly intervals, (subject to the regulatory body). Any ECP who does not demonstrate a continuing commitment to CPD or submit themselves for re-assessment will be removed from the Register. Future re-entry to the register will require evidence that the student has submitted themselves for a period of further education and assessment commensurate with the length of time they have been removed from the Register.

It is this maintenance of general competence that maintains career flexibility and transferability for the ECP and offers a major advantage to the Primary and Emergency Care Network in which the ECP will work.

4.4 Criteria for assessment and standard setting

Although the standards which the qualifying ECP is expected to achieve are set out in some detail in the competences and skills sections of this document, such specifications are still open to interpretation and a common standard for all registrants can only really be achieved through a common assessment process As a minimum, it is proposed that the national examination database should be used for the assessment of knowledge and that there will be a national assessment of clinical competence. In addition, comprehensive national criteria will be set for the content of locally held assessment of competence, decision making, professional behavior, etc.

Whilst a common standard is, in itself, very important it is equally important that the standard set is correct, that the assessment is reliable (i.e. that it is maintained from one diet of assessment to another), that it is rigorous (i.e. that candidates cannot pass by chance), that it is valid (i.e. it tests what it purports to test) and it is congruent with the stated aims of all the curricula developed under this Framework.

This requires a rigorous and formalised process of standard setting (e.g. modified Angoff or borderline method) for individual examination papers, so that any variation in the pass/fail standard between sittings is smoothed out. It is equally important that reliability is ensured in assessments of practical competence/problem solving etc. The most common method for undertaking standard setting in this context is the borderline group method.

4.5 Maintaining professional competence

As with any profession, the ECP will need to undertake Continuing Professional Development (CPD) to maintain and update their professional competence and to fit it to the professional roles they are required to undertake.

However, it is one of the strengths of the role that the practitioner will be expected to maintain a generic capability, whatever field they happen to be working in at a given time. In order to maintain this generic capability and competence it is suggested that an ECP rotate through the three main clinical areas of work, these are defined as pre-hospital, primary and acute care.
For the ECP working in a particular area, or taking a special interest in a particular aspect of a generic role, the purpose of CPD is twofold and must involve both a generalist and a specialist component.

CPD taken as a whole is likely to be assessed using a portfolio approach, which the ECP will be expected to maintain and through which they can demonstrate they have undertaken sufficient learning to support their practice, over the complete range of the original competences in this Framework.

There will be a requirement for a certain quantity of learning to have been undertaken during any period of professional practice, but the focus of that learning will normally be determined by the ECP, with or without input from a clinical supervisor.

Whatever the profession, CPD must be highly individualised and the determination of content and therefore outcome is largely a matter for each professional. Whilst the ECP remains free to choose the content of their CPD, they have to be aware that every two years there will be formal assessment of their continuing capability and that the outcome of that assessment will determine whether or not they remain on the register.

4.6 Periodic assessment and the maintenance of registration

Over a two year cycle each ECP will have to demonstrate that they have maintained the competences central to the role.

Since the assessment is intimately involved with the maintenance of the professional register, it is expected that the registering body, or an expert panel designated by the registering body will:

- remind the ECP of the date by which they must have proved their CPD

- construct the assessment of said CPD

- inform the ECP of the outcome of the assessment and arrangements for any re-registration.

5. THE CORE SYLLABUS

Any division of curriculum content into separate subjects may suggest barriers which are not really there. Whether focusing on the domain level of knowledge, skills and professional behaviours, or the discipline level of anatomy, ethics and immunology etc. the whole purpose of the curriculum is to provide graduates with an integrated platform from which to undertake the professional role.

Whilst the following sections of this Framework necessarily separate out the various strands of professional learning, for the purpose of specifying the core elements which must be included in the whole, any curriculum must be designed to facilitate the student in reintegrating these areas of study into a meaningful whole.

5.1 Core theoretical knowledge

As with the specification of clinical experience, it is not intended that there should be a national specification to identify the whole theoretical input that might be included in any given programme, but only those aspects which all ECP students should cover.

Equally, the detailed structure and provision of such a programme of theoretical knowledge to students is not specified. The information is presented on the basis of standard academic subject areas (itself an unlikely structure for an ECP programme) so that individual institutions have a free rein to offer courses structured on a systems-based approach, problem based learning etc. For each academic discipline, the information is structured as shown in the list below.

The list of theoretical knowledge subject areas to be covered in the core syllabus is as follows. The list is alphabetical and does not suggest chronological order or the subject's priority or the amount of time it should have within the programme.

Anatomy
Assessment strategies
Biochemistry
Communication skills
Clinical pathology
Ethics and law
Health education
Healthcare policy
Human development through the whole age range
Immunology and microbiology
Information technology
Pathology
Pharmacology & Therapeutics
Physiology

Presentation Skills
Psychology
Sociology

6. VALIDATION, ACCREDITATION, AND EVALUATION OF THE PROGRAMME

Validation, accreditation and evaluation are central elements of the quality assurance process in professional education. Although the processes are interlinked in their aims, each is carried out separately by the body/group with the legitimate authority to do so.

6.1 Validation and accreditation of the programme

Validation refers to the approval process applied by each university to the programmes they run. It will normally require the submission of detailed plans for the programme and for individual modules. The intention is that the programme is supported by effective management structures and resources, that it is fit for purpose in terms of the level and content of the education it purports to offer and that the process of assessment is sufficiently rigorous to differentiate appropriately between those students who have or have not achieved the required standard.

The university will also need to assure itself that there is a market for the programme.

Accreditation refers to the approval process as carried out by the relevant regulatory body. The purpose of accreditation is for the body to assure itself that all programmes conferring an award on those students qualifying will enable that student to achieve the nationally agreed minimum standard in relation to knowledge, skills and attitudes.

In the case of the ECP it is the Voluntary Regulatory Committee that will carry out this function until the ECP is regulated through legislation by a statutory regulator.

6.2 Evaluation of the programme

Universities will usually have their own processes by which they evaluate their programmes. These are usually related to the formal, cyclical processes of review, although review, in its turn, will require the submission of evidence from evaluation of the programme by individual students and their teachers/supervisors.

Evaluation should take account of as wide a range of audiences as possible. It should cover all aspects of the programme and reports should be sought both verbally and in writing. The evaluation should be focused on the intentions of the programme, as expressed by the aims and objectives, the utility of teaching and any available learning opportunities for enabling the aims and objectives to be achieved.

The university led processes of cyclical review should not usually be replicated by the professional body, which must have access to all relevant university reports. However, such processes may, on occasion, be

supplemented by the professional body (until the ECPs are subject to Statutory Regulation), to explore any areas of reported concern or apparent failure on behalf of the university to achieve as suitable standard of education for the student.
Again, subject to Statutory Regulation, it is expected that each university will continue to work with the Quality Assurance Agency for periodic review and that the Quality Assurance Agency will report their findings to the professional body responsible for the validation and accreditation of ECP courses.

7 REGULATION AND ACCOUNTABILITY

7.1 Professional title

Whilst operating a Voluntary Register the professional title will be Emergency Care Practitioner.

7.2 Regulation

Statutory Regulation for ECPs as a separate profession is necessary because the proposed role is inherently and sufficiently different from that of existing professions so as to constitute a "*discrete homogeneous activity"*.

The role of the ECP transcends organisational and professional boundaries.

The ECP works unsupervised in a number of settings and has a high level of autonomy; therefore to ensure patient safety it is essential that ECPs move towards Statutory Regulation.

Statutory Regulation has four key functions.

1. To set the standards of competence, ethics and conduct

2. To set the standards for education and training

3. To keep a register of those who meet the standards and are fit to practice.

4. To have a mechanism for dealing with those registrants who stop meeting the standards and need to be removed or restricted from practice, by investigating complaints and taking any necessary action to restrict their practice.

As a Regulated Profession ECPs will be accountable for their own practice and subject to the requirements of the regulator. From a legal perspective, only one Regulatory Body can undertake Statutory Regulation for a discrete profession.

7.3 Accountability and supervision

Professional accountability lies with both the student ECP and the clinical supervisor, it is important therefore that both parties work to ensure when the trainee undertakes work beyond their student scope of practice it is done safely and within a supervision agreement. On qualification the individual ECP will still be accountable for his/her own practice, within the boundaries of autonomous practice.

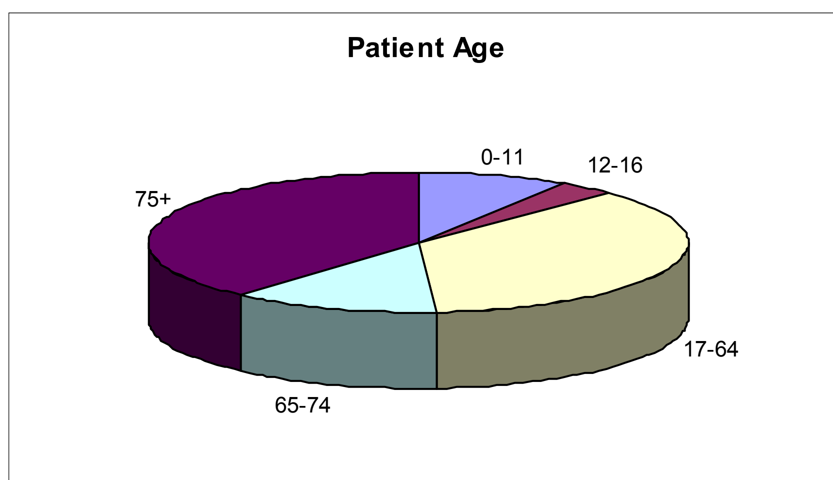
Legally the accountability and responsibility will lie with the student ECP's employer and they must accept vicarious liability for any duties that are

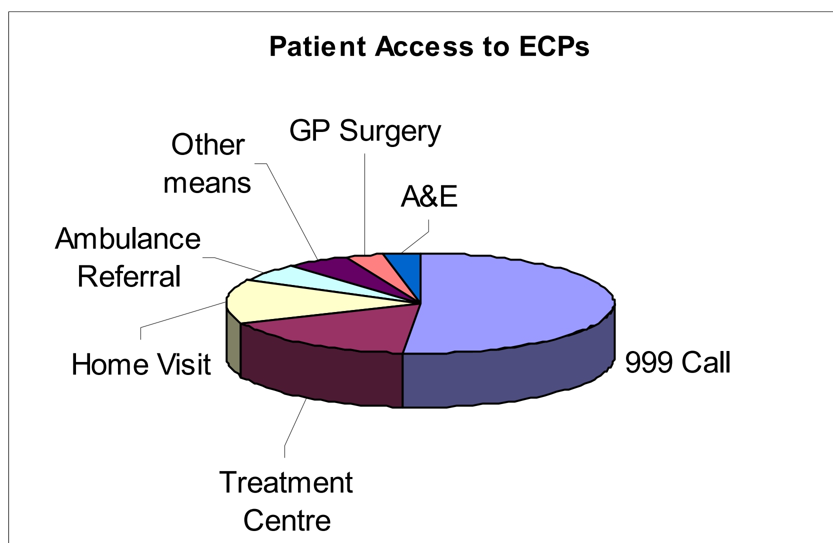
undertaken by an ECP in training or when qualified. On this basis, it is of fundamental importance that the employer through the clinical supervisor and/or when qualified through the ECP, are in full knowledge as to the scope of practice to which the ECP will work.

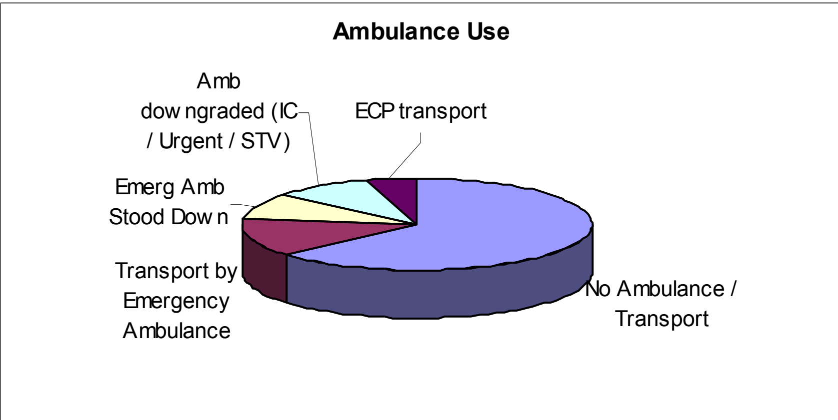
“Good practice” would advise that the student and the employer should agree an Honorary Contract with the Trust responsible for the area of clinical placement, which would allow for any situations which might require CRB checks or Health and Safety at work restrictions.

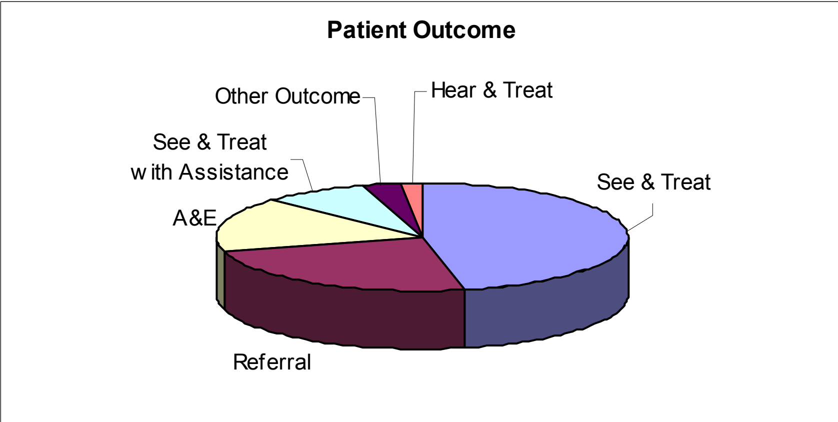
8. NATIONAL AUDIT FIGURES

The ECP Leads Network has been forwarding audit data over a period of two years, starting in December 2003. The database currently contains in excess of twenty seven thousand entries. Practising ECP's fill out a separate form for each individual patient episode and forward this information to the audit team for analysis.
The following results were taken from the audit report in June 2006, which was based on over 31,000 patient episodes.









In addition to the above results 24% of all patients seen were directly referred to a more appropriate pathway for the continuation of their care.
Patients waited an average of 25 minutes to see an ECP and the ECP's were in contact with the patient for an average of 39 minutes.

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Appendix 1: Learning Outcomes

Diagnostic Skills

- Undertake a holistic assessment of patients in a range of settings incorporating the elements of history taking, conducting the ‘interview’ and developing a therapeutic relationship
- Demonstrate a range of techniques asking key questions to elicit a comprehensive history from patients
- Demonstrate an understanding of the four key assessment skills of inspection, palpation, percussion and auscultation, and recognise the importance of history taking as a key component in any patient assessment situation
- Demonstrate effective clinical assessment and examination skills involving the use of a stethoscope, sphygmomanometer, auroscope, ophthalmoscope, torch and thermometer
- Demonstrate accurate and effective documentation of findings from the history taking and physical assessment process in such a way that this can be understood by all members of the multi-disciplinary team
- Make sense of and assimilate clinical findings to enable working or provisional diagnoses to be established in relation to a range of presentations
- Demonstrate an understanding of the significance of red flag markers in relation to clinical findings and act accordingly
- Understand differential diagnosis and be able to make safe and effective decisions including referrals to appropriate specialists or other clinical team members
- Demonstrate effective clinical decision-making skills and the application of sound clinical judgment based on clinical findings
- Demonstrate the ability to articulate clinical findings in relation to normal and abnormal presentations
- Demonstrate familiarity with referral processes in relation to the wider health community and how these may be utilised by the ECP

Psycho social Skills

- Demonstrate knowledge and understanding of the components of the Mental Health Act and their application
- Demonstrate the ability to perform an assessment of patients domestic and social support networks and devise appropriate action plans where necessary, including referral to others in the health and social care team.
- Demonstrate effective and enhanced communication and interpersonal skills when dealing with patients across the lifespan, including those with special needs
- Demonstrate the ability to assess the patient in pain using a range of assessment tools and administer analgesia using pharmacological and non-pharmacological methods

Therapeutic Skills

- Demonstrate the ability to objectively assess pain in patients across the age continuum and to achieve effective analgesia with a range of analgesic agents and techniques

Biosciences

- Demonstrate knowledge of the relevant applied anatomy and physiology pertaining to the body systems covered within the course, including variations across the lifespan
- Demonstrate a good understanding of the physiological and patho-physiological processes and changes that occur in patients across the lifespan
- Demonstrate a good understanding of general anatomy and physiology of the upper limbs and demonstrate familiarity with related terminology
- Demonstrate a good understanding of general anatomy and physiology of the lower limbs and demonstrate familiarity with related terminology
- Understand the clinical significance of vital signs in all ages

Professional Issues

- Understand the legal, professional and ethical issues pertaining to emergency care and to Emergency Care Practitioners
- Understand the expanding scope of ECP practice in the arena of physical assessment, and the impact of these new roles to professional practice
- Reflect upon the contribution which the acquisition of these new skills will make to their holistic care delivery, and recognise the importance of carrying out these skills in the context of evidence-based practice
- Develop skills and confidence in being able to challenge the rationales behind current emergency practice and explore alternatives using the best available evidence
- Develop an understanding of the processes required to change practice
- Discuss the use of guidelines and protocols in emergency/unscheduled care
- Demonstrate effective critical appraisal skills
- Describe and explain the roles and responsibilities of the ECP in relation to Clinical Governance
- Demonstrate knowledge of and familiarity with local child protection procedures including the Child Protection Register and the Children's Act, and be familiar with indicators of non-accidental injury
- Demonstrate understanding of the correct handling and stewardship of confidential patient information, and familiarity with the Data Protection Act and the role of the Caldicott Guardian
- Demonstrate a good understanding of the Code of Professional Conduct and scope of professional practice of the ECP and their significance in relation to the development of clinical practice
- Understand and explain what is meant by accountability, responsibility, delegation, supervision, liability, vicarious liability and professional regulation
- Demonstrate an awareness and understanding of the professional, legal and ethical frameworks within which out-of-hospital care is practised and delivered
- Understand and explain what is meant by the terms consent, capacity, confidentiality and disclosure, and their application in emergency/unscheduled care settings to patients across the lifespan
- Demonstrate evidence of professional development through learning diaries and personal profiles
- Demonstrate an understanding of evidence based medicine
- Describe the importance of audit in both practice and professional

development and its role in measuring and evaluating the outcomes of care
- Demonstrate a clear understanding of the practical use of clinical audit in assessing and validating clinical quality and practice

Health Care Network
- Demonstrate knowledge and understanding of referral processes and pathways across the health economy, and the indications for referring patients
- Describe and explain the purpose and function of the range of settings in which emergency/unscheduled care is delivered, including the ambulance service, primary care, out-of-hours facilities, Walk-in-Centres (WICs), Minor Injury Units (MIUs), NHS Direct (NHSD), and Accident & Emergency (A&E) departments
- Demonstrate knowledge and understanding of the roles and values of those involved in delivering emergency/unscheduled care and develop a diary of local networks across the health community, including relevant contact details, both in-hours and out-of-hours
- Demonstrate familiarity with the prioritisation systems and processes used in A&E departments including triage, streaming and 'see & treat'
- Demonstrate familiarity with the processes involved in delivering primary care services including booking systems and the roles of all team members, including General Practitioners, District Nurses, Health Visitors, Practice Nurses and Receptionists
- Demonstrate understanding of the roles and responsibilities of coroners and their officials, in relation to sudden death, and the legal and professional responsibilities of practitioners in relation to the preservation of forensic evidence
- Demonstrate awareness of the roles and responsibilities of the ECP in relation to sudden death and those of the coroner, his officers, funeral directors, and the preservation of forensic evidence, both at the scene and beyond.
- Demonstrate understanding of the issues associated with domestic violence, non-accidental injury (in all ages), elder abuse and those in the vulnerable groups, and be able to devise action plans and/or make referrals as appropriate

Pharmacology
- Demonstrate a clear understanding of the legal and prescribing rules associated with the prescribing, administration and supply of medicines
- Demonstrate a broad based understanding of drugs commonly used in the routine management of medical conditions, and the ability to refer to appropriate information sources for further information
- Demonstrate an understanding of the principles and practice underpinning the use of Patient Group Directions (PGDs) including their legal status
- Describe the principles of safe prescribing and mechanisms for reporting adverse drug reactions
- Demonstrate knowledge of commonly used and misused drugs/substances, and their physical manifestations
- Describe and explain the indications for thrombolysis in both hospital and out-of-hospital settings, the various agents involved and the associated risks

Cardiovascular

- Demonstrate the ability to perform a thorough, systematic assessment and examination of the cardiovascular system, noting in particular key symptoms and signs suggestive of underlying disease processes e.g. chest pain, shortness of breath, palpitations etc.
- Interpret 12 lead ECGs and react in a timely manner in relation to findings
- Demonstrate the ability to perform a thorough systematic assessment and examination of the peripheral vascular system, noting in particular key symptoms and signs suggestive of ischaemic limb, varicose veins etc.

Respiratory

- Demonstrate the ability to perform a thorough, systematic assessment and examination of the respiratory, noting in particular key symptoms and signs suggestive of underlying disease processes e.g. cyanosis, shortness of breath, cough, clubbing etc.
- Demonstrate a clear understanding of the application of the National Guidelines for the management of asthma
- Demonstrate a clear understanding of the application of the National Guidelines for the management of the patient with COAD
- Demonstrate a clear understanding of the management of a patient with an acute respiratory condition such as pneumonia, pleurisy and bronchitis.
- Demonstrate a clear understanding of the assessment and management of the patient with a pulmonary embolus

Gastro-Intestinal

- Demonstrate the ability to perform a systematic assessment and examination of the abdominal and gastrointestinal systems, in particular having the ability to recognise patients with an acute abdomen.
- Demonstrate confidence in dealing with patients presenting with constipation

Genito-Urinary

- Demonstrate the ability to perform a systematic assessment and examination of the genito-urinary systems, in particular having the ability to recognise patients with acute retention of urine and other acute complaints such as renal colic
- Demonstrate confidence in dealing with patients presenting with urinary tract infections

Gynae / Obstetrics

- Demonstrate knowledge in assessing and managing patients who present with a range of gynaecological / obstetric emergencies including vaginal bleeding, dysmenorrhoea, pre-eclampsia, the significance of ante-partum haemorrhage including suspected ectopic pregnancy, management of emergencies during delivery prior to the arrival of specialist maternity services

Neurological

- Demonstrate the ability to assess and examine the nervous system, both central & peripheral

- Assess patients who present with headaches including migraine headaches, identify differential diagnoses and be able to treat, refer or discharge as appropriate

Minor Injury

- Demonstrate an understanding of the importance of determining the mechanism of injury in relation to patterns of injury and clinical presentations
- Assess patients who present with a range of minor injuries using a structured approach (e.g. the look, feel move approach) and treat, refer or discharge them as appropriate
- Demonstrate confidence in the assessment, treatment and management of wounds and lacerations, and be able to provide a rationale for all actions and interventions taken
- Demonstrate confidence in wound cleansing techniques and the selection and application of a range of wound care products and dressings
- Demonstrate confidence in the assessment, treatment and management of minor injuries including animal and human bites, stings, and minor burns and scalds
- Understand the indications for requesting basic radiological investigations and refer patients as appropriate
- Demonstrate confidence in the assessment and management of patients with bony and soft tissue injuries of the upper limbs including the hand, wrist, forearm, elbow and shoulder
- Demonstrate an understanding and awareness of the differences in fractures and their management in adults and children
- Demonstrate knowledge and understanding of the management of simple, uncomplicated dislocations in patients of all ages
- Demonstrate confidence in the assessment and management of patients with bony and soft tissue injuries of the lower limbs including the foot, ankle and knee
- Demonstrate knowledge of and confidence in using the OTTAWA guidelines in relation to musculoskeletal injuries of the lower limbs
- Understand the indications for the use of walking aids including elbow crutches and axillary crutches, walking sticks and Zimmer frames, and be able to demonstrate safe techniques for use
- Demonstrate confidence in identifying the need for and application of a range of splints and supports including slings, collars and bandages
- Demonstrate an understanding of the indications for Plaster of Paris application, the techniques involved, potential problems, and instructions for ongoing care
- Undertake assessment of the cervical spine and be able to identify any deviations from normal
- Demonstrate the ability to assess and examine patients who present with back pain and treat, refer or discharge them as appropriate, providing a rationale for all actions taken

ENT

- Demonstrate familiarity with a range of common ear, nose and throat problems and assess, treat and refer or discharge patients as appropriate, providing a

rational for all actions and interventions taken

Ophthalmic

- Perform a simple eye assessment and be able to refer as appropriate those patients who present with a 'red eye' or as a consequence of ocular trauma

Endocrine

- Demonstrate the ability to assess and examine the endocrine system.

Dermatology

- Demonstrate the ability to assess and examine the skin.
- Demonstrate the ability to recognise common skin rashes and their management

Altered Mental Health States

- Demonstrate the ability to carry out a mental health assessment on a range of patients noting any deviation from normal, and the ability to devise appropriate action plans taking note of others involved (e.g. depression and its severity, deliberate self harm and the degree of risk involved, anxiety disorders, phobias, acute and chronic presentations)
- Demonstrate understanding of ways in which violent or potentially violent situations may be managed and defused
- Undertake assessment of patients who present under the influence of drugs and/or alcohol, and be able to determine normal presentations and those that deviate from normal

Minor Illness

- Assess, treat and refer or discharge patients with mild allergic reactions
- Demonstrate knowledge of a range of dental emergencies and oral problems, and be able to assess, treat and refer or discharge patients as appropriate
- Demonstrate competence in dealing with patients presenting with minor complaints for example allergic rhinitis, pyrexia, localised infection.
- Demonstrate the ability to interpret basic investigations including urinalysis, blood tests, glucometers, and be able to identify appropriate the pathological investigations required for common conditions and to obtain appropriate specimens in relation to these

Paediatric

- Demonstrate confidence in the assessment and recognition of the sick child, and institute immediate and ongoing treatment as required including early specialist referral
- Demonstrate a range of techniques to use in eliciting a comprehensive history from children and carers
- Demonstrate effective and enhanced communication and interpersonal skills when dealing with children.
- Make sense of and assimilate clinical findings to enable working or provisional diagnoses to be established in relation to a range of presentations
- Understand the clinical significance of vital signs in all children
- Assess and manage the crying / inconsolable child and his/her carers, and demonstrate the ability to conduct a comprehensive patient assessment

- Assess, treat and refer or discharge children with mild allergic reactions
- Assess, treat and manage febrile children, taking particular note of relevant past medical history
- Assess, treat and refer as appropriate those children (and adults) who present as a consequence of toxic ingestion, and those who present with urinary symptoms, vomiting, diarrhoea and/or dehydration
- Demonstrate assessment and examination of the nervous system, both central and peripheral in children
- Demonstrate an understanding of the effects of disease processes such as renal failure, chest infections and cardiovascular conditions
- Demonstrate an understanding of the effects that the dynamics of age have on drug effectiveness and the necessary precautions to avoid patient harm
- Demonstrate a good understanding of meningitis and meningococcal disease, and their related symptoms, signs and immediate treatment

Pre Hospital Care

- Demonstrate an understanding of the various structures and processes underpinning the organisation of the ambulance service including communications, priority dispatch systems, radio procedures, the range of emergency response vehicles available and activation procedures
- Demonstrate familiarity with equipment particular to the ambulance or out-of-hospital setting including: extrication devices (e.g. KED and RED), long boards, spinal immobilisation devices, carry chairs, lifting cushions, patients slides, portable ventilation systems, manual and electric suction devices, splints (e.g. vacuum, box, or traction), and the advantages and disadvantages of the various modes of transport
- Demonstrate an understanding of scene safety, mechanisms of injury and patient extrication techniques in the out-of-hospital setting
- Demonstrate a good knowledge of inter-service working involving all the emergency services, including collaboration and communication, and understand of the role and contribution of the wider multi-disciplinary team to the delivery of emergency/unscheduled care
- Demonstrate awareness of guidance on parking upon arrival at incident scenes
- Demonstrate understanding of the principles of scene safety and scene protection
- Describe and explain HAZCHEM codes and the importance of the UN number
- Describe the use and benefits of telemetry and telemedicine in the delivery of emergency/unscheduled care

Appendix 2: Core procedural skills

The following is a list of procedural skills which the ECP should be able to perform on completion of the educational programme. This section is designed to be read in conjunction with the competences and for the sake of brevity we do not repeat the vitally important skills of routine examination, communication with the patient, seeking informed consent, ensuring safety, avoiding infection etc.

01 Cardiovascular System

a. Undertake a 12 lead ECG

b. Participate in cardiopulmonary resuscitation to the level expected in Advanced Cardiac Life Support Training

02 Respiratory System

a. Undertake pulmonary function tests, including the measurement of peak flow

b. Commence and manage oxygen therapy

c. Commence and manage the administration of drugs via a nebuliser

03 Musculoskeletal System

a. Identify any limb fracture or fracture/dislocation of a joint and recognise any vascular or neurological complication which requires immediate treatment by relocation; and relocate it

b. Identify and reduce a “pulled elbow” in an infant

c. Identify and reduce a dislocated patella

d. Understand and apply the Ottowa Ankle, Knee and Cervical spine Rules and the NICE guidelines for the management of Head Injury

e. Undertake appropriate strapping and splinting for common musculoskeletal injuries

04 Eyes

a. Perform a routine examination of the eye, including eversion of the upper eyelid, for foreign body or penetrating injury

b. Perform fluorosceine dye examination of the cornea

c. Instil local anaesthetic into the eye and remove a foreign body

05 Ear, Nose and Throat

a. Perform anterior nasal packing

06 Renal and Genitourinary Systems

a. Perform a urinalysis

b. Undertake male and female urinary catheterisation (with regard to local policy)

07 Skin

a. Undertake simple wound closure, using tissue adhesive, steristrip or suture as indicated

b. Undertake incision and drainage of abscesses or infected sebaceous cysts

c. Remove nails as indicated

08 Diagnostics and Therapeutics

a. Draw up and administer intramuscular, subcutaneous and intravenous injections and infusions

b. Take a venous blood sample, using appropriate syringe and needle or vacutainer devices

c. Undertake peripheral venous cannulation