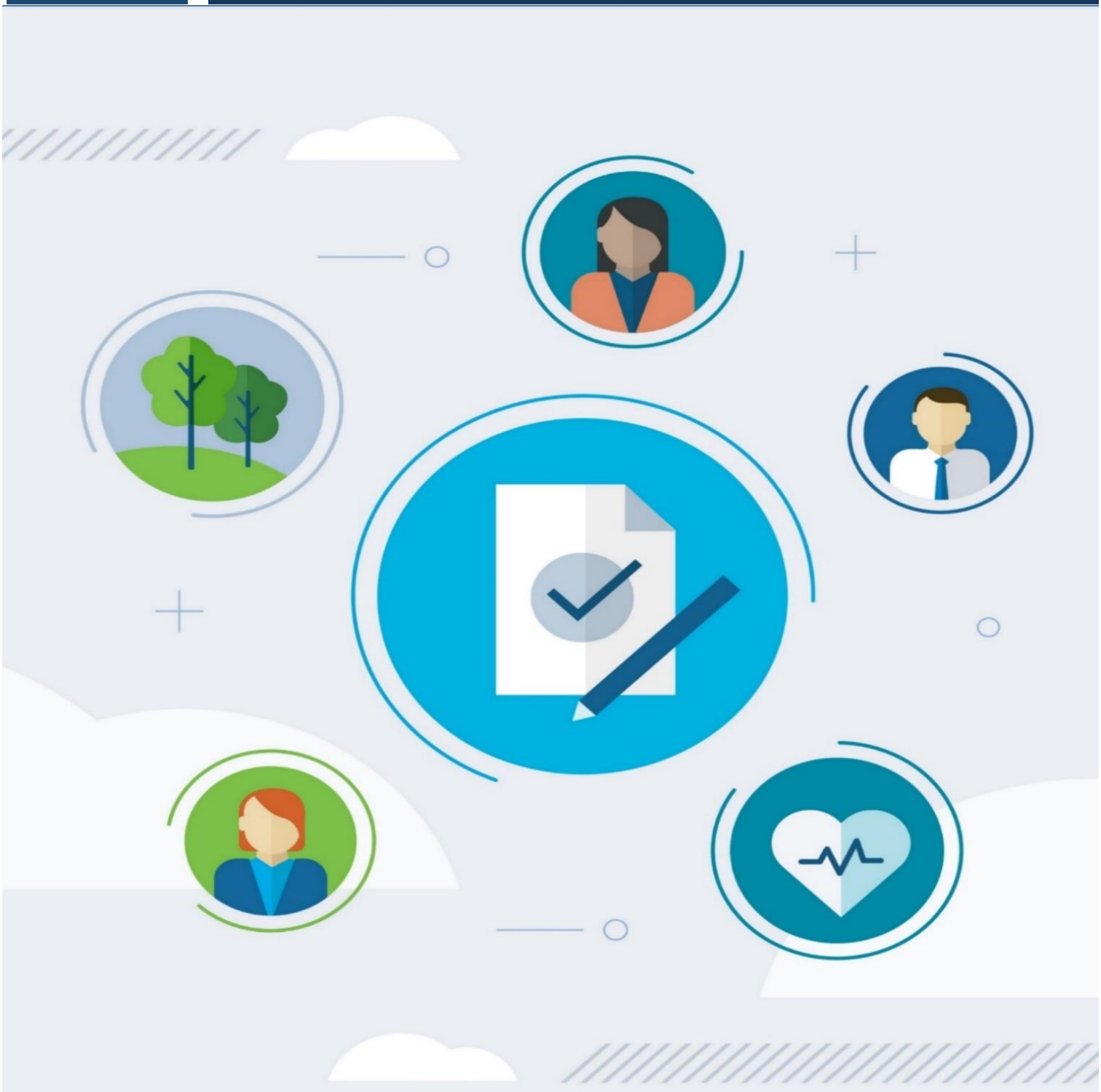
NHS Education for Scotland

Credential Rural and Remote Health (Unscheduled and Urgent Care)

User Guide – Guidance for Learners, Supervisors and UK Rural and Remote Credential Panel



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1. Introduction

This guide to the new curriculum for the Credential in Rural and Remote Health (Unscheduled and Urgent Care) is to aid UK Rural and Remote Credential Panel members, supervisors, learners, and others with the practicalities of the credential programme. It is intended to supplement the main curriculum document.

It is intended to be a 'living document' and we value feedback via nes.ruralremotecredential@nhs.scot

2. Purpose of the credential

The purpose of the Rural and Remote Health curriculum is to provide a supportive training framework for General Practitioners (GP) on the General Medical Council (GMC) Register, and other doctors such as non-training grade doctors practising or wishing to practise in rural and remote contexts to provide unscheduled and urgent care in rural and remote hospitals and at the interface with the community.

The credential will support more flexible career development, facilitating credential holders to change career direction or enhance their skills and expertise in the provision of unscheduled and urgent care at the interface between primary and secondary care in remote and rural contexts.

Holders of the Credential in Rural and Remote Health will not have a scope of practice equivalent to doctors on the specialist register for other GMC-approved curricula; rather, it is a generalist credential of core emergency skills capable of being delivered in a non-specialist rural and remote environment.

3. High level credential outcome

The GMC has mandated that all postgraduate curricula must be based on higher level learning outcomes and incorporate the GMC defined Generic Professional Capabilities (GPCs). These are the fundamental principles that underpin all medical practice and are common to all specialties. There are 9 domains to which all curricula learning outcomes are mapped.

Figure 1: Domains of the generic professional capabilities framework

The overall outcome of training in this credential is to provide the competencies required to recognise, stabilise and manage an acutely unwell patient, for up to 24 hours if evacuation is necessary, as well as the management of appropriate inpatient cases. Those following the credential are expected to achieve the knowledge, skills and behaviours required to:

- Resuscitate, stabilise, and treat acutely unwell patients, liaising with specialist and primary care teams as necessary in a rural and remote context
- Recognise, investigate, initiate and continue the management of common acute health problems presenting to rural and remote small hospitals, drawing upon the expertise of specialists and other professions as necessary
- Provide inpatient care to an appropriate cohort of cases.

4. Entry requirements

Eligibility for the credential encompasses a wide range of experience and different medical backgrounds.

The entry point for this credential will most commonly be:

- Doctors on the GP Register (or equivalent) who already work (or wish to work) in rural and remote settings
- Doctors practising in non-training grade positions in rural and remote contexts with appropriate experience and existing competencies (e.g., Staff and Associate Specialist doctors).

While the focus of this credential is at the interface between general practice and remote and rural small hospitals, it is recognised that some smaller hospitals may be staffed in part by doctors on the specialist register, and that their scope of practice may differ from their specialty postgraduate training. The credential may therefore also be suitable for these doctors.

For further details on entry requirements please refer to the Credential Curriculum document.

5. Application Process

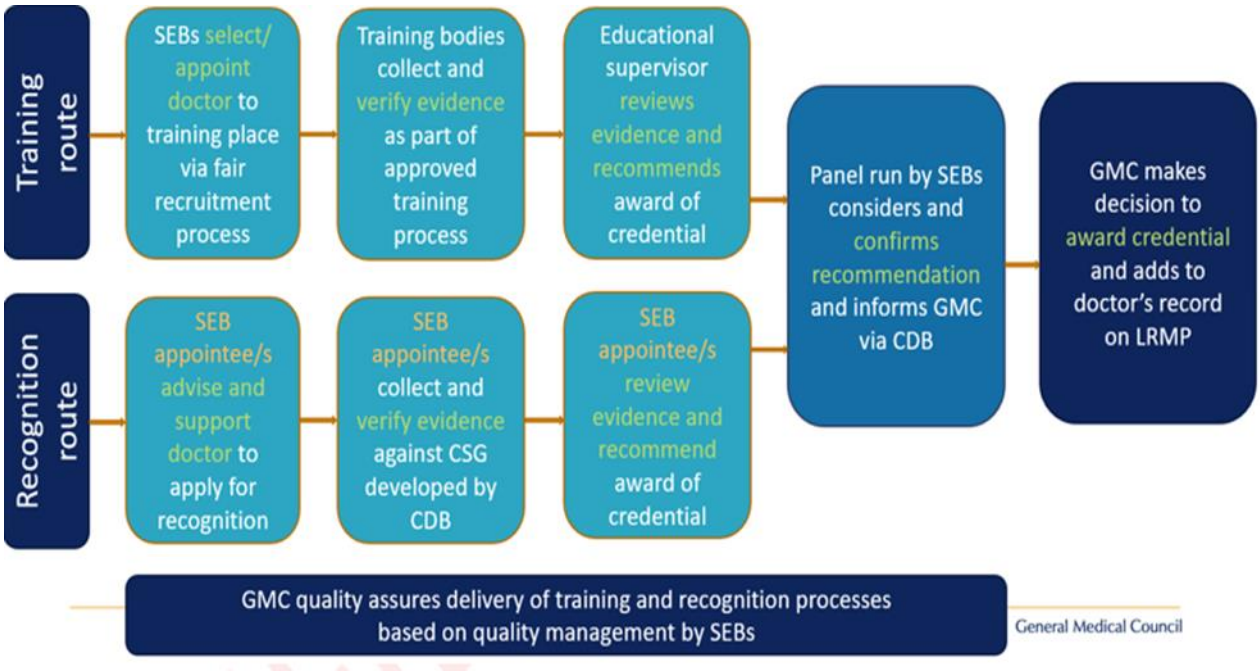
There are two routes for securing an award of a Credential in Rural and Remote Health (Unscheduled and Urgent Care):

1. Learner route.
2. Recognition route.

In order to ensure that consistent standards are applied for doctors gaining the credential via either the training or recognition route:

1. The recognition route is aligned with the learner route.
2. An e-portfolio will be used to collate evidence, which will be linked to each Capability in Practice (CiP) and procedural skill.
3. The same signoff panels will be used for both training and recognition route.

The figure below outlines the two routes to an award of the GMC credential.



Key:
SEB – Statutory Education Body
CDB – Credential Development Body
LRMP – List of Registered Medical Practitioners
CSG – Credential Specific Guidance

5.1 Learner route application process

Application to undertake the credential will be made to NHS Education for Scotland's Credential Development Body (CDB). Recognising the heterogeneity of credential entrants as part of the application process, the applicant will be asked to:

1. Submit a learner route application form.
2. Provide an authenticated copy of any specialist medical qualifications – evidence of Certificate of Completion of Training (CCT).
3. Summarise previous training and experience e.g., Curriculum Vitae (CV) with supporting statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.
4. Provide evidence of alternative qualification that demonstrates achieving the outcomes of the credential – applicant may have completed alternative training or fellowship in UK with equivalent learning outcomes or completed similar training outside the UK with equivalent learning outcomes.
5. Undertake a self-assessment rating against the credentials Capabilities in Practice (CiPs) and procedural skills (see section 7). Each learner will be provided with a credential e-portfolio.
6. Detail current scope of practice.
7. Applicants should seek support from their employer, including their agreement that the employer will actively facilitate and support the credential learner in terms of training/study time and budget.
8. Provide referees who can attest to their current roles and scope of practice.
9. Provide a letter of recommendation from their responsible officer who will be able to confirm engagement with appraisal and revalidation.
10. Where necessary undertake a structured interview with members of the UK Rural and Remote Credential Panel to seek clarification on scope of practice.

The CDB will review the application, self-assessment, references, and responsible officer endorsement in order to ensure that those with relevant previous skills/experience will have these recognised appropriately.

5.2 Recognition route for those currently working with scope of practice

Doctors working within the scope of the credential and wishing to be acknowledged as credential holders will apply for recognition to be a credential holder.

The recognition route is an entirely new process for acknowledging a doctor's knowledge, skills and experience against a number of credential specific capabilities in practice (CiPs) and procedural skills. Doctors who can demonstrate they meet the outcomes of a GMC (General Medical Council) credential can be awarded the credential by providing evidence instead of completing the credential training pathway.

The applicant will be asked to:

1. Provide an authenticated copy of any specialist medical qualifications – evidence of Certificate of Completion of Training (CCT).
2. Summarise previous training and experience e.g., Curriculum Vitae (CV) with supporting statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

3. Provide evidence of alternative qualification that demonstrates achieving the outcomes of the credential – applicant may have completed alternative training or fellowship in UK with equivalent learning outcomes or completed similar training outside the UK with equivalent learning outcomes.
4. Undertake a self-assessment rating against the capabilities in practice (CiPs) and procedural skills, verified or alongside other evidence.
5. Provide structured references from at least two referees who can attest to the applicant's current roles and scope of practice.
6. Provide a letter of corroboration from a responsible officer (RO) confirming engagement with appraisal and revalidation and up-to-date experience.
7. Where appropriate undertake a structured interview with members of the UK Rural and Remote Credential Panel to seek clarification on scope of practice.

For further details on a recognition route application please refer to the Credential Specific Guidance document.

6. Duration of training

Aligned with "Excellence by Design", the Rural and Remote Health Credential curriculum is outcomes-based. Progression will therefore depend on capability rather than time. Attainment of the competencies may accordingly be achieved at different times depending on clinical placements as well as pre-credential experience and training. For example, doctors embarking on the credential may already have acquired breadth and depth of experience and competencies in rural and remote contexts. Recognising the heterogeneity of credential entrants, it is estimated that the curriculum may take up to 2 years to complete.

7. Credential Curriculum

7.1 Credential competencies

- Act as senior decision maker in acute and emergency presentations
- Perform a range of emergency care practical skills
- Interpret a range of emergency diagnostic tests
- Diagnose, assess and manage a range of acute medical, surgical, trauma, paediatric and psychiatric conditions
- Manage the in-patient care of patients suitable to be cared for in small rural hospitals
- Contribute to the safe transfer and retrieval of acutely ill patients who require next level care, alongside specialist retrieval teams.

7.2 Capabilities in Practice (CiPs)

The 3 generic CiPs cover the universal requirements of the credential. Assessment of the generic CiPs will be underpinned by the Generic Professional Capabilities (GPC) descriptors. Satisfactory sign off will indicate that there are no concerns.

The 9 clinical CiPs describe the clinical tasks or activities which are essential to the practice of the credential. The clinical CiPs have also been mapped to the GPC domains and

subsections to reflect the generic professional capabilities required to undertake the clinical tasks. Satisfactory sign off requires demonstration that, for each of the CiPs, the learner's performance meets expected performance, as defined in the curriculum.

The 12 CiPs describe the professional tasks or work within the scope of the credential. Each CiP has a detailed set of descriptors associated with that activity or task. Descriptors are intended to enable:

- Learners to recognise the level of knowledge, skills and attitudes which should be demonstrated for an entrustment decision to be made.
- Trainers/accessors to make professional judgements about learner's performance and behaviours to an agreed standard.

On completion of training and award of the credential, the doctor must demonstrate that they are capable of unsupervised practice (level 3 entrustment - see section 9.6) in all generic and clinical CiPs.

Capabilities in Practice (CiPs)

Generic CiPs

1. Able to work as a rural and remote practitioner within the NHS system.
2. Adapting practice to Urgent Care Settings.
3. Facilitate effective handover of patient to specialist services.

Clinical CiPs

1. Recognise and appropriately manage acute paediatric presentations.
2. Management of time-critical presentations/conditions (Medical and Surgical).
3. Assessment and initial management of the trauma patient.
4. Ability to assess and appropriately manage core Ear, Nose, and Throat (ENT) presentations.
5. Ability to evaluate and appropriately manage the patient presenting with acute eye problems.
6. Ability to assess and manage appropriately core obstetric and gynaecology presentations.
7. Evaluate and appropriately manage the patient with acute psychiatric presentation including overdose.
8. Evaluation and management of the older person.
9. Management of patients requiring palliative and end of life care.

7.3 Descriptors

Beneath the capabilities in practice sits a set of descriptors which are intended to help learners and trainers recognise the minimum level of knowledge, skills and behaviours required to meet these capabilities.

The approach taken is to match each clinical CiP to key clinical presentations. The presentations and conditions have been presented in an ABCDE structure, which is a recognised structure of clinical assessment in urgent care settings.

The design of each CiP, with detailed descriptors as well as matching to key clinical presentations, is to:

- Allow the learner to match training opportunities to defined learning outcomes

- Ensure assessments to be conducted consistently and fairly
- Enable trainers and assessors to make professional judgements about learners' performance and behaviours to an agreed standard.

7.4 Evidence

For each capability, a list of suggested types of evidence is provided. During their training, the doctor collects evidence to support their learning. This should be linked to the relevant learning outcomes. This evidence is then used to support an entrustment decision on each of the relevant capabilities in practice. The entrustment decision is a holistic judgement of the learner's capability made by the clinical supervisor, based on the evidence provided, including feedback in the form of Multi-Clinician Reports (MCR).

7.5 Practical Procedures

All learners are expected to develop the skill set required to be able to cover an emergency, out of hours rota and to have an in-depth knowledge of the relevant disease processes, potential treatment options and skills to enable comprehensive patient care from referral to completion of the patient episode.

It is essential the learner, in consultation with their employer, identifies the urgent care practical procedures they may be expected to perform. Sites that require credential holders to perform these procedures for service reasons will need to put in place mechanisms to provide training and assure competence for independent practice.

The procedural skills have been presented in an ABCDE approach structure (see table 1). The Decision Aid describes the level of competence required for each procedural skill descriptor.

Level 3 entrustment for the procedural skill can be met either by high fidelity simulation or direct clinical practice.

It is acknowledged that the models of staffing and service delivery in rural and remote hospitals varies across the United Kingdom. The credential programme is designed to equip doctors with the competences required to recognise, stabilise and manage an acutely unwell patient, for up to 24 hours if evacuation is necessary, as well as the management of appropriate inpatient cases. The curriculum reflects a 4-nation consensus. If an employer requires the learner to have advanced skills out with the scope of the credential (for example, advanced airway management skills), the employer will be responsible for providing the appropriate training. Such extra-curricular learning would not fall within the remit of the UK Rural and Remote Credential Panel.

Procedure	
Airway	• Treat airway obstruction secondary to reduced consciousness following foreign body inhalation • Basic airway management including bag mask ventilation • Advanced airway management • Management and care of tracheostomy tube

Breathing	• Arterial blood gas sampling and delivery of appropriate oxygen therapy • Bag mask ventilation • Set up non-invasive ventilation or CPAP and deal with complications • Intercostal drain insertion [a]
Circulation	• Intraosseous access to circulation for resuscitation • Pacing - Pharmacological - external
Disability	• Spinal immobilisation • Log roll
Exposure	• Demonstrate the application of recognised common splints in the management of both pelvic and long bone fractures • Joint dislocation reduction techniques alongside appropriate analgesia and sedation techniques • Wound management • Local anaesthetic techniques • Plaster cast application • Demonstration of the management of both medical and traumatic epistaxis using recognised techniques and equipment in both upright patient and supine patient • Removal of foreign body from ear/nose/eye • Peripheral nerve blocks

Table 1: Procedural skills

Notes:

[a] *Pleural procedures should be undertaken in line with the British Thoracic Society guidelines. These state that thoracic ultrasound guidance is strongly recommended for all pleural procedures for pleural fluid, also that the marking of a site using thoracic ultrasound for subsequent remote aspiration or chest drain insertion is not recommended, except for large effusions. Ultrasound guidance should be provided by an appropriately trained pleural-trained ultrasound practitioner.*

For all practical procedures the learner must be able to recognise complications and respond appropriately if they arise, including calling for help from colleagues when necessary.

While learners should ideally receive training in procedural skills in a simulated environment before performing these procedures clinically, this is not mandatory.

Assessment of procedural skills will be made using the direct observation of procedural skills (DOPS) tool on simulated or actual patients. Attainment of the skill will be competency based, not numbers based.

Credential holders are expected to maintain procedural competences achieved during training and should be supported by employers to undertake refresher training in procedural skills in a simulated environment if required.

7.6 Resuscitation capability

Although the Rural and Remote Health Credential curriculum is outcomes-based and focused on the quality of the outcomes rather than on the means by which it was achieved, credential

holders will be expected to be able to lead a multi-disciplinary team in the management of life-threatening cardiac and respiratory conditions including peri-arrest and arrest situations.

Holders of the credential must demonstrate the skills required to act as the senior decision maker in acute and emergency presentations and be able to resuscitate, stabilise and treat acutely unwell patients. They will be expected to provide leadership of a cardiac arrest and trauma team.

8. Learning Methods

The credential curriculum is outcomes-based, and progression will therefore depend on capability and focus on the quality of the outcomes rather than on the means by which it was achieved. An outcomes-based framework avoids prescribing outputs or inputs unless they are fundamental to upholding the training standards overall. This flexible approach is fundamental as it allows the rural practitioner to shape their training based on the learner's previous experience and the needs/service demands of the rural community in which they work.

The curriculum will be delivered through a variety of learning experiences and will allow learners to achieve the capabilities described through a variety of learning methods. There will be a balance of different modes of learning from experiential learning 'on the job' to more formal courses. The proportion of time allocated to different learning methods will vary depending on the previous experience of the learner. Training should be constructed to enable learners to experience the full range of educational and training opportunities available and there will be robust arrangements for quality assurance in place to ensure consistent implementation of the curriculum.

The role of the learner/educational supervisor/employer is to seek high-quality training opportunities relevant to the credential capabilities (see credential section 3.2 for detail on each capability in practice). Although training is generally expected to be experiential and most of the learning will take place in the learner's place of work, there will be some aspects of training that cannot be met in the locality and the learner will be required to undertake blocks of supervised time in specialist centres or unit.

The role of the UK Rural and Remote Credential Panel is to measure and monitor the attainment outcomes against each capability in practice (CiP) and the processes used to reach them.

Note:
A "toolbox" of teaching and training resources linked to each CiP and procedural skill is available on the Credential Turas Learn platform. This "toolbox" has been designed to allow the learner to access learning opportunities across the four nations.

9. Assessment

The curriculum will be assessed by a portfolio of evidence. The training standards provide the framework not just for the delivery of the vocational training program but also focus on the quality of the processes.

The assessment of learning is an essential component of any curriculum. The programme of assessment comprises an integrated framework of assessments in the workplace and global

judgements made about the learner during the credential programme. The assessment of learners comprises 3 elements:

1. Self-assessment. Learners have a personal responsibility to undertake regular self-assessment against the curricular requirements and in doing so, in consultation with their Educational Supervisor, shape their training.
2. Workplace Based Assessments (WPBAs) plus other evidence collected by the learner to reflect their learning and evidence their progress.
3. Global Judgement Based Assessment made by senior clinicians who have worked closely with the learner. Assessors are responsible and accountable for these judgements, which in turn support structured feedback to learners.

In order to ensure consistency all assessments, including those conducted in the workplace, are linked to the relevant curricular learning outcomes (e.g., through the blueprinting of assessment system to the stated curricular outcomes).

Global judgements that contribute to a decision about a learner's progress (summative assessment) are based on assessment of how the learner is achieving their CiPs and practical procedures. Each CiP, practical procedure and level of entrustment is detailed to ensure:

- Learners can utilise learning opportunities necessary to ensure safe training and to meet the learning outcomes
- Assessments are conducted consistently and fairly
- Clarity on the level of entrustment required for sign off.

9.1 Learner self-assessment

Self-assessment will:

- Guide learners in completing what is required of them by the curriculum
- Allow learners to use the opportunities of the coming academic year to their best advantage in meeting the needs of the programme
- Allow learners to reflect on how to tailor development to their own needs, over-and-above the requirements laid out in the curriculum.

9.1.1 Initial self-assessment

As the eligibility for the credential covers a wide range of experience and different medical backgrounds the credential training requirements for individual learners will differ. Recognising the heterogeneity of credential entrants' prior experience and skills, applicants will be asked to undertake a self-assessment rating against each CiP and procedural skill, providing evidence where appropriate.

The self-assessment rating will be reviewed by the learner's Educational Supervisor (ES) at the induction meeting and will be used to inform the learners personalised learning and educational agreement.

9.1.2 Ongoing self-assessment

Self-assessment is not a 'one-off' event but is an iterative process from induction to the completion of the programme and is particularly important to have been updated ahead of the writing of the ES report and subsequent annual review.

Self-assessment for each of the CiPs should be recorded against the curriculum on the learner's e-Portfolio account. This will guide the ES and the UK Rural and Remote Credential Panel as to how the learner considers they have demonstrated the requirements of the curriculum as set out in the Decision Aid (see Decision Aid) and where this evidence may be found in the learner's portfolio. This will help the Panel make an informed judgement as to the learner's progress and reduce the issuing of evidence not being available or found by the Panel.

9.2 Workplace Based Assessments (WPBAs)

There has been an explicit move away from providing minimum requirements, that can promote a tick-box mentality, to one where the learner chooses how to use WPBAs to guide their development and to evidence their progress against the curriculum. The WPBAs are largely formative and the doctor builds up a body of evidence to reflect their learning. The wide range of WPBAs which can be used are outlined in the assessment blueprint (see section 5.5.4 of the curriculum). Full explanations of their use are available in the curriculum.

Summative assessments	
Workplace-based Assessments	• Direct Observation of Procedural Skills (DOPs) – summative
	• Portfolio – logbook of cases and reflection
Formative workplace-based assessments	
Supervised Learning Events	• Acute Care Assessment Tool (ACAT) • Case Based Discussion (CbD) • Mini-clinical Evaluation Exercise (Mini-CEX) • Direct Observation of Procedural Skills (DOPs) – formative

- Acute Care Assessment Tool (ACAT) - The ACAT is used to provide feedback on a learner's performance when undertaking acute care. This tool can also be used to assess other situations where a learner is interacting with several different patients (e.g. acute receiving or a ward round). Its focus is on multi-tasking, prioritisation and organisational skills. An ACAT should cover the care of a minimum of five patients.

- Case based Discussion (CbD) - This tool is designed to provide feedback on discussions around elements of the care of a particular patient. This can include elements of the case and the general management of the condition. It is a good vehicle to discuss management decisions. The CbD assesses the performance of a learner in their management of a patient to provide an indication of competence in

areas such as clinical reasoning, decision-making and application of medical knowledge in relation to patient care.

- Mini-Clinical Evaluation (mini-CEX) - This tool assesses part of a clinical encounter (history, physical examination, explanation and counselling) with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The learner is observed and receives immediate feedback to aid learning.

- Direct Observation of Procedural Skill (DOPS) - This tool is designed to give feedback and assessment for learner's on how they have undertaken a procedural skill. This may be in a simulated or real environment. Formative DOPS may be undertaken as many times as the learner and supervisor feel is necessary. A learner can be signed off as able to perform a procedure unsupervised using the summative DOPS.

9.3 Global Judgement Based Assessment

These are regular, information-rich judgements which are made by a group of senior clinicians who have worked closely with the learner.

- Multiple Clinician Report (MCR) - The MCR captures the views of clinical supervisors based on observation on a learner's performance in practice. The MCR feedback and comments received give valuable insight into how well the learner is performing, highlighting areas of excellence and areas of support required. MCR feedback will be available to the learner and contribute to the educational supervisor's report.

- Clinical Supervisors - End-of-Placement Report (CS-EPR) - Although training is generally expected to be experiential and most of the learning will take place in the learner's place of work there will be some aspects of training that cannot be met in the locality and the learner will be required to undertake blocks of supervised time in specialist centres or unit. The clinical supervisor is responsible for completing an end-of-placement report, using evidence collected by the learner and feedback provided in the form of MCR and MSF. The report will include the entrustment decision for the relevant learning outcome/Capability in Practice.

- Educational Supervisor Report (ESR) - The educational supervisor will periodically (at least annually) draw together the results of a learner's educational activities to give an overview of their progress in a formal structured educational supervisor's report. The overall judgment of a learner will include a triangulated view of the doctor's performance, which will include their participation in educational activities, appraisals, the assessment process and recording of this in the e-portfolio. The educational supervisor's report can incorporate commentary or reports from longitudinal observations, such as from supervisors or formative assessments demonstrating progress over time.

- Multi-Source Feedback (MSF) - This tool is a method of assessing generic skills such as communication, leadership, team working, reliability, across the domains of Good Medical Practice. This provides systematic collection and feedback of performance data on a learner, derived from several colleagues. 'Raters' are individuals with whom the learner works, and should include doctors, administrative staff, and other allied professionals.

9.4 Other important evidence

All forms of educational experiences can be included by the learner to evidence their learning e.g., teaching attended, and articles read.

Undertaking regular reflection is an important part of development. Through reflection a doctor should develop learning objectives related to the situation discussed which should be subsequently incorporated into their PDP. Learners should be encouraged to reflect on their learning opportunities and not just clinical events.

9.5 Assessment Blueprint

Each Capability in Practice (CiP) is mapped to the GMC's Generic Professional Capability and is accompanied by a range of formative assessments that support progress towards achieving the CiP (see table 2).

The premise of the credential is to allow the learner flexibility in the types of evidence they can submit against each CiP. Formative assessments will be underpinned with summative evidence such as logbook of cases and reflection (see section 5.5.5 main curriculum document).

Recognising the maturity of the learner and the fact that it can be difficult in remote and rural practice to obtain evidence, the evidence collection has purposively been left as broad as possible. This has been done to allow evidence collection as flexible and propionate as possible and reflects the status of the learner as one already grounded in good medical practice and with a breadth and depth of clinical experience. That said:

- If the credential holder undertakes a specialist placement e.g., in ENT, they would be expected to submit a Multi-Clinician Report (MCR) for the placement (see section 5.5 main curriculum document).
- The learner would be expected to provide at least one formative workplace-based assessment (ACAT, CbD or Mini-CEX) for each clinical CiP with the option to include global assessments such as Multi-Source Feedback (MSF).

The table below shows the possible methods of assessment for each CiP. It is not expected that every method will be used for each capability and additional evidence may be used to help make a judgement on entrustment.

Capabilities \ Evidence	* Mini-CEX	* ACAT	* CbD	DOPs	MSF	**MCR	CS-EPR	ESR
Generic CiP 1: Able to work as a rural and remote practitioner within the NHS system	X	X	X		X	X	X	X
Generic CiP 2: Adapt practice to Urgent Care Setting	X	X	X		X	X	X	X

Generic CiP 3: Facilitate effective handover of patient to specialist services	X	X	X		X	X	X	X
Clinical CiP 1: Recognise and appropriately manage acute paediatric presentations	**X**	**X**	**X**		X	X	X	X
Clinical CiP 2: Management of time-critical presentations/conditions (Medical and Surgical)	**X**	**X**	**X**		X	X	X	X
Clinical CiP 3: Assessment and initial management of the trauma patient	**X**	**X**	**X**		X	X	X	X
Clinical CiP 4: Ability to assess and appropriately manage core ENT presentations	**X**	**X**	**X**		X	X	X	X
Clinical CIP 5: Ability to evaluate and appropriately manage the patient presenting with acute eye problems	**X**	**X**	**X**		X	X	X	X
Clinical CIP 6: Ability to assess and manage appropriately core obstetric and gynaecology presentations	**X**	**X**	**X**		X	X	X	X
Clinical CiP 7: Evaluate and appropriately manage the patient with acute psychiatric presentation including overdose	**X**	**X**	**X**		X	X	X	X
Clinical CIP 8: Evaluation and management of the older person	**X**	**X**	**X**		X	X	X	X
Clinical CiP 9: Management of patients requiring palliative and end of life care	**X**	**X**	**X**		X	X	X	X
Resuscitation capability				X				
Practical procedures				X				

Table 2: Blueprint of workplace-based assessments to CiPs and procedural skills

* It is essential that at least one formative work-place based assessment is provided as evidence against each clinical CiP.
** One MCR per placement or time with specialist team.

9.6 Entrustment

The concept of entrustment underpins the assessment process and is the means by which trainers can assess whether the learner has reached the appropriate level to cross thresholds and take on new responsibility with a higher degree of independence.
Assessment of CiPs and practical procedures involves looking across a range of key skills and behaviours to make global decisions about a learner's suitability to take on particular responsibilities or tasks.

1. Clinical Supervisors and others contributing to assessment will provide formative feedback to the learner on their performance throughout the training year
2. Towards the end of each training year, the learner will make a self-assessment of their progression for each CiP and practical procedure, and record this in the Portfolio with signposting to the evidence to support their rating
3. The Educational Supervisor (ES) will review the evidence in the Portfolio including workplace-based assessments, feedback received from Clinical Supervisors and the trainee's self-assessment and record their judgement on the trainee's performance in the Educational Supervisors Report, with commentary
4. The ES will make an entrustment decision for each CiP and practical procedure and record the indicative level of supervision required with detailed comments to justify their entrustment decision.

The level of entrustment outlined in table 3, will be used to assess the CiPs and practical procedures, reflecting the need for supervisors to make entrustment decisions about the ability of learners to take on the particular responsibilities or tasks described in the CiPs/practical procedure, and the level of supervision that they require, as appropriate to their stage of training.

Level	Descriptors	
1	**Entrusted to act with direct supervision**	The supervising doctor is physically present and immediately available to provide direct supervision
2	**Entrusted to act with indirect/minimal supervision**	The supervising doctor is not physically present within department but is available to provide advice and can attend physically if required to provide direct supervision
3	**Entrusted to act unsupervised**	The learner is working independently

Table 3: Level descriptors for the CiPs and practical procedures

9.7 Timeline of assessments

The timeline, illustrated in table 4, demonstrates how assessments will be typically used in a 12-month training period.

There are no fixed numerical targets for any of the competencies related to the generic or specialist capabilities, but rather the learner should demonstrate attainment of high-level outcomes and have robust MCR, ESR and MSF to convey confidence in their clinical decision making and overall performance.

		Month of training											
		1	2	3	4	5	6	7	8	9	10	11	12
Formative assessment	Learner meets with named ES to identify	To be collected during placements			*	To be collected during placements			*	To be collected during placements			*
Summative DOPs													
Portfolio		To be kept during training											
CS - EPR		Recommended at the end of each placement											
MCR		Recommended at the end of each placement											
Logbook review by ES													
Quarterly ES report													
End of year ES report													**

Table 4: Timeline of assessments

Note:

*Assessment tools will be used when clinically appropriate to help guide the educational needs of the learner as they progress through placements and learn to perform novel procedures. Generally, learners will be expected to submit a minimum of:

- One ACAT
- One CbD
- One Mini-CEX
- One DOPS

for each quarterly review as evidence of training progress

**Learner may be signed off at 12 or 24 month review dependant on progress against the credential curriculum

10. The Responsibilities of learners, trainers, and NHS Education for Scotland

Supervision is fundamental in the delivery of safe and effective training. It takes advantage of the experience, knowledge and skills of expert clinicians and ensures interaction between an experienced clinician and a learner.

The role and responsibilities of supervisors have been defined by the GMC in their standards for medical education and training. Educational and clinical supervisors need to be formally recognised by the GMC to carry out their roles.

10.1 Learners

Learners must make the safety of patients their priority and they should not be practising in clinical scenarios that are beyond their experiences and competencies without supervision.

Induction

Learners will be asked to undertake an initial self-assessment rating against each CiP and procedural skill, providing evidence where appropriate. The self-assessment rating will be reviewed by the learners' educational supervisor (ES) at the induction meeting and will be used to inform the learners personalised credential programme of learning and educational agreement. (See section 9.1.1)

Progression through the programme

The learner, while progressing through the programme, needs to collect evidence of their learning. Much of the education and training is acquired through experiential learning and reflective practice with trainers. A variety of learning experiences, using a range of learning methods, enable the achievement of the learning outcomes. The learner must capture evidence for these in their e-portfolio. This will include, for example, undertaking WPBAs, maintaining a logbook, monitoring teaching attended, self-directed learning, and receiving feedback in their MSF.

There is no set number of WPBAs to complete, but the evidence collected must be sufficient to enable entrustment decisions to be made on each learning outcome. The WPBAs are not pass/fail summative assessments but should be seen as learning opportunities for the learner to have one to one teaching and receive helpful and supportive feedback from an experienced colleague. Learners should therefore be seeking to complete WPBAs as often as reasonably practical. They should attend and document their learning and reflect on teaching sessions, clinical incidents and any other situations that would aid their professional development.

The MSF provides feedback on the learner that covers areas such as communication and team working. It closely aligns to the Generic CiPs. Feedback should be sought from a wide range of individuals with whom the learner works including non-clinical staff. Feedback should be discussed with the learner.

Clinical placements

Training is generally expected to be experiential and most of the learning will take place in the learner's place of work. There will be some aspects of training that cannot be met in the locality and the learner will be required to undertake blocks of supervised time in specialist centres or unit. At the start of a clinical placement the learner must meet with their clinical supervisor (CS) to discuss their specific learning needs against the credential curriculum. At the end of the placement, the learner should meet with their CS to facilitate preparation of their end-of-placement report. In this report, entrustment decisions must be made for the specific learning outcome.

Four monthly review meeting with educational supervisor

The learner must meet with their ES every four-months. The four-monthly review is a mandatory component of the credential as it provides an opportunity to review the learners

progress against the agreed educational objectives. Workplace based assessments and progress through the curriculum can be reviewed to ensure learners are progressing satisfactorily. The learner should actively seek guidance from their supervisor in order to identify the appropriate learning opportunities and plan the appropriate frequencies and types of WPBAs according to their individual learning needs. The four-monthly review has a role in establishing if a learner is facing challenges in accessing experience in certain areas. The educational supervisor can then work with the learner to identify how they can obtain relevant experience and training, understanding that this may require a placement or attachment to a clinical or training site at a different location.

It is the responsibility of the learner to schedule time with their supervisor for the four-monthly review. If the learner does not make contact to schedule a review meeting the educational supervisor can send a reminder. If the learner does not engage with the supervision requirements of the credential programme despite reasonable attempts to get them to engage, the educational supervisor may escalate this to the UK Rural and Remote Credential Panel who will make a decision on removal from the credential programme. The process for removal from the credential programme is described in Appendix 1.

End of year review with educational supervisor

At the end of each training year the learner should meet with their ES to review evidence and discuss progress against the credential curriculum, which will enable the ES to:

1. Produce an end of year educational supervisor's report (ESR). This will cover the overall performance of the learner in all elements of training in the credential. The overall judgment of a learner, and the educational supervisor's recommendations of satisfactory progress, will be based on a triangulated view of the learner's performance. The outcome of the discussion should be agreed by both the learner and the educational supervisor and recorded in the structured supervisor's report in the portfolio.
2. Aid the learner in identifying training needs for year two of the programme.

10.2 Clinical supervisor

Training is expected to be on the most part work-based experiential learning. Whilst it is acknowledged that many learners will already be independent practitioners and may already work as peers with their clinical supervisors, learners must work with a level of clinical supervision commensurate with their clinical experience and level of competence. In keeping with the principles of Good Medical Practice[1], learners should know that they must limit their clinical practice to within their level of clinical competence and seek help and support without hesitation. The degree of responsibility undertaken by the learner will increase as competency increases.
Like the ES induction meeting, the induction meeting between the CS and the learner is pivotal to the success of the training and thus needs both preparation and time. The induction meeting should be recorded formally by the learner in the e-Portfolio.

A clinical supervisor:

- Will usually be the clinician to whom a learner is directly responsible for their credential related clinical work and there will be frequent contact between them
- Will be appropriately trained to lead on reviewing the learner's practice and will provide constructive feedback, as well as contributing to the educational supervisor's report

[1] Good medical practice - GMC (gmc-uk.org)

- Is responsible for the day-to-day supervision of credential related work in the clinical setting
- Will integrate learning with service provision by enabling learners to learn by taking responsibility for patient management within the parameters of good clinical governance and safety.

If the clinical supervisor has concerns about the performance of the learner, or if issues of doctor or patient safety have arisen, these should be discussed in the first instance with both the learner and the educational supervisor.

10.3 Educational supervisor

Each learner will be allocated a GMC recognised ES at the start of the credential programme, who will be familiar with rural and remote healthcare and the credential curriculum The ES will oversee the learner's educational development throughout their credential programme.

The ES and credential learner should meet at the start of each training year and maintain regular contact throughout the credential programme.

10.3.1 Induction meeting with educational supervisor

The induction meeting between the ES and the learner is pivotal to the success of the training year. The induction meeting should be pre-planned and be conducted in private (either face to face or using a digital platform). The meeting outcome should be recorded formally in the learner's e-portfolio.

Ahead of the meeting, the learner should have completed their self-assessment against the curriculum and have identified their personalised learning needs.

At the meeting the following need to be considered:

- Review the credential decision aid
- Review the learner's self-assessment
- The learner's training needs in terms of acquisition of procedural skills and capabilities in practice
- How the learner can access training opportunities in order to compete personalised programme of learning
- Construct a personalised learning plan for the year.

10.3.2 Four monthly review meetings

The mandatory four-monthly review is central to the supervision process as it:

1. Allows the learner and supervisor to review progress as set out in the learner's education plan
2. Has a role in establishing if a learner is facing challenges in accessing experience in certain areas. The educational supervisor can then work with the learner to identify how they can obtain relevant experience and training, understanding that this may require a placement in a specialist unit
3. Provides an opportunity to review workplace-based assessments.

10.3.3 End of year review

The distillate of educational activities for an indicative year of training in the credential will be drawn together and included in a formal structured educational supervisor's report. This will cover the overall performance of the learner in all elements of training in the credential. The overall judgment of a learner, and the educational supervisor's recommendations of satisfactory progress, will be based on a triangulated view of the learner's performance. The outcome of this discussion should be agreed by both the learner and the educational supervisor and recorded in the structured supervisor's report in the portfolio.

10.4 Roles of NHS Education for Scotland

By engaging with stakeholders, learners and trainers, NHS Education for Scotland will normally carry out a review of the credential every 5 years, or more frequently if appropriate. The purpose of the review is to ensure the credential maintains relevance and reflects current practice and service requirements.

NHS Education Scotland as the statutory and awarding body has two distinct roles and as such two distinct governance lines:

1. Credential Development Body (CDB), which sits within the Centre for Remote and Rural Health; The Centre sits within NHS Education for Scotland and leads on all remote and rural health policy and programmes. The centre is funded by the Scottish Government.
2. Credential Delivery Team (CDT), which sits within the NES Medical Directorate Training Programme Management Team, who deliver ARCP for all speciality training.

10.4.1 Quality Assurance responsibilities of Credential Development Body

- Advise on and support the management and delivery of the Credential to standards set by the GMC's Promoting Excellence
- Data monitoring: NES will monitor use of the portfolio to understand use of assessments and other activities. This will only be to consider patterns of use, not to review the content of individual assessment forms etc
- Surveys**:** Annual surveys to learners and trainers to track improvements or areas of the curriculum that are consistently problematic
- Curriculum review process**:** By engaging with stakeholders, learners and trainers, the UK Rural and Remote Credential Panel with the assistance of the CDB will carry out a full-scale review of the credential every 5 years. The purpose of the review is to ensure the credential is relevant and reflects current practice.

The Credential Development Body will:

1. Advise the Credential Delivery Team on the appropriate composition of panels.
2. In line with GMC guidance provide representation on the credential panel.
3. Provides guidance on indicative evidence that may demonstrate completion of the outcomes to meet the requirements of the credential via the recognition route.
4. Appoint an individual (Associate Postgraduate Dean – Development):
   4.1 To work with the doctor seeking to be awarded the credential via the recognition route to identify and recommend the evidence that they would need in order to demonstrate their capabilities.

4.2 Provide advice to the Credential Panel on whether the doctor meets the recognition route outcomes.

10.4.2 Quality Assurance responsibilities of Credential Delivery Team

- Oversee quality management and improvement in training posts related to the credential and act as a conduit of information sharing with trainees in other postgraduate training programmes to promote good practice. Conduct and analysis of annual trainee and trainer surveys
- Progression reviews: To ensure consistency of standards of the credential programme, a review of doctors following this programme will be carried out by the Credential Panel. The panel will meet at least twice a year
- Evaluate strategies to reduce differential attainment in achieving credential outcomes and ultimate credential award
- Receive and consider concerns raised regarding the learning environment, method of assessment or curriculum
- Visits to training sites: The panel may choose to visit sites where credential learners are being trained. Such visits would include meetings with learners and trainers and review of facilities.

The Credential Delivery Team will:

1. Identify members and arrange panels, with advice from the CDB.
2. Determine appropriate processes and appoint panel chairs.
3. Be responsible for decisions about the operational management of sign-off panels, following the same principles used for annual review of competence progression (ARCP) panels.
4. In line with GMC guidance provide representation on the credential panel.
5. Take responsibility for delivery of training - this will involve approval of programmes and sites, where the credential learner route is separate from existing postgraduate training programmes.
6. Manage any appeals process based on a panel recommendation.

10.4.3 UK Rural and Remote Credential Panel

To ensure consistency of standards and impartiality in this new programme, the review of learners following the credential programme will be carried out by the UK Rural and Remote Credential Panel. The Credential Panel will meet at least twice a year to enable timely review of learners who have started training at different times and will be progressing at different rates.

The Credential Panel will provide overall governance of the following:

- Make decisions on progression through the credential programme, similar to the Annual Review of Competence Progression (ARCP) process provided in the Gold Guide (see Appendix 1).

10.5 Review Timeline

In addition to the formal appraisal process, learners will undertake regular and formal reviews of progress against the credential curriculum. This process ensures adequate supervision

during training, provides continuity between different elements of training and different supervisors, and is one of the main ways of providing feedback to learners. Arranging a review is primarily the responsibility of the learner. A “typical” year of appraisals involving both clinical and educational supervisors as well as review of progress by the UK Rural and Remote Credential Panel is detailed in table 5. All appraisals should be recorded in the e-portfolio.

Months / Review	Pre-start	1	2	3	4	5	6	7	8	9	10	11	12
Clinical Supervision		Ongoing review as part of clinical placements Clinical supervisor may change throughout the 12 months											
Educational Supervision		Meet to agree learning needs											End of year review
UK Rural and Remote Credential Panel	Agree meets entry require ment												Review of evidence and ESR *

Table 5: Review timetable

At the end of each training year, the UK Rural and Remote Credential Panel will review the evidence collected by the learner as well as well as the ESR. A decision on the learner’s progress will be made. If the learner has met the curricular requirements, they will be recommended for sign off and credential award (see Appendix 1).

11. Reports

Holders of the credential in Rural and Remote Health will not have a scope of practice equivalent to doctors on the specialist register for other GMC-approved curricula; rather, it is a generalist credential of core emergency skills capable of being delivered in a non-specialist rural and remote environment. In order for trainers/assessors to make professional judgements about the learner’s performance each capability in practice has a descriptor of the knowledge, skill and attitudes which sits alongside entrustment levels. Capability in practice descriptors and entrustment levels enable supervisors and assessors to make professional judgement about learners’ performance and behaviour to an agreed standard.

11.1 Clinical Supervisors End-of Placement Report (CSER)

There will be some aspects of training that cannot be met in the locality and the learner will be required to undertake blocks of supervised time in specialist centres or unit.

In order to ensure that assessments are conducted consistently and fairly, the knowledge, skills and attitudes for each Capability in Practice is outlined in detail (see credential document section 3.2). The clinical supervisor overseeing the training is responsible for completing a clinical supervisor's report, using evidence collected by the learner and feedback provided in the form of MCR and MSF. The report will include the entrustment decision for the relevant learning outcome/Capability in Practice.

The suggested evidence to inform entrustment decisions is listed for each capability in Practice in the assessment blueprint. It is, however, critical that trainers appreciate that learners do not need to present every piece of evidence listed, the list is not exhaustive and other evidence may be equally valid.

The CSER template can be found in the credential e-portfolio. *Still in development.*

11.2 Educational Supervisor Report (ESR)

The results of educational activities for an indicative year of training will be drawn together and included in a formal structured educational supervisor's report (ESR).

The ESR covers the overall performance of the learner in all elements of training in the credential. The overall judgment of a learner, and the educational supervisor's recommendations of satisfactory progress, will be based on a triangulated view of the learner's performance. (The report is written using CSERs for that year and documents the entrustment decisions made by the supervisors for each Capabilities in Practice as set out in the curriculum).

The outcome of the final appraisal discussion should be agreed by both the learner and the educational supervisor and recorded in the structured supervisor's report in the portfolio.

The ESR template can be found in the credential e-portfolio.

12. Annual review of evidence and possible outcomes

At the end of each year of training the UK Rural and Remote Credential Panel will review the learner's progress in a similar way that a doctor in training's progress is reviewed via the ARCP process (see Gold Guide).

Level	Descriptors	
1	Entrusted to act with direct supervision	The supervising doctor is physically present and immediately available to provide direct supervision
2	Entrusted to act with indirect/minimal supervision	The supervising doctor is not physically present within department but is available to provide advice and can attend physically if required to provide direct supervision
3	Entrusted to act unsupervised	The learner is working independently

Table 3: Level descriptors for the CiPs and practical procedures

The Credential Panel must assure itself that the ES has made the appropriate entrustment decisions for each CiP and procedural skill and that they are evidence based and defensible.

In accordance with GMC requirements, the Academy of Medical Royal Colleges, Colleges and Faculties have developed assessment strategies that are blueprinted against the curricula approved by the GMC and the requirements of the GMC's standards in Good Medical Practice.

It is up to the learner to ensure that the documentary evidence that is submitted is complete.

The purpose of the Credential Panel is to review the evidence and to assess competence and acquisition of required capabilities that inform a judgement of meeting credential specific requirements, which is captured as an outcome. The Credential Panel upon review of evidence submitted by the learner can award the following outcomes (see Appendix 1):

Outcome	Description
Outcome 1	Satisfactory progress - achieving progress and the development of credential competences at the expected rate and entry into second year of training.
Outcome 2	Development of specific credential competences still required – additional training time not required.
Outcome 3	Insufficient progress – additional training time required *.
Outcome 4	Released from credential programme - with or without specified capabilities **.
Outcome 5	Incomplete evidence presented – An assessment of progression cannot be made.
Outcome 6	Recommendation for completion of training - gained all required capabilities. Recommendation for credential award.
No review	There are circumstances when a Credential Panel is not able to recommend an outcome. For example, if the learner is absent due to statutory leave. In these cases, the Credential Panel will record the reason why no credential outcome could be recommended.

Table 6: Credential Panel outcomes

For more information in relation to ARCP outcomes, please consult Gold Guide version 9.

This will result in one of two outcomes depending on stage of training:

> *Conditional progress into the next stage of training: the UK Rural and Remote Credential Panel will make specific recommendations to the learner, their educational supervisor and the Credential Development Body who should then work together to formulate an action plan to redress deficiencies in performance. The action plan

should be shared with the Credential Panel and progress will be re-assessed at next UK Rural and Remote Credential Panel review.

**Release from the programme: Insufficient and sustained lack of progress despite usually having had additional training to address concerns.

13. Critical progression points

Excellence by Design defines critical progression points as those at which a learner transitions to higher levels of professional responsibility, often associated with an increase in potential risk to patients or those in training.

Transitions and the crossing of thresholds are about taking on new responsibilities with a higher degree of independence. Knowing whether a learner is ready to do so is complex. It requires a clear working knowledge of the responsibilities involved. These responsibilities are articulated for each procedural skill and capability in practice (CiPs) in the credential curriculum document. The workplace-based assessment approach prepares learners for thresholds in training. To that end, assessments in the workplace are also aligned to entrustment/independence.

The expectation of learners is detailed in the credential entrustment scale (see section 9.6). This ensures that the requirements are transparent and explicit for all – learners, trainers and the public. Making these expectations transparent for learners is one of the ways the assessment scheme is designed to foster self-regulating learners.

There will be two key progression points during the credential programme. The outline grid (in table 7) sets out the expected level of supervision and entrustment for the Clinical CiPs and the critical progression points for the programme.

The first critical progression point will be at the end of year 1. It is essential that the learner is working at level 3 entrustment for all three generic CiPs and clinical CiP 2 (the management of time critical medical and surgical presentations) and conditions and lifesaving practical procedural skills (see Decision Aid for details).

The second critical progression point is at the end of year 2 when the trainee must be signed off as level 3 competent for all generic and clinical CiPs and practical procedures.

Capability in Practice	Year 1	Critical Progression Point	Year 2	Critical Progression Point
Generic				
1. Able to work as a rural and remote Practitioner within the NHS system	3			
2. Adapting practice to Urgent Care setting	3			
3. Facilitate effective and safe handover of patients to specialist services	3			
Clinical				
1. Recognise and appropriately manage acute paediatric presentations	2 or 3		3	

2. Management of the time-critical presentation/condition (medical and surgical)	3		3	
3. Assessment and initial of the trauma patient	2 or 3		3	
4. Ability to evaluate and appropriately manage core ear, nose and throat (ENT) presentations	2 or 3		3	
5. Ability to evaluate and appropriately manage the patient presenting with acute eye problems	2 or 3		3	
6. Ability to assess and manage appropriately core obstetric and gynaecology presentations	2 or 3		3	
7. Evaluate and appropriately manage the patient with acute psychiatric presentation including overdose	2 or 3		3	
8. Management of patients requiring palliative and end of life care	2 or 3		3	
9. Evaluation and management of the older person	2 or 3		3	

Table 7: critical progression points

14.Training Resources

At time of writing this guide work is in progress to create a toolbox of teaching and training resources available to credential learners across the four nations.

This toolbox will help the credential learner access teaching opportunities in order to help them complete the curriculum requirements. Although the credential focuses on workplace based experiential learning there is an opportunity to share teaching opportunities and develop a database of where learners can turn if they are struggling to access training in their workplace.

It is anticipated that training resources will include:

- Digital enhance technology and remote learning opportunities e.g., teaching online by ENT specialist
- Rural Boot Camp type events – simulation
- Appropriate courses
- Webinars
- Specialist centres that can provide specific areas of teaching.

Appendix 1 Progression review process

The process for reviewing learners' performance and making decisions on their progression through the credential programme will be very similar to the Annual Review of Competence Progression (ARCP) process that trainees in specialty training programmes undergo. Unlike ARCPs however, the reviews will be carried out by a UK Rural and Remote Credential Panel. It will be in addition to the local annual appraisal process.

The UK Rural and Remote Credential Panel will ensure that a consistent standard is applied to all learners across all training locations. It will be wholly independent of the individual learner's training location thereby ensuring impartiality and avoiding decisions on progression being made by the same people responsible for the training of any individual learner. All members of the Credential Panel will be sought and appointed by NES. Additional expertise may be sought for the Panel if required. Credential Panel members will be given any necessary training (including equality and diversity training) and will be fully briefed on the curriculum and the requirements within it.

The UK Rural and Remote Credential Panel will be organised and hosted by NES and administrative support will be provided by a member of NES staff.

The UK Rural and Remote Credential Panel will consist of the following:

- Representative from NES, statutory body for the credential
- Representatives from the four nations
- Lay representative.

Frequency of UK Rural and Remote Credential Panel reviews

The Credential Panel will meet at least twice a year to enable timely review of learners who have started training at different times and will be progressing at different rates. It is anticipated that the Credential panel will meet virtually, although members may meet in person on occasions.

Duties of the of UK Rural and Remote Credential Panel

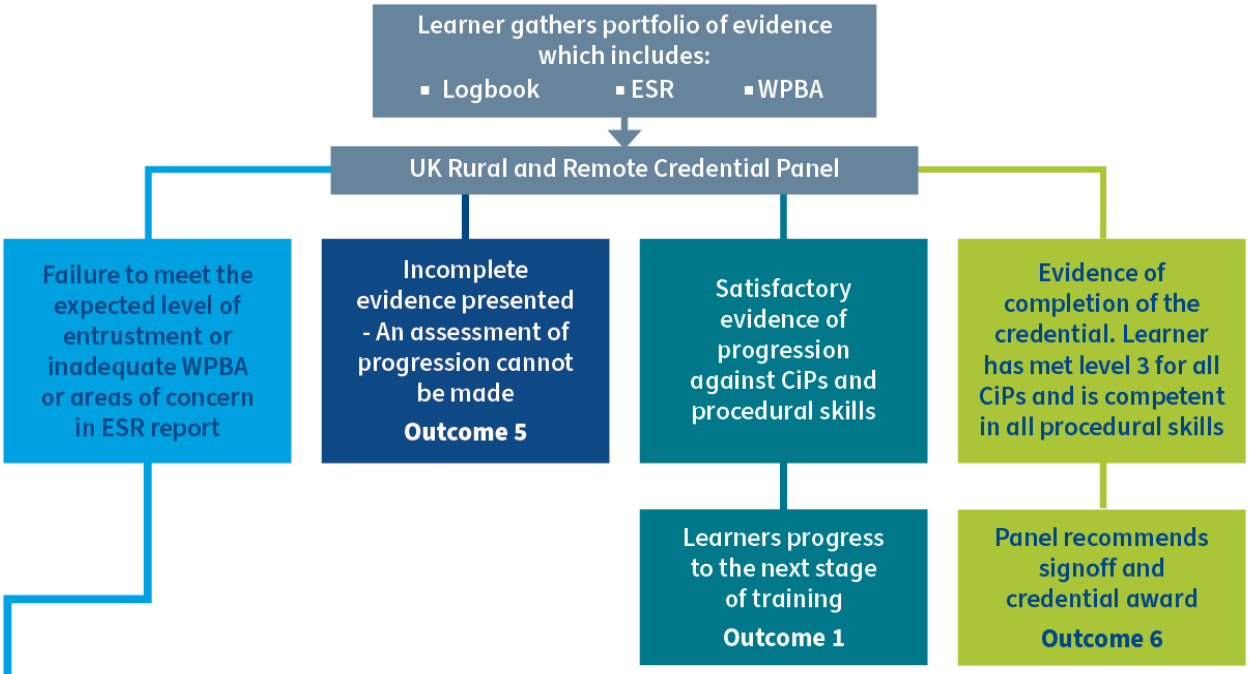
The Credential Panel will systematically review evidence about a learner's performance to facilitate decisions regarding progression through training, as well as identifying any requirements for targeted or additional training where necessary.

All necessary evidence for the UK Rural and Remote Credential Panel to review must be collected in the learner's portfolio and will include the following:

- Educational supervisor's structured report
- Workplace based assessments
- Logbooks.

Appeals

If a learner wishes to appeal against a decision of the UK Rural and Remote Credential panel, an independent panel will be convened to review the evidence. The appeal panel will have a similar constitution to the review panel but with different individuals.



Conditional progress into the next stage of training

The Panel will make specific recommendation to the learner and their educational supervisor who should then work together to formulate an action plan to address deficiencies in performance.

The Panel feel these requirements can be met in the remaining training time.

Development of specific credential competences still required - The Panel feel these requirements can be met in the remaining training time

Outcome 2

Additional training time required

The Panel will make specific recommendation to the learner and their educational supervisor who should then work together to formulate an action plan to address deficiencies in performance. The Panel feel these requirements cannot be met in the remaining training time and that additional time is therefore required. The duration of additional training will be specified by the Panel.

Insufficient progress – The Panel feel these requirements cannot be met in the remaining training time and that additional time is therefore required. The duration of additional training will be specified by the Panel.

Outcome 3

Release from the programme

If the learner has failed to meet the expected levels of entrustment, has consistently poor outcomes in assessments and serious concerns have been raised in the educational supervisor report, the Panel may recommend release from the programme

Release from the Programme - Insufficient and sustained lack of progress (+/- 'despite normally having had additional training time)

Outcome 4

There are circumstances when a Credential Panel is not able to recommend an outcome. For example if the learner is absent due to statutory leave. In these cases, the Credential Panel will record the reason why no credential outcome could be recommended

NESD1820

Appendix 2 Glossary of terms

Abbreviation	Definition
ACAT	Acute Care Assessment Tool
ARCP	Annual Review of Competence Progression
CCT	Certificate of Completion of Training
CBD	Case Based Discussion
CDB	Credential Development Body
CDT	Credential Delivery Team
CiPs	Capabilities in Practice
CS	Clinical Supervisor
CS-EpR	Clinical Supervisor End-of-placement Report
DOPS	Direct Observation of Procedural Skills
GJBA	Global Judgement Based Assessment
ENT	Ear, Nose, Throat
ES	Educational Supervisors
ESR	Educational Supervisors Report
GMC	General Medical Council
GMP	Good Medical Practice
GPC	Generic Professional Capabilities
MCR	Multiple Clinician Report
Mini-CEX	Mini- Clinical Examination
MSF	Multi-Source Feedback
NES	NHS Education for Scotland
OOH	Out of Hours
PDP	Personal Development Plan
WPBAs	Workplace Based Assessments

Appendix 3: Credential in Rural and Remote Health (Unscheduled and Urgent Care) Decision Aid

The credential in Rural and Remote Health provides guidance on the targets to be achieved for a satisfactory outcome at the end of each year of training. This document sits alongside the Credential Curriculum document in Rural and Remote Health (Unscheduled and Urgent Care).

Evidence/ Requirement	Notes	Year 1	Year 2
Generic capabilities in Practice (CiPs)	Mapped to Generic Professional Capabilities (GPC) framework and assessed using global ratings. Learners should record self-rating to facilitate discussion with ES. ES report will record rating for each generic CiP	Learners can demonstrate evidence of level 3 competence (Entrusted to act unsupervised) against all three generic CiPs	To be signed of as level 3 competence in year 1 of credential programme.
Clinical capabilities in practice (CiPs)	Learners must complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each individual CiP and overall global rating of progression	Learners must demonstrate level 3 competence in CiP Two (Management of the time-critical presentation/conditions) and at least level 2 in the other eight clinical CiPs	Learners can demonstrate evidence of level 3 competence (Entrusted to act unsupervised) against all nine clinical CiPs
Clinical supervisors - End-of-Placement Report (CS-EPR)	When learners start a new element of training (for example, undertaking a period of training in a specialist unit), they must arrange a meeting with their clinical supervisor. Discussions should cover the educational objectives for the upcoming period of training	At the end of each placement, the learner should meet with their CS to facilitate preparation of their end-of-placement report. In this report, entrustment decisions must be made for each relevant learning outcome	
Educational supervisors report (ESR)	One per year to cover the training year since last review	ES to confirm trainee meets expectations for level of training	Confirms completion of credential or otherwise (see Appendix 1)

Multi-clinician report (MCR)	The MCR captures the views of clinical supervisors based on observation on a learner's performance in practice. The MCR feedback and comments received give valuable insight into how well the learner is performing, highlighting areas of excellence and areas of support required. MCR feedback will be available to the learner and contribute to the educational supervisor's report	One per placement
Multi-source feedback (MSF)	This tool is a method of assessing generic skills such as communication, leadership, team working, reliability, across the domains of Good Medical Practice. This provides systematic collection and feedback of performance data on a learner, derived from a number of colleagues. Minimum of 10 raters. The recommended mix of raters is: ▪ 2-4 senior doctors across a range of specialties with who the learner works regularly ▪ 2-4 doctors in training ▪ 2-4 nurses ▪ 2-4 allied health professionals ▪ 2-4 other team members including clerical staff	Minimum of one MSF per 6 months. Recommend one MSF at the end of each placement

Acute care assessment tool (ACAT)	The ACAT is designed to assess and facilitate feedback on a doctor's performance during their practice on the acute take. Any doctor who has been responsible for the supervision of the acute take can be the assessor for an ACAT. This tool can also be used to assess other situations where a learner is interacting with a number of different patients (e.g. acute receiving or a ward round). Each ACAT must include a minimum of 5 cases.	Learners are expected to submit a minimum of one ACAT for each quarterly review
Case based discussion (CbD)	The CbD assesses the performance of a learner in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision-making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by learners	Learners are expected to submit a minimum of one CbD for each quarterly review
Mini-clinical exercise (mini-CEX)	This tool assesses part of a clinical encounter (history, physical examination, explanation and counselling) with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The learner is observed and receives immediate feedback to aid learning	Learners are expected to submit a minimum of one mini-CEX for each quarterly review

Direct Observed Practice (DOPs)	DOPS to be carried out for each procedure. Formative DOPS should be undertaken before summative DOPS and can be undertaken as many times as needed	A summative DOPs must be provided as evidence for competence for each practical procedure

Practical procedure		Notes – level of competency	Year 1	Year 2
Advanced cardiopulmonary resuscitation (CPR)		Demonstrate the ability to lead the management of cardiac arrest and peri-arrest in adults and children Demonstrate the ability to lead trauma resuscitation	Leadership of a CPR team	Maintain
Airway	Treat airway obstruction secondary to reduced consciousness following foreign body inhalation	Management of adult airways to include basic manoeuvres through to advanced techniques of supraglottic airway devices Ability to perform airway manoeuvres/use airway adjuncts Ability to correctly introduce a laryngeal mask Awareness/consideration of endotracheal intubation Ability to manage obstruction	Level 3 competent	Maintain
	Basic airway management including bag mask ventilation			
	Advanced airway management			
	Management and care of tracheostomy tube			
Breathing	Arterial blood gas sampling and delivery of appropriate oxygen therapy	Ability to perform ABG sampling and interpret the results in relationship to common pathologies Ability to adjust treatment based on interpretation of results	Level 3 competent	Maintain
	Bag mask ventilation	Be able to demonstrate safe techniques in invasive and non-invasive ventilation in the management of acute ventilatory failure with the use of simple devices such as bag valve mask through to acceptable emergency mechanical ventilation strategies.	Level 3 competent	Maintain

	Setting up non-invasive ventilation or CPAP and deal with complications			
	Intercostal drain insertion[a]	Be able to perform surgical or non-surgical techniques in the management of ventilatory failure caused by air or fluid in pleural cavity		Level 3 competent
Circulation	Intraosseous access to circulation for resuscitation	Competent to perform unsupervised in adults and children	Level 3 competent	Maintain
	Pacing -pharmacological -external	Demonstrate procedural skills in management of cardiovascular collapse from arrythmia through to pharmacological management and external pacing intervention	By end of year 2 learner must be level 3 competent in pharmacological and external pacing. (If the learner is expected to perform internal pacing their employer must ensure that the learner is afforded appropriate training opportunities - this is out with the scope of the credential).	
Disability	Spinal immobilisation	Competent to perform unsupervised	Level 3 competent	Maintain
	Log roll	Competent to perform unsupervised	Level 3 competent	Maintain
Exposure	Demonstrate the application of recognised splints in the management of both pelvic and long bone fractures	Competent to perform unsupervised		Level 3 competent

	Joint dislocation reduction techniques alongside appropriate analgesia and sedation techniques	Competent to perform mandible/shoulder/elbow/digit/hip/patella/ankle dislocation reduction techniques unsupervised		Level 3 competent
	Wound management	Competent to perform unsupervised		Level 3 competent
	Local anaesthetic techniques	Competent to perform unsupervised		Level 3 competent
	Plaster cast application	Competent to perform unsupervised		Level 3 competent
	Demonstration of the management of both medical and traumatic epistaxis using recognised techniques and equipment in both upright patient and supine patient	Competent to perform unsupervised		Level 3 competent
	Removal of foreign body from ear/nose/eye	Competent to perform unsupervised		Level 3 competent
	Peripheral nerve blocks	Competent to perform unsupervised		Level 3 competent

Note: When a learner has been signed off as being able to perform a procedure independently they are not required to have any further assessment (DOPS) of that procedure unless they or their ES think that this is required (in line with standard professional conduct). This also applies to procedures that the learner can demonstrate evidence competence in before entering the credential programme.

[a] Pleural procedures should be undertaken in line with the British Thoracic Society guidelines. These state that thoracic ultrasound guidance is strongly recommended for all pleural procedures for pleural fluid, also that the marking of a site using thoracic ultrasound for subsequent remote aspiration or chest drain insertion is not recommended, except for large effusions. Ultrasound guidance should be provided by an appropriately trained pleural-trained ultrasound practitioner.

Level descriptors

Level 1: Entrusted to act with direct supervision - The supervising doctor is physically present and immediately available to provide direct supervision

Level 2: Entrusted to act with indirect/minimal supervision - The supervising doctor is not physically present within department but is available to provide advice and can attend physically if required to provide direct supervision

Level 3: Entrusted to act unsupervised - The learner is working independently

Levels to be achieved at the end of years 1 and 2 (Year 2 is the critical progression end point)

Capability in Practice	Year 1		Year 2	
Generic CiP		CRITICAL PROGRESSION POINT		CRITICAL PROGRESSION POINT
Able to work as a rural and remote practitioner within the NHS system	3			
Adapting practice to Urgent Care Settings	3			
Facilitate effective handover of patients to specialist services	3			
Clinical CiP				
Recognise and appropriately manage acute paediatric presentations	2 or 3		3	
Management of the time-critical presentation/condition (medical and surgical)	3		3	
Assessment and initial of the trauma patient	2 or 3		3	
Ability to evaluate and appropriately manage core ear, nose and throat (ENT) presentations	2 or 3		3	
Ability to evaluate and appropriately manage the patient presenting with acute eye problems	2 or 3		3	

Ability to assess and manage appropriately core obstetric and gynaecology presentations	2 or 3		3	
Evaluate and appropriately manage the patient with acute psychiatric presentation including overdose	2 or 3		3	
Management of patients requiring palliative and end of life care	2 or 3		3	
Evaluation and management of the older person	2 or 3		3	

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.

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