



Credential Rural and Remote Health (Unscheduled and Urgent Care)

Credential Specific Guidance (CSG)

This guidance is to help doctors who are applying to the recognition route for a Credential in Rural and Remote Health (Unscheduled and Urgent Care). You must also read the Credential Curriculum.

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Recognition Route for Rural and Remote Credential (Unscheduled and Urgent Care)

Introduction

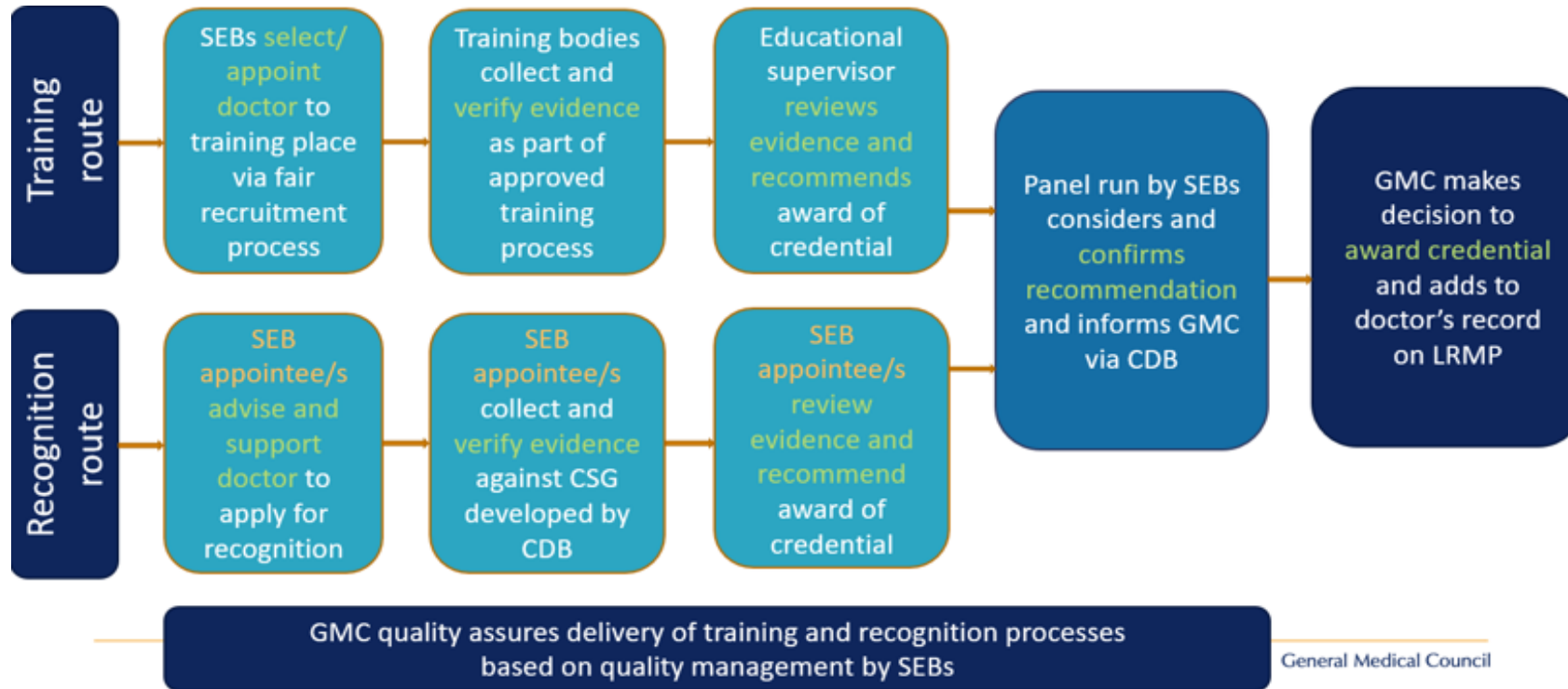
This is not a standalone document and should be read in conjunction with the curriculum.

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

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.

Routes to award of GMC credential



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

Credential Curriculum

The Credential Curriculum, 2023 (in line with GMC requirements for all medical specialities' curricula):

- Aligns fully with the key principles of [UK Shape of Training](#) and is underpinned by [Good Medical Practice](#)
- Is structured around a number of learning outcomes – three Generic and nine Clinical Capabilities in Practice (CiPs) as well as a range of procedural skills
- Capabilities in Practice have been mapped to the [Generic Professional Capability framework](#) and reflect the generic professional capabilities (GPCs) required to undertake the clinical tasks required by the curriculum.

The curriculum is structured into high-level learning outcomes, known as Capabilities in Practice (CiPs). The CiPs are split into generic and clinical capabilities, as outlined below. Acquiring the credential via the recognition route depends upon the provision of verifiable evidence that you are working at the level (Level 3) of being entrusted to perform safely and independently for each CiP and procedural skill – see tables 1,2 and 3.

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 Setting
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 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

Table 1: Capabilities in Practice (CiPs)

Procedural Skills

Procedure	Competency
Advanced cardiopulmonary resuscitation (CPR)	<ul style="list-style-type: none"> • Lead the management of cardiac arrest and peri-arrest in adults and children • Lead trauma resuscitation
Airway	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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
Circulation	<ul style="list-style-type: none"> • Intraosseous access to circulation for resuscitation • Pacing – pharmacological and external
Disability	<ul style="list-style-type: none"> • Spinal immobilisation • Log roll
Exposure	<ul style="list-style-type: none"> • 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 2: Procedural Skills

Level descriptors for the CiPs and practical procedures

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

Application process

Doctors working within the scope of the credential and wishing to be acknowledged as credential holders will be asked to submit evidence. Further training in the workplace is not a prerequisite for application unless clear training or development needs are identified by the Credential Development Body (CDB) or remote and rural credential signoff panel. In order to make an application for the recognition route the applicant must:

1. Be currently employed as a doctor in the UK.
2. Have no GMC restrictions on their practice.
3. Ensure they have the backing of their current employer.
4. Ensure they have the backing of their Responsible Officer (RO)
5. Complete the [application form](#) and submit this along with an up to date CV to nes.ruralremotecredential@nhs.scot

Before applying, the applicant should review the credential curriculum in conjunction with this document. A strong recognition route application will provide evidence to demonstrate that knowledge, skills and experience are equivalent in both the breadth and level of capability, to those set out in the curriculum

On receipt of the application form the CDB will:

1. Review the application form.
2. Contact the applicant's current employer to ensure that they are in support of the application and can confirm eligibility for the recognition route.
3. Contact the applicant's Responsible Officer (RO) confirming engagement with appraisal and revalidation and up-to-date experience.

Where appropriate undertake a structured interview with members of the UK Rural and Remote CDB to seek clarification on scope of practice.

Upon successful review of the application and responses from employer and the RO the applicant:

1. Will be invited into the credential programme and provided access to the credential e-portfolio platform.
2. Will be asked to provide details for at least 2 referees that can attest to the applicant's current roles and scope of practice. The CDB will contact the referees provided. Following review of these references these will be shared with the applicant for portfolio upload.

How your evidence can be used to demonstrate key capabilities in different CiPs

A remote and rural practitioner, working in unscheduled and urgent care settings, will be expected to deal with a wide range of unselected acute presentations. The practice of medicine in rural and remote acute contexts requires the generic and specialty knowledge, skills, behaviours and procedural skills to manage patients presenting with a wide range of unselected symptoms and conditions. It involves particular emphasis on diagnostic reasoning, managing uncertainty, dealing with comorbidities, and recognising when another specialty opinion or care is required.

This credential focuses on the capabilities, knowledge, skills and behaviours required for a rural and remote doctor to be able to:

- Resuscitate, stabilise, and treat acutely unwell patients for up to 24 hours if evacuation is necessary, liaising with specialist as required
- 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 ongoing inpatient care to an appropriate cohort of cases.

There are three generic and nine clinical CiPs. The approach taken is to match each clinical CiP to key clinical presentations and conditions with a general descriptor of the knowledge, skill and behaviours required for each capability. Please see the credential curriculum for more details.

For those wishing to obtain the credential via the [recognition route](#) evidence of competency against the three generic and nine clinical CiPs must be demonstrated. The key skills of each CiP are detailed below alongside suggested evidence that could be used to demonstrate competency.

The doctor 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. Upload the structured references from the referees who can attest to the applicant's current roles and scope of practice.

Although certain aspects of the recognition route may resemble the Certificate of Eligibility for Specialist Registration (CESR) route, the recognition route is intended to be proportionate and does not rely on set definitions or number of pieces of evidence required against each CiP or practical procedure.

Evidence must:

- Demonstrate current or recent competence in the area of practice of the credential
- Be aligned to the curriculum and high-level outcomes, and show the applicant has achieved the Capabilities in practice (CiPs) by experience gained in practice
- Be reliable and verifiable.

There are a few principles that may help the doctor prepare evidence:

- Be able to provide evidence of current capability in all areas of the curriculum. This includes the maintenance of CiPs and key skills over the last five years – all evidence should be clearly linked to the CiPs
- Ensure referees can provide detailed support for key skills across areas of the curriculum and understand the requirements for specialist training and registration in the UK
- Provide evidence of managing a broad range of patients
- Ensure evidence demonstrates entrustment to act unsupervised (level 3) across CiPs and procedural skills

Below is a list of evidence that is relevant to most CiPs – it is by no means exhaustive, and you are encouraged to submit a variety of evidence.

Patient Survey (PS)	Formal patient feedback provides robust evidence as it's an anonymous feedback exercise. Feedback should be from a minimum of ten patients	Completed in last 12 months
Multi Source Feedback (MSF)	MSF is another anonymous feedback exercise providing strong evidence.	Completed in last 12 months
Portfolio of evidence	<ul style="list-style-type: none"> • Evidence of annual appraisal – Have a letter of collaboration from relevant Responsible Officer confirming engagement with appraisal and revalidation processes • Relevant recent training events (courses, study days, meetings) • Evidence of seeing patients covering a range of settings, referral contexts, conditions, stages of illness, ages - Provide referees who can attest to current roles and scope of practice • Management activities – outlined in CV 	
Continuing Professional Development (CPD)	Relevant courses to consider include: <ul style="list-style-type: none"> • Life support courses • E-learning for health modules • Practical skills courses • Teaching • Simulation • Management 	

Departmental/ Unit annual caseload statistics	Departmental and unit caseload statistics, activity data, range and scope of work undertaken in a placement from the last three years.	
Other relevant qualifications and certificates	Relevant postgraduate qualifications. Please provide copies of certificates validated by employer.	

e-portfolio

Each successful applicant will be provided with access to a credential e-portfolio. The doctor should upload evidence under the relevant heading within the section entitled achievements and link each piece of evidence to the relevant CiP or practical procedure. Support with the e-portfolio will be provided by the CDB. Use of the e-portfolio for collation and verification of evidence allows for consistency across the recognition and learner route for obtaining the credential and aligns with quality management and assurance processes for NHS Education for Scotland.

Once the doctor has uploaded and linked their evidence

1. this will be reviewed by the Educational Supervisor equivalent (APGD Rural and Remote Credential).
2. they will be invited to attend a meeting with their Educational Supervisor equivalent (APGD Rural and Remote Credential) to discuss their portfolio.
3. following agreement of portfolio evidence the CDB will recommend the doctor to the rural and remote credential panel.

Review of evidence outcomes

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 doctor to ensure that the documentary evidence that is submitted is complete.

The purpose of the rural and remote 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 doctor for recognition can award the following outcomes:

Outcomes	
Acceptance of evidence	Evidence meets requirements of the curriculum and GMC credential award recommended
Provisional acceptance with requirements	Resubmission of additional evidence (normally within 6 months)
Recognition route is not appropriate for the doctor	A meeting will be arranged between the applicant and CDB to discuss potential next steps; this may include a recommendation for application to proceed via the learner route

Awarding GMC credential

Awarding of GMC credentials will be modelled on processes used for awarding CCTs where the GMC receives recommendations from the credential panel via the CDB and then ask doctors to apply as confirmation they wish to have the credential recorded on the list of medical registered practitioners (LRMP).

As part of regulatory processes, the GMC will carry out appropriate checks before making the decision to award the credential to the doctor and subsequently updating the LRMP. If there is any fitness to practice concern, then the GMC may postpone a decision on award of the credential until this is resolved. The GMC also has a process for reviewing and correcting any errors that might arise around any decisions. If doctors wish to appeal a decision based on a panel recommendation, this will be managed by the SEBs.

Appeals

If the doctor wishes to appeal against the decision of the credential panel, an independent credential panel will be convened by NES to review the evidence. The appeal panel will have a similar constitution to the review panel, but different individuals will be involved. The decision of the Appeal panel is final.

Curriculum and evidence that can be linked

Generic CiPs

Generic CiP 1: Able to work as a rural and remote practitioner within the NHS system

Key skills:

- Demonstrate the ability to undertake the role of the generalist outside the scope of specialist supervision
- Utilise the expertise of the whole multi-disciplinary team as appropriate, ensuring when delegating responsibility appropriate supervision is maintained
- Apply knowledge of the locality-based emergency and specialist service options in the planning of treatment for patients seen in the rural and remote setting
- Be able to access remote specialist advice making use of digital technology including ECG and common x-ray interpretation
- Communicate accurately, clearly, promptly and comprehensively with relevant colleagues by means appropriate to the urgency of the situation, especially when responsibility for the patient care is being transferred.

Suggested evidence:

• Reference from employer to verify role as rural and remote practitioner
• Reference from colleagues e.g. another specialist who you refer patients to for advice or onward care who can attest to scope of practice
• Evidence of completing training or fellowship with this CiP as a learning outcome
• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Generic CiP 2: Adapting practice to Urgent Care Setting

Key skills:

- Identify the presence of life-threatening illness and the appropriate pathway for the management of the acutely unwell patient
- Formulate a strategy for monitoring patients in an urgent care setting
- Use and develop risk stratification tools to identify the best place for initial and ongoing management of patients
- Assess, stabilise and manage an acutely unwell medical patient

- Interpret and act on common investigations relevant to urgent care:
 - Radiology (interpretation of CXR, abdominal, spinal and limb radiographs)
 - Blood results (haematology, biochemistry, d-dimer, troponin, arterial blood gases)
 - ECG (ability to recognise and interpret abnormal rhythms/ ST changes)
 - Capnography (ability to interpret and act on abnormal capnography trace)
- Determine the most appropriate place for ongoing patient management
- Identify patients who are in the terminal phase of their life on presentation to prevent unnecessary harm to the patient and unnecessary use of resources
- Prescribe pain medication in the urgent care setting (adult and paediatric)
- Assess fluid balance and prescribe fluids and blood products appropriately
- Demonstrate appropriate use of vasoactive and inotropic drugs
- Recognise the patient whose care needs are best met in a specialist care setting with dialogue and onward referral of patients, involving retrieval services as appropriate

Suggested evidence:

• Reference from employer to verify role as rural and remote practitioner and attest to current role and scope of practice
• Reference from colleagues who can attest to current role and scope of practice
• Feedback from a variety of clinical colleagues with whom you have directly worked with such as the Multisource Feedback (MSF)
• Training events such as life support courses
• Evidence of completing training or fellowship with this CiP as a learning outcome
• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Generic CiP 3: Facilitate effective handover of patient to specialist services

Key skills:

- Recognise the critically unwell patient and early referral to emergency retrieval service
- Demonstrate effective handover to another healthcare provider
- Work with retrieval teams in the stabilisation of the patient for transfer for specialist care
- Recognise that effective communication and handover plays a significant role in patient safety

Suggested evidence:

<ul style="list-style-type: none">• Reference from employer to verify role as rural and remote practitioner who can attest to current role and scope of practice
<ul style="list-style-type: none">• Reference from colleagues from retrieval service and/or referral centre
<ul style="list-style-type: none">• Training events such as life support courses
<ul style="list-style-type: none">• Evidence of completing training or fellowship with this CiP as a learning outcome
<ul style="list-style-type: none">• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CiPs

Clinical CiP 1: Recognise and appropriately manage acute paediatric presentations

Key skills:

- Demonstrate a structured approach to examination of a child
- Demonstrate that the approach to managing a child differs from that of an adult
- Demonstrate an ability to alter consultation practice for children presenting in an urgent care setting
- Be able to prescribe drugs and fluids safely for children
- Identify presentations that require safeguarding assessments
- Recognise the patient whose care needs are best met in a specialist care setting with dialogue and onward referral of patients, involving retrieval services as appropriate

Suggested evidence:

<ul style="list-style-type: none">• Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
<ul style="list-style-type: none">• Training events such as life support courses
<ul style="list-style-type: none">• Certificate of Completion of Training (CCT) and Postgraduate qualifications
<ul style="list-style-type: none">• Evidence of completing training or fellowship with this CiP as a learning outcome
<ul style="list-style-type: none">• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CiP 2: Management of time-critical presentations/conditions (medical and surgical)

Key skills:

- Manage an acutely unwell patient with respect to ABCDE approach
- Apply a triage tool in order to prioritise patient care
- Demonstrate leadership in a complex clinical setting
- Understand the limitations of providing care in rural and remote settings and the need for early dialogue and/or referral to specialist centres

Suggested evidence:

• Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
• Feedback from a variety of clinical colleagues with whom you have directly worked with such as the Multisource Feedback (MSF)
• Training events such as life support courses
• Certificate of Completion of Training (CCT) and relevant postgraduate qualifications
• Evidence of completing training or fellowship with this CiP as a learning outcome
• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CiP 3: Assessment and initial management of the trauma patient

Key skills:

- Demonstrate a structured approach in the initial assessment and management of a trauma patient
- Demonstrate a structured approach in the assessment and management of a neck injury, including cervical spine immobilisation and log roll
- Demonstrate a structured approach in the assessment and management of soft tissue injuries
- Demonstrate a structured approach in the assessment and management of fractures
- Assess the severity of inhalation of noxious substances
- Assess the need for urgent referral to trauma centre for specialist care

Suggested evidence:

<ul style="list-style-type: none">• Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
<ul style="list-style-type: none">• Training events such trauma courses
<ul style="list-style-type: none">• Certificate of Completion of Training (CCT) and postgraduate qualifications
<ul style="list-style-type: none">• Evidence of completing training or fellowship with this CiP as a learning outcome
<ul style="list-style-type: none">• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CiP 4: Ability to assess and appropriately manage care Ear, Nose and Throat (ENT) presentations

Key skills:

- Undertake a full ear examination
- Perform a full examination of neck and throat, recognising when the airway is at risk
- Assess the severity of stridor and croup
- Manage epistaxis
- Know when antibiotics are indicated
- Remove readily accessible foreign bodies from nasal cavities and external ear canals and know when to refer for specialist care
- Recognise ENT emergencies, including airway compromise ensuring early dialogue/referral to ENT specialists
- Know when to refer to ENT for continued care

Suggested evidence:

<ul style="list-style-type: none">• Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
<ul style="list-style-type: none">• Training events/courses
<ul style="list-style-type: none">• Certificate of Completion of Training (CCT) and postgraduate qualifications
<ul style="list-style-type: none">• Evidence of completing training or fellowship with this CiP as a learning outcome
<ul style="list-style-type: none">• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CiP 5: Ability to evaluate and appropriately manage the patient presenting with acute eye problems

Key skills:

- Perform full examination including visual acuity, ocular movements, visual fields and related cranial nerves
- Demonstrate the use of a slit lamp, fundoscopy and lid eversion
- Demonstrate the removal of a foreign body
- Demonstrate the indications for and application of fluorescein
- Know when to refer a patient with an eye problem for a specialist ophthalmology opinion
- Be able to assess and manage common causes of an acute red eye

Suggested evidence:

• Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
• Training events/courses
• Certificate of Completion of Training (CCT) and postgraduate qualifications
• Evidence of completing training or fellowship with this CiP as a learning outcome
• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CiP 6: Ability to assess and manage appropriately core obstetrics and gynaecology problems

Key skills:

- Early identification of ectopic pregnancy
- Discuss the management of a patient who has vaginal bleeding early in pregnancy
- Perform a full pelvic examination and arrange appropriate initial investigations of a patient with acute pelvic pain or make a referral for specialist assessment
- Use chaperones appropriately
- Recognise the need for specialist care

Suggested evidence:

<ul style="list-style-type: none">• Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
<ul style="list-style-type: none">• Feedback from a variety of clinical colleagues with whom you have directly worked with such as the Multisource Feedback (MSF)
<ul style="list-style-type: none">• Training events/courses
<ul style="list-style-type: none">• Certificate of Completion of Training (CCT) and postgraduate qualifications
<ul style="list-style-type: none">• Evidence of completing training or fellowship with this as a learning outcome
<ul style="list-style-type: none">• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CIP 7: Evaluate and appropriately manage the patient with acute psychiatric presentation including overdose

Key skills:

- Take a psychiatric history and be familiar with scoring tools used to assess risk of self-harm
- Assess the acutely poisoned patient and identify those requiring intervention for the management of an overdose
- Recognise and manage aggression appropriately
- Liaise promptly with psychiatric services if in doubt of suicidal risk or high risk of repeat self-harm and suicide
- Know when to contact secondary/tertiary referral centre for ongoing management for the physical manifestations of an overdose
- Recognise when to refer to psychiatric services for a specialist opinion

Suggested evidence:

<ul style="list-style-type: none">• Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
<ul style="list-style-type: none">• Training events /courses
<ul style="list-style-type: none">• Certificate of Completion of Training (CCT) and postgraduate qualifications
<ul style="list-style-type: none">• Evidence of completing training or fellowship with this as a learning outcome
<ul style="list-style-type: none">• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CiP 8: Evaluation and management of the older person

Key skills: Evaluation of the older patient

- Facilitate treatment escalation planning, especially in the frail population
- Perform an assessment of cognition (including acute, chronic and rapidly deteriorating) and mental capacity
- Recognise, diagnose and manage a state of delirium
- Assess, diagnose and manage older people who present with dementia
- Manage the care of the elderly patient considering the anatomical and physiological changes associated with age
- Identify issues associated with polypharmacy and how this may play a role in the urgent care presentation
- Identify patients with limited reversibility of their medical condition, discuss end of life, undertake advance care planning conversations and determine palliative care needs
- Ensure continuity and coordination of patient care through the appropriate transfer of information demonstrating safe and effective handover
- Ensure that all clinicians involved in the care of complex patients receive adequate communication to ensure safe and effective discharge
- Apply legal and ethical principles to patients lacking mental capacity in an emergency situation

Suggested evidence:

<ul style="list-style-type: none">• Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
<ul style="list-style-type: none">• Feedback from a variety of clinical colleagues with whom you have directly worked with such as the Multisource Feedback (MSF)
<ul style="list-style-type: none">• Training events/courses
<ul style="list-style-type: none">• Certificate of Completion of Training (CCT) and postgraduate qualifications
<ul style="list-style-type: none">• Evidence of completing training or fellowship with this CiP as a learning outcome
<ul style="list-style-type: none">• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CiP 9: Management of patients requiring palliative and end of life care

Key skills:

- Deliver effective control of symptoms including pain, agitation, excessive respiratory secretions, nausea & vomiting, breathlessness and bowel dysfunction
- Communicate honestly and sensitively with the patient (and family/carers) about the benefits and disadvantages of treatment, and appropriate management plan, allowing the patient to guide the conversation
- Lead a discussion about cardiopulmonary resuscitation with patient, carers, family, and colleagues appropriately and sensitively ensuring patients interests are paramount
- Discuss and complete an advanced care plan with the patient, carers and family
- Refers to specialist palliative care services when appropriate

Suggested evidence:

• Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
• Training events/courses
• Certificate of Completion of Training (CCT) and postgraduate qualifications
• Evidence of completing training or fellowship with this as a learning outcome
• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Practical procedures

Those seeking recognition must undertake a self-rating against each practical procedure detailed below. It is expected that applicants will be level 3 competent in all procedural skills. **Level 3** – Entrusted to act unsupervised (working independently).

Evidence against each procedural skill could include:

- Life support certificate
- Simulation course certificate
- Statement from applicant that these are core skills as part of current role, backed up by referee
- Direct Observation of Procedural Skills (DOPS)

Procedure	Skill	Level of competency required
Advanced cardiopulmonary resuscitation (CPR)	Demonstrate the ability to lead the management of cardiac arrest and peri-arrest in adults and children	3
	Demonstrate the ability to lead trauma resuscitation	3
Airway	Treat airway obstruction secondary to reduced consciousness following foreign body inhalation	3
	Basic airway management including bag mask ventilation	3
	Advanced airway management	3
	Management and care of Tracheostomy tube	3
Breathing	Arterial blood gas sampling and delivery of appropriate oxygen therapy	3
	Bag mask ventilation	3
	Setting up non-invasive ventilation or CPAP and deal with complications	3
	Intercostal drain insertion ^a	3
Circulation	Intraosseous access to circulation for resuscitation	3
	Pacing – pharmacological and external	3
Disability	Spinal immobilisation	3
	Log roll	3
Exposure	Demonstrate the application of recognised common splints in the management of both pelvic and long bone fractures	3
	Joint dislocation reduction techniques alongside appropriate analgesia and sedation techniques	3
	Wound management	3
	Local anaesthetic techniques	3
	Plaster cast application	3
	Demonstration of the management of both medical and traumatic epistaxis using recognised techniques and equipment in both upright patient and supine patient	3
	Removal of foreign body from ear/nose/eye	3
Peripheral nerve blocks	3	

^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.

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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