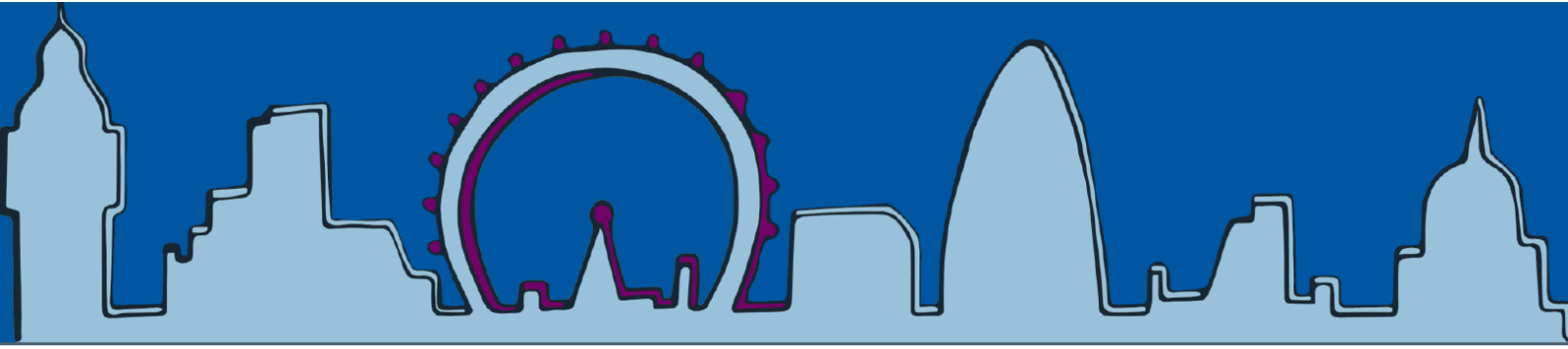

CAPITAL AHP

Introduction to a New Framework

The Capital AHP Critical Care Competency Framework (C3Framework)

Contents

Commissioned by NHS England NHS Improvement + Health Education England (London Region)

Rationale for a New Framework

This framework is the first time that the London region has created a shared standard of competence for critical care allied health profession novices. It sets out agreed standards applicable to the following roles: dietitians, occupational therapists, physiotherapists and speech and language therapists. This framework is an important asset as it allows us to plan for the anticipated, sustained increase in clinical workload this winter. Having this will:

Illuminate critical care workforce capacity and respond to clinical need
Assist supervisors and those in educational roles
Support novice critical care practitioners in their professional development

1. Illuminate critical care workforce capacity and respond to clinical need

To respond to patient need during the COVID-19 Pandemic, a Memorandum of Understanding[1] was established, allowing for the movement of patients and staff across the London region. Agility was limited by unwarranted variation in required competencies and the absence of a structured description of the work which should be able to be done by qualified AHPs within critical care.

Fluctuations in critical care bed capacity are anticipated each winter. For this reason, this framework was developed at pace between August and December 2021 to begin establishing a regional record of AHP workforce capability and capacity.

This framework has been deliberately structured in a way which allows workforce capabilities to be articulated more effectively than existing competency frameworks permit. Currently, Agenda for Change banding or years of experience are used as surrogate descriptions of competence, but these are not sufficient to accurately describe what care could (or should) be provided, by whom, under what circumstances.

Of note, this framework is not "blind" to profession but details the professional activities of each profession, giving direction and focus to the learner and supervisor. The activities outlined are not shared across the professions and this framework does not assist in the redeployment of AHPs as "Registered Support Clinicians", nursing assistants or any other role outside of their profession. That said, some shared competencies have been agreed upon by the 4 professional groups and should be held by all working within the critical care environment.

Through staff adopting and completing the respective professional framework, individual Trusts, and the region, will have clear sight of the capacity available to deliver critical care to both business as usual bed numbers and in planning for the opening of additional beds. This may either be in times of short-term surge requirements, or where there is a need for a prolonged step change in bed numbers.

This framework will assist in planning for fluctuations in bed capacity as it provides a high order description of the activities which the novice practitioner can safely undertake, enabling workforce modelling at scale.

2. Assist supervisors and those in educational roles

The norm for workplace-based learning is that supervisors make judgements about the degree of independence at which a novice practitioner can operate (ie the level of supervision required); or an assumption is made that is based upon recruitment and stated knowledge and skill levels.

[1] London Staff Movement Agreement - https://www.lawinsider.com/contracts/711wwIcT6Kt

Competency based healthcare education is familiar to many professions and provides an essential structure, guiding learners and educators in the development of professional competence. This said, competency documents often fall short of describing what work a competent professional can do[2], either as they progress through the framework or on completion. A completed workbook is generally inadequate as proof of safe, independent practice and does not declare a novice practitioner to be safe to practice without supervision[3].

More than a structured list of competencies, this framework breaks down the work of AHPs on critical care into discrete units: units of work which, through a period of learning, exposure and supervised practice, can be safely and effectively entrusted to a novice AHP.

These units of work are known as Entrustable Professional Activities (EPAs) and used increasingly within medical education[4] and nascently within some AHP groups[5] to support education and training. EPAs are structured descriptions of professional work and activities which can be fully entrusted to the competent practitioner. Movement toward "competence" is associated with increasingly distant supervision and eventual "sign off".

For the 4 AHP roles addressed by this framework, there are some national frameworks of critical care competency and these (where they exist) form the core content of this framework. The EPAs of this framework provide supervisors with a structure to the process of entrusting the novice practitioners with the work of critical care within their respective profession.

3. Empower novice critical care practitioners in their professional development

It is acknowledged that the novice critical care practitioner may be an expert elsewhere and it is probable that they will have a unique (or at least different) set of "knowledge/skill gaps" from those of another novice practitioner. The adult learner will be able to identify many of their own learning needs and will take ownership of their learning. They also can cultivate foundational qualities which enable trust, such as conscientiousness, reliability, truthfulness and discernment of limitations. (See Table 3)

To make progress, a learner is aided by a clear goal and a goal which is recognisably a professional activity. In undertaking this activity, they know themselves to be contributing to the care of a patient within their professional scope.

Where there is a defined process of progression, the framework provides the learner with direction as to which competencies should be first "in focus" and which EPAs are necessary before progressing further.

This framework recognises that self-assessment of competence *and* direct supervision and sign-off both have a place and should be used equally in the learning process.

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[2] Chen, H. Carrie MD, MSEd; van den Broek, W.E. Sjoukje MD; ten Cate, Olle PhD The Case for Use of Entrustable Professional Activities in Undergraduate Medical Education, Academic Medicine: April 2015 - Volume 90 - Issue 4 - p 431-436
doi: 10.1097/ACM.0000000000000586

[3] ten Cate, Olle PhD; Scheele, Fedde PhD Viewpoint: Competency-Based Postgraduate Training: Can We Bridge the Gap between Theory and Clinical Practice?, Academic Medicine: June 2007 - Volume 82 - Issue 6 - p 542-547
doi: 10.1097/ACM.0b013e31805559c7

[4] Royal College of Anaesthetists 2021 Curriculum Assessment Guidance

[5] Zainuldin R, Tan HY. Development of entrustable professional activities for a physiotherapy undergraduate programme in Singapore. Physiotherapy. 2021 Sep;112:64-71. doi: 10.1016/j.physio.2021.03.017. Epub 2021 Apr 8. PMID: 34029780.

An Overview of the Framework

Whilst created at pace, consideration has been made as to the scope, structure and signoff process for this framework. Its creation was led by an interprofessional team, conducting a regional consultation process with input from educationalists and workforce specialists.

Scope

The framework covers only the novice AHP. This novice role is defined by the framework, a definition which has developed through regional consultation and pertaining to the practitioner who is new to critical care. It does not map onto Agenda for Change banding or years post qualification. The framework has 4 professional strands which define 4 novice critical care roles for dietetics; occupational therapy; physiotherapy and speech and language therapy. Other roles are not included because there was not the clinical expertise or capacity within the region to lead other workstreams.

Competencies and Entrustable Professional Activities

The framework for each profession is in two parts: Entrusted Professional Activities (EPAs) and Core Competencies. The competencies detail the underpinning knowledge, skills and behaviours necessary to perform the EPAs. The EPAs are a means of translating competencies into clinical practice and require the integration of multiple competencies. [6]

Competencies

The format of competencies reflects the peculiarities of the profession to which they pertain and the origin of those competencies. In some instances, a direct reference is made to existing competency documents and there is little or no need for modification (for example, RCSLT Trache Competencies). In other instances, established frameworks are referenced and grossly utilised, but there are additions or exclusions (for example, ICS Dietetics Pillar). For some areas there is very limited source material and a novel framework has been authored through regional consultation and working groups (for example, much of the OT competencies).

Entrustable Professional Activities

The EPAs are original to this framework but are underpinned by new or existing competency frameworks. They have a common structure and draw heavily on the work of Olle ten Cate and the guidance of the Associated Medical Education in Europe [7]. They set expectations for the novice workforce and guide supervisors assessment and entrustment decisions.

[6] Ten Cate, O., 2013. Nuts and bolts of entrustable professional activities. *Journal of graduate medical education*, *5*(1), pp.157-158.

[7] Ten Cate, O., Chen, H.C., Hoff, R.G., Peters, H., Bok, H. and van der Schaaf, M., 2015. Curriculum development for the workplace using entrustable professional activities (EPAs): AMEE guide no. 99. *Medical teacher*, *37*(11), pp.983-1002.

TABLE 1: STRUCTURE OF EPAS

Number of EPA	Numbered and ascribed to profession
Title of EPA	High level description of activity
Specification and limitations	What is included, The context or conditions Limitations (clarifying that which is out of scope)
Required Knowledge Skills and Behaviours	The competencies underpinning this activity
Information to Assess Progress	Information sources to ground a summative entrustment decision
Basis for Formal Entrustment	How many times should the EPA be observed and by whom.

The EPA is likely to begin as an observed or directly supervised activity. Through the developmental process, the learner and supervisor are guided to areas of focus and training by both the competency framework and through formative assessment opportunities. This allows the learner to progress from undertaking activities whilst being wholly supervised to performing with remote or no supervision.

TABLE 2: ADAPTED ENTRUSTMENT SCALE[8]

Supervision Levels	Example: Assessed critically ill patients requiring enteral and oral nutritional support
1. Not allowed to practice	Novice dietitian is unfamiliar with critical care nutritional screening tools therefore they observe the assessment
2. Allowed to practice EPA only under proactive, full supervision	Novice dietitian is directly supervised(.e. within the bedspace) to assess patient's nutritional support needs
3. Allowed to practice EPA only under reactive/on-demand supervision	Novice dietitian carries out assessment and discusses findings with supervisor
4. Allowed to practice EPA unsupervised	Novice dietitian independently assesses and documents the patient's nutritional needs
5. Allowed to supervise others in practice of EPA	The novice dietitian supports students or other novice practitioners with simple nutritional assessments

[8] Chen, H. Carrie MD, MSEd; van den Broek, W.E. Sjoukje MD; ten Cate, Olle PhD The Case for Use of Entrustable Professional Activities in Undergraduate Medical Education, Academic Medicine: April 2015 - Volume 90 - Issue 4 - p 431-436
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Sign off

The competencies are to be discussed and signed off with a supervisor. The EPAs are to be observed on several occasions, a suggested number of observations is detailed but supervisors are expected to act with good judgement in this matter. The EPA is to be signed off by an experienced critical care practitioner.

Alongside clinical competence, attributes such as conscientiousness, discernment of limitations and truthfulness contribute to a supervisor's assessment of a learner's trustworthiness (see table 3)[9]. EPA sign-off is described as an entrustment decision, therefore this framework is created to cultivate attributes of trustworthiness in a sign-off process which is both rigorous and practical, and which honours the integrity of the registered professional. At all times, novices and supervisors should work within the HCPC Code of Conduct and Standards of Proficiency for the respective profession.

When staff relocate or are working in new teams, EPA observation can be easily repeated to provide the necessary assurance to team members, patients and families of the competence of a novice practitioner.

TABLE 3: QUALITIES IN TRAINEES WHICH ENABLE TRUST

Competence and clinical reasoning
Conscientiousness and reliability
Truthfulness or honesty
Discernment of limitations and inclination to ask for help if truly needed
Empathy, openness and receptiveness towards patients
Skill in collegial and interprofessional communication and collaboration
Self-confidence and feeling safe to act
Sense of responsibility
Adequately dealing with mistakes of self and others

[9] Kennedy TJ, Regehr G, Baker GR, Lingard L. Point-of-care assessment of medical trainee competence for independent clinical work. Acad Med. 2008 Oct;83(10 Suppl):S89-92. doi: 10.1097/ACM.0b013e318183c8b7. PMID: 18820510.

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