

# CAPITAL **AHP**

## C3Framework – Pilot Version – Dietetics only PDF

Critical Care Novice **Dietitian**, Occupational Therapist, Physiotherapist or Speech and Language Therapist



This framework is being piloted across London through December '21 and January '22. We ask pilot users to provide feedback before 28<sup>th</sup> January 2022 via this [Microsoft Form](#) or scanning this QR code

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



## Introduction

Welcome to the CapitalAHP C3Competency Framework. It is the first time that the London region has created a shared standard of competence for critical care AHP novices (AHPs who are new to critical care). It sets out agreed standards applicable to the following roles: dietitians, occupational therapists, physiotherapists and speech and language therapists. It is a tool to support delivery of equitable care for patient's admitted to critical care, streamline education and training and improve workforce mobility and planning.

### IMPORTANT:

- **Feedback is needed:** this is a pilot version of the C3Framework and there will be teething issues. [Please provide your feedback](#), whether you're a critical care novice or very experienced. There is a QR code on the front page
- **A new concept to some:** the C3Framework draws on a new methodology for translating competencies to clinical: [Entrustable Professional Activities](#)<sup>1</sup> (EPA). It is new to many AHPs but has been tried and tested by other healthcare professions. The rationale for using EPAs is elaborated within the C3Framework Overview
- **A new arrangement not a new composition:** the C3Framework does not represent a change in scope or practice but it provides a shared baseline level of competence critical care AHPs within the London region. It is mapped to existing competency frameworks and was created through a regional consultation period. More feedback is needed
- **It is not mandatory:** the C3Framework should not be a barrier to practice but its implementation over this winter period will aid the agility and mobility of the AHP workforce

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<sup>1</sup> Ten Cate O. Nuts and bolts of entrustable professional activities. *J Grad Med Educ.* 2013;5(1):157-158. doi:10.4300/JGME-D-12-00380.1

## Guide for the AHP working towards novice competence

You can expand or collapse sections within the document to assist with navigation.

1. Locate the relevant section of the framework for your profession. Within that section, you will find:
  - a. Profession Specific Entrustable Professional Activities, descriptions and sign off forms
  - b. Shared AHP Competencies
  - c. Profession Specific Competencies

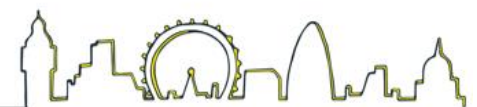
At present the framework can be used either in hard or soft copy (ie printed or as computer file)

2. Read through the first EPA, identify the necessary competencies – self assess yourself against these competencies (either “competent” or “not competent”)
3. Meet with a supervisor to plan learning activities to help achieve sign off of the competencies and progression towards unsupervised practice of the first EPA. Discuss what level of supervision you require for all EPAs (see [appendix 1](#)). Consider:
  - a. Observation and supervised practice
  - b. Peer learning and self-directed learning
  - c. Group tutorials and 1:1 sessions
  - d. MDT shadowing activities ([see appendix 2](#))
4. An entrustment decision is made when a supervisor is happy to sign off an EPA at Supervision Level 4 (ie unsupervised practice).
5. Continue to progress to other EPAs by working through the competency frameworks and work placed based learning opportunities.



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## Dietetics

The following describes the skills-required for a novice dietitian to be able to work competently and confidently in critical care. Workforce planning should ensure that the below are included in the training and development of staff to ensure we have the necessary skills and knowledge amongst dietitians to provide safe and high-quality patient care.

Attainment of the Shared AHP Competencies, Dietetics Core Competencies and EPA sign off will ensure the clinical caseload is managed by a sufficiently skilled therapist who can work independently.

It is recommended that critical care dietitians (especially those working in isolation) consider membership to intensive care societies such as the BDA critical care specialist group.

Prior to commencing the Dietetic Core Competencies, it is expected that a dietitian understands the key principles of the following guidelines and protocols:

- ESPEN (2018): Guideline on clinical nutrition in the intensive care unit
- ASPEN/SSCM (2016): Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically Ill Patient
- ESICM (2017): Early enteral nutrition in critically ill patients: ESICM clinical practice guidelines
- GPICS (version 3)
- Local Critical Care Guidelines / Protocols

Some of the domains within this document can be better understood by engaging with those outside your profession (ie asking a bedside nurse to explain the lines and wires, learning from the medical team regarding shift handovers, discussing with the nurse in charge which MDT meetings are most relevant for your role and contribution). See [Appendix 2](#) for suggested MDT shadowing experiences which will aid the completion of both shared and dietetic domains of the C3Framework.

### Dietetic Entrustable Professional Activities (EPAs)

#### Dietetics EPA 1 Assessing critically ill patients requiring oral and enteral nutrition support

<b>Number</b>	<b>Dietetics; EPA1</b>
<b>Title</b>	<b>Assessing critically ill patients requiring oral and enteral nutrition support</b>



<b>Specifications and Limitations</b>	<p>This EPA includes collection, analysis and interpretation of relevant information to establish nutritional risk and inform decision making in future steps.</p> <p>Context: Adult patients in the critical care setting requiring oral or enteral nutrition</p> <p>Limitations: Does not include assessment of patients requiring parenteral nutrition</p>
<b>Required knowledge and skills</b>	<ol style="list-style-type: none"> <li>1. C3Framework Shared AHP Competencies</li> <li>2. C3Framework Dietetics Domains: <ul style="list-style-type: none"> <li>• Assessing Nutritional Risk</li> <li>• Biochemistry</li> <li>• Effects of Critical Illness on Nutritional Interventions</li> <li>• Metabolic Response</li> <li>• Refeeding Syndrome</li> <li>• Gastrointestinal Function</li> <li>• Estimating Targets</li> <li>• Nutritional Routes</li> <li>• Nutritional Products</li> </ul> </li> </ol>
<b>Assessment to measure progress</b>	<ul style="list-style-type: none"> <li>• Anonymised patient records of patient assessments</li> <li>• Supervision documentation</li> <li>• Reflective reports</li> </ul>
<b>Basis for formal entrustment decisions</b>	<p>An entrustment decision should be made by an experienced critical care dietitian after observing this EPA completed on more than one patient.</p> <p>Use <a href="#">EPA completion template</a> for this</p>

**Dietetics EPA 2 Establish and implement evidenced based nutrition goals, aims and care plan**

<b>Number</b>	<b>Dietetics; EPA2</b>
<b>Title</b>	<b>Establish and implement evidenced based nutrition goals, aims and care plan</b>



<b>Specifications and Limitations</b>	<p>This EPA includes</p> <ul style="list-style-type: none"> <li>• Identification and prioritisation of nutritional problems and aetiology using information gathered through EPA 1.</li> <li>• The use of clinical reasoning skills and knowledge of the evidence base to create nutrition goals, aims and plan for the patient.</li> </ul> <p>Context: Adult patients in the critical care setting requiring oral or enteral nutrition It is recommended that EPA 1 is completed before EPA 2 Limitations: Does not include assessment of patients requiring parenteral nutrition</p>
<b>Required knowledge and skills</b>	<ol style="list-style-type: none"> <li>1. C3Framework Shared AHP Competencies</li> <li>2. C3Framework Dietetics Domains: <ul style="list-style-type: none"> <li>• Assessing Nutritional Risk</li> <li>• Biochemistry</li> <li>• Effects of Critical Illness on Nutritional Interventions</li> <li>• Refeeding Syndrome</li> <li>• Gastrointestinal Function</li> <li>• Estimating Targets</li> <li>• Nutritional Routes</li> <li>• Nutritional Products</li> <li>• Nutritional Diagnosis</li> <li>• Dietetic Care Plan</li> </ul> </li> </ol>
<b>Assessment to measure progress</b>	<ul style="list-style-type: none"> <li>• Anonymised patient records of patient assessments</li> <li>• Supervision documentation</li> <li>• Reflective reports</li> </ul>
<b>Basis for formal entrustment decisions</b>	<p>An entrustment decision should be made by an experienced critical care dietitian after observing this EPA completed on more than one patient.</p> <p>Use <a href="#">EPA completion template</a> for this</p>



### Dietetics EPA 3 Monitoring, modification and ongoing care of critically ill patients

<b>Number</b>	<b>Dietetics; EPA3</b>
<b>Title</b>	<b>Monitoring, modification and ongoing care of critically ill patients</b>
<b>Specifications and Limitations</b>	<p>This EPA involves measuring progress towards previously set nutrition goals, aims and care plan. Including identification of barriers and modification of care plan to ensure dietetic intervention goals can be met.</p> <p>Context: Adult patients in the critical care setting requiring oral or enteral nutrition EPA 1 and 2 must be completed prior to undertaking EPA 3</p> <p>Limitations: Does not include assessment of patients requiring parenteral nutrition</p>
<b>Required knowledge and skills</b>	<ol style="list-style-type: none"> <li>1. C3Framework Shared AHP Competencies</li> <li>2. C3Framework Dietetics Domains: <ul style="list-style-type: none"> <li>• Outcomes</li> <li>• Dietetic Care Plan</li> <li>• Discharge Planning</li> <li>• Handover</li> <li>• Outreach Follow up Clinics</li> </ul> </li> </ol>
<b>Assessment to measure progress</b>	<ul style="list-style-type: none"> <li>• Anonymised patient records of patient assessments</li> <li>• Supervision documentation</li> <li>• Reflective reports</li> </ul>



<b>Basis for formal entrustment decisions</b>	<p>An entrustment decision should be made by an experienced critical care dietitian after observing this EPA completed on more than one patient.</p> <ul style="list-style-type: none"> <li>• Use <a href="#">EPA completion template</a> for this</li> </ul>
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### Shared AHP Competencies

SHARED	Self Assessment	Senior Assessment
<b>Safety</b>		
<p>Infection Prevention and Control: Able to demonstrate knowledge of general infection control prevention and control including hand hygiene, aprons, masks and aseptic non-touch technique</p>		
<p>Patient Emergency Management: Has completed Basic Life Support Training as per local trust policy Describes how they would summon help in an emergency and locate crash bells Describes how to call a medical emergency call via switch Describes own role and expected contribution in medical emergency eg. Basic Life Support, providing assistance to MDT as able</p>		
<p>Patient ID: Demonstrates positive patient identification and awareness of allergies</p>		
<p>Monitoring Vital Signs: Demonstrates how to monitor vital signs (Temp, HR, SpO<sub>2</sub>, RR, blood pressure, MAP) Interprets observations in an ICU setting, considering trends and normal ranges for all (Temp, HR, SpO<sub>2</sub>, RR, BP, MAP) Able to troubleshoot difficulties with taking vital signs eg. poor trace on pulse oximeter, missing ECG leads, poorly position arterial line</p>		





Awareness of who to escalate concerns to in relation to patient safety with recognition of different level of urgency and reporting to different staff member dependent on situation		
<p>Orientation:</p> <p>Can describe the bed numbering, storage location of safety equipment, location of offices and other key areas within of the critical care unit</p> <p>Can describe the shift patterns and handover process of other MDT members</p> <p>Able to identify key MDT members by their role, including critical care nurses, nurse in charge, consultant oncall</p> <p>Demonstrates how to locate the local protocols and guidelines relevant to own role</p> <p>Has an awareness of key ICU meetings relevant to role eg. MDT meetings, handovers, safety briefings, teaching sessions.</p> <p>Can identify standard ICU bedspace equipment and location of equipment necessary for role</p>		
<b>Communication</b>		
<p>Communication with patient:</p> <p>Describe barriers to communication in ICU including those associated with PPE, illness and ICU interventions.</p> <p>Awareness of communication aids with patients to overcome communication barriers, ie PPE + oral intubation</p>		
<p>Communication with family + friends:</p> <p>Describe the support services available in helping liaise with family including family support nurses, PALS, psychology services as appropriate.</p> <p>Describe barriers to communication with family and methods to improve this</p> <p>Knows importance of confidentiality and consent to share information with friends and family</p>		



Communication with colleagues: Awareness of peer support and psychological support		
<b>Documentation</b>		
Local IT Training: Demonstrates how to access and document in patient records using local IT systems Demonstrates how to view results and imaging on local IT systems		
<b>Moving &amp; Handling</b>		
Awareness of Falls prevention, who to escalate to if concerned regarding falls risks Compliant with Manual Handling training as per local trust policy.		
<b>Human Factors</b>		
Teamwork: Demonstrate working in an MDT by building and maintaining relationships with other professions Aware of the roles and responsibilities of other members of the MDT Clarifies, accepts and executes tasks delegated by the team leader Explains the importance of highlighting safety issues / concerns to a member of your team in a prompt manner Uses appropriate level of assertiveness for the clinical situation Demonstrates a logical & systematic handover using local format Outline how to escalate and to whom if there are patient / safety concerns Identify and respond to patient / staff safety issues appropriately		
<b>A+E</b>		
Airway: Demonstrate ways to open up airway using simple manoeuvres (inc. repositioning, head tilt chin lift, jaw thrust) Demonstrates how to deliver manual ventilation using BVM (bag-valve-mask)		



Recognise and escalate airway compromise in a tracheostomised patient	
Mouth care: Demonstrates how to perform and document oral hygiene	
Oxygen: Knows the types of oxygen delivery system and their limitations (including reservoir mask, simple face mask, venturi system and nasal cannulae) Demonstrates how to deliver oxygen urgently (including reservoir mask, simple face mask, venturi system and nasal cannulae) Describe how to escalate or de-escalate oxygen therapy in a step wise manner eg. nasal cannulae to face mask.	
Lines and attachments: Recognise different lines and their location relevant to local population (eg arterial lines + central line)	
Nutrition: Identify enteral feeding tube in situ, whether it is connected to feed and whether the feed pump is running Knows to discuss plans with nursing staff prior to moving or reposition a patient with NG feed running Aware of events which can displace feeding tubes and to escalate accordingly Describes how to check enteral feeding length and escalates if tube length has changed Describe how to recognise dysphagia and an escalation plan including referral to SLT Demonstrates how to assist patients with feeding Have an awareness of modified diets or thickened fluids in line with SLT recommendations	
Delirium: Demonstrate how to categorise neurological status using the AVPU scoring Describe factors that may cause or contribute to delirium	



Describes how to recognise delirium		
Demonstrates how to interpret a CAM-ICU score		
Demonstrates an understanding of non-pharmacological management of delirium		
<b>Pain:</b>		
Demonstrates knowledge of the Mental Capacity Act, when capacity assessment is indicated, how to assess capacity and when specialist communication support is required eg. referral to SLT		
Demonstrates how to use pain faces or a similar visual analog scale		
Demonstrates an understanding on the impact of pain on patient presentation eg. agitation		
Demonstrates an understanding of the impact of pain medication on patient presentation eg. sedative effect		
Demonstrates an understanding of RASS (or alternative sedation) scoring system		
<b>Sedation:</b>		
Able to access, read and document using ICU drug charts		
Demonstrates an awareness of common ICU sedative medications		
Demonstrates a basic knowledge of common ICU medications and their role eg. sedatives, vasopressors, inotropes		
<b>Drug chart and prescription protocols:</b>		
Demonstrates response to alarms and escalates to staff trained to troubleshoot		

### Dietetic Core Competencies

DIETETICS	EPA	Self Assessment	Senior Assessment
<b>Assessing Nutritional Risk</b>			
Describes the different nutritional screening tools which are validated for use in the critically ill	1		
Describes the limitations of using screening tools in the critically ill			



Describes nutritional screening method used in local hospital			
Able to suggest appropriate methods to gain anthropometry for patients			
Able to perform basic anthropometric measurements (i.e. MUAC, Ulna, Estimated weight and heights, handgrip strength)			
Identifies the advantages and disadvantages of anthropometric measurements			
Has knowledge of equipment available at local hospital			
Identifies and prioritises patients who would be at high nutritional risk			
Interprets measured anthropometry and critically analyses accuracy of measurements	2		
Selects most accurate anthropometry for use in establishing nutrition care plan			
<b>Biochemistry</b>			
Able to recognise abnormal biochemistry and describe the following:			
· Causes (medical and nutritional)	1		
· Implications			
· Different electrolyte targets in the critically unwell			
Able to interpret abnormal biochemistry			
Implements appropriate nutrition care plan to manage abnormalities (i.e low electrolyte feeds / semi elemental feed)	2		
Advocates for abnormal biochemistry in relation to nutrition care plans within the MDT			
<b>Effects of Critical Illness on Nutritional Interventions</b>			
Has an awareness of:			
· How critical illness affects the major organs	1		
· The principles of organ support			
· How organ failure / organ support can impact nutritional status			
Has an awareness of:			
· Sedatives / paralysis and impact on gut function			
· Lipid based sedatives and calorie content			
· Vasopressors / inotropes and increased risk of gut ischaemia			



<ul style="list-style-type: none"> <li>Renal replacement therapy and fluid balance goals</li> </ul>	2		
Implements appropriate nutrition care plan based on organ failure / organ support requirements.			
Considerations to be made but not limited to:			
<ul style="list-style-type: none"> <li>Ventilation status and mode of ventilation</li> <li>Propofol dose</li> <li>Cardiovascular support</li> <li>Renal function (Renal replacement therapy, fluid balance goals and urine output)</li> <li>Blood glucose control</li> </ul>			
<b>Metabolic Response</b>			
Able to describe the metabolic phases of critical illness	1		
Has an awareness of:			
<ul style="list-style-type: none"> <li>Blood glucose targets in the critically ill</li> <li>Why these blood glucose targets are recommended</li> <li>Local guidelines on blood glucose management</li> </ul>			
<b>Refeeding Syndrome</b>			
Able to describe refeeding in the critical care setting	1		
Identifies patients at risk of refeeding and implements appropriate nutrition care plan in critical care setting	2		
Requests appropriate management of refeeding with the MDT (i.e. prescription of Pabrinex, electrolyte monitoring frequency, electrolyte replacements)			
<b>Gastrointestinal (GI) Function</b>			
Able to describe the structure of the gut and identify where key nutrients are absorbed	1		
Demonstrates an understanding of how surgery / insults to the gut may affect the absorption of nutrients			
Able to describe how gastrointestinal function is assessed			
Able to recognise relevant medications and describe how they impact the GI tract			
<ul style="list-style-type: none"> <li>Intravenous (IV) fluids</li> <li>Electrolytes (IV and enteral)</li> </ul>			



<ul style="list-style-type: none"> <li>· Laxatives (including mode of action)</li> <li>· Prokinetics</li> <li>· Proton pump inhibitors (PPIs)</li> </ul>			
Awareness of: <ul style="list-style-type: none"> <li>· Local Gastric Residual Values (GRVs) protocol</li> <li>· Local bowel protocols</li> <li>· The use of faecal management systems to protect wounds</li> </ul>			
Implements appropriate nutrition care plan for patients at risk of absorption and / or motility problems			
Implements appropriate nutrition care plan for patients on medication with drug-nutrient interactions			
Considers discussion with pharmacy / medical team regarding change to IV medication where indicated (i.e. poor absorption / tolerance, inability to meet nutritional targets in reduced feeding times)			
Advocates for suggested management of: <ul style="list-style-type: none"> <li>· High gastric residual values (GRVs / aspirates)</li> <li>· Diarrhoea / constipation</li> <li>· High stoma output</li> <li>· Fasting for procedures (if local guidance available)</li> </ul>	2		
<b>Estimating Targets</b>			
Has an awareness of: <ul style="list-style-type: none"> <li>· Gold standard methods of calculating nutritional requirements</li> <li>· Predictive equations available for estimating nutritional requirements</li> <li>· Limitations of methods used to calculate nutritional requirements</li> <li>· Metabolic phases and impact on calculations of nutritional requirements</li> </ul>	1		
Able to calculate energy, protein and micronutrient requirements for specific patient groups including but not limited to: <ul style="list-style-type: none"> <li>· Ventilated and self-ventilating patients</li> <li>· Obese</li> <li>· Renal failure (on and off filter regimens)</li> </ul>	2		



<ul style="list-style-type: none"> <li>Pressure areas</li> <li>Disease specific requirements (based on local patient population, i.e. Liver, Surgical, Trauma, ARDS, COVID, ECMO)</li> </ul>			
Considers metabolic phase of critical illness when calculating nutritional requirements			
<b>Nutritional Routes</b>			
<p>Able to describe:</p> <ul style="list-style-type: none"> <li>Barriers to oral intake on ICU</li> <li>Enteral feeding routes including indications and contraindications</li> <li>What feeding tubes / insertion methods are available locally</li> <li>Local policy for confirming location of enteral feeding tubes</li> <li>Indications and implications of oro-gastric feeding</li> <li>Appropriate use of restraints (i.e. nasal bridles and mittens)</li> <li>Long-term feeding tube indication and local referral process</li> <li>Indication for parenteral nutrition and local escalation process</li> </ul>	1		
<p>Has awareness of:</p> <ul style="list-style-type: none"> <li>Increased risk of dysphagia in the critically ill</li> <li>Local dysphagia screening protocol</li> <li>Patients who require immediate speech and language therapy (SLT) input rather than nurse led screening</li> </ul>			
<p>Able to identify and recommend appropriate</p> <ul style="list-style-type: none"> <li>Feeding route(s) (PO / EN / PN)</li> <li>Enteral feeding tube (gastric, post-pyloric)</li> <li>Use of nasal bridles and mittens</li> </ul>	2		
<p>Identifies and communicates with relevant MDT members when:</p> <ul style="list-style-type: none"> <li>long-term feeding tubes are indicated</li> <li>there are concerns over swallow safety</li> <li>when parenteral nutrition is required</li> </ul>			

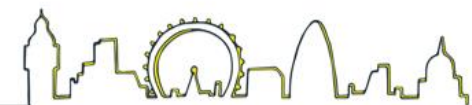




<b>Nutritional Products</b>			
Able to list enteral feeding products available in trust and indications of use	1		
Has awareness of local 'out of hours' protocols			
Able to select an appropriate nutritional products and devise appropriate feeding regimen (oral and enteral)		2	
<b>Nutritional Diagnosis</b>			
Able to devise appropriate nutritional diagnosis for critically unwell patient	2		
<b>Dietetic Care Plan</b>			
Able to demonstrate clinical reasoning skills	2		
Able to formulate aims and goals of nutrition intervention considering all clinical parameters			
Able to develop appropriate nutrition care plan based on aims and goals			
Communicates dietetic care plan with MDT			
Able to evaluate if the dietetic care plan is achieved	3		
Able to identify barriers to achieving dietetic care plan			
Able to modify care plans to overcome barriers			
Identifies and refers patients who require input from the nutrition team			
<b>Outcomes</b>			
Aware of BDA Outcomes guidance and the CCSG outcome tool	3		
Collects and inputs data into local outcome tools			
<b>Discharge Planning</b>			
Able to adjust aims and dietetic care plan in preparation for discharge (e.g. duration of feeding, feed availability, liaison with MDT re insulin / feeding timings)	3		
Able to recognise barriers to discharge and issues that may delay discharge			
<b>Handover</b>			
Able to provide clear handover to receiving dietitian in reasonable timeframe	3		
Able to complete any local handover / rehabilitation forms with required dietetic information			
Demonstrates knowledge of nutritional challenges faced by critically ill patients on transfer to wards			



Is aware of local ward allocations in hospital			
<b>Outreach Follow-up Clinics</b>			
Has awareness of the importance of follow up clinics and impact on long term outcomes	3		
Has awareness of local follow up clinics and referral pathway			
Has awareness of what resources are available to support patients following discharge from critical care / hospital (ICU steps, local resources)			



## Acknowledgements

Many organisations and individuals have contributed to the CapitalAHP C3Framework. As a regional collaborative undertaking it belongs to those who have contributed to it and those who improve it through testing and feedback. The final version will have a full list of acknowledgements. This list represents leadership, participation in the consultation, sharing of frameworks and original documents, conversations, advice given over zoom, coffee, email and the old telephone:

Barking, Havering and Redbridge NHS Foundation Trust

Barts Health NHS Foundation Trust

Chelsea and Westminster NHS Foundation Trust

Epsom and St Helier NHS Foundation Trust

Guys and St Thomas and the Royal Brompton and Harefield NHS Foundation Trust

Hillingdon NHS Foundation Trust

Imperial College Hospital NHS Foundation Trust

Kings College Hospital NHS Foundation Trust

Kings Health Partners

Kingston Hospital NHS Foundation Trust

Lewisham and Greenwich NHS Foundation Trust

London Northwest Healthcare NHS Foundation Trust

North Middlesex University Hospital NHS Foundation Trust

Royal Free London NHS Foundation Trust

Royal National Orthopaedic Hospital NHS Foundation Trust

St Georges University Hospital NHS Foundation Trust

University College Hospitals NHS Foundation Trust

UCLPartners



# Entrustable Professional Activity Completion Template

*Fill out and sign off as a record of EPA progress and competency*

**EPA Number**

(eg Dietetics EPA 1):

This is to certify that (name):

HCPC number:

Employing organisation:

**Has presented evidence that demonstrates that they have reached the required level of supervision (level 4) for this entrustable professional activity**

**Final signoff must be by one experienced critical care AHP of the relevant profession**

Assessor name and employing organisation:

Assessor signature:

HCPC number:

Employing organisation:

Date:

