C3Framework – Pilot Version – Physio 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 28th 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[1] (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

[1] 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.

Contents

Physiotherapy

The following describes the skills-required for a novice physiotherapists 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 to provide safe and high-quality patient care.

Attainment of the Shared AHP Competencies, Physiotherapy 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 physiotherapists (especially those working in isolation) consider membership to intensive care societies such as the ACPRC critical care specialist group.

The following are useful resources in progression towards EPA sign off:

- The A-G Assessment Tool[2]
- The ABCDE approach: Resuscitation Council UK (2021) Resuscitation guidelines.
- 'Initial assessment and treatment with the Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach' [3]

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 physiotherapy domains of the C3Framework.

Physiotherapy EPAs

Physiotherapy EPA 1 Assessment of patients admitted to Critical Care with Respiratory failure

Title	Physiotherapy EPA 1: The novice physiotherapist will be able to complete a comprehensive assessment of patients admitted to Critical Care with Respiratory failure
Description	A structured A-E assessment of the critically unwell adult to ascertain a problem list and identify risks and considerations which may impact on a treatment plan.

[2] Benson A (2017) The A-G assessment tool (Airway, Breathing, Circulation, Disability, Exposure, Further information and Goals). Clinical Skills. Net Clinical Skills Limited.
[3] Thim, T, Krarup, NHV, Grove, EL, Rohde, CV & Lofgren, B 2012, 'Initial assessment and treatment with the Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach', International Journal of General Medicine, vol. 5, pp. 117-21,

	Limited to adult patients admitted with Respiratory failure and those at risk of developing Respiratory failure e.g post operative patients Excludes patients admitted with Poly-Trauma including brain injury, burns, smoke inhalation, spinal cord injury and progressive neuromuscular conditions Excludes patients on ECMO or nitric oxide
Required Knowledge	• Competencies required:C3Framework Shared AHP Competencies • C3Framework Core Competencies • Competency 1 Assessment • Competency 3 Tracheostomy Management • Competency 4 High Flow Oxygen devices, CPAP and NIV • Competency 5 Positioning and Rehabilitation
Required KSA	• Basic Life support • Manual handling • Infection Control • Information Governance
Information to assess progression	Clinical supervision Nonclinical supervision Notes Audit
Basis for formal entrustment decisions	An entrustment decision should be made by an experienced critical care physiotherapist after observing this EPA completed on more than one patient. Use EPA completion template for this

Physiotherapy EPA 2 Develop and deliver a respiratory treatment plan

Title	Physiotherapy EPA 2: The novice physiotherapist will be able to develop and deliver a respiratory treatment plan based on findings from their comprehensive assessment
Description	The novice physiotherapist will be able to risk assess the use of the following chest clearance treatment techniques and monitor their effectiveness. ACBT, Manual techniques, Suction (Via NP, ETT, Trache), Manual assisted cough, IPPB, cough augmentation device (e.g NIPPY Clearway) manual hyperinflation, ventilator hyperinflation, Limited to adult patients admitted with Respiratory failure and those at risk of developing Respiratory failure.
Required Knowledge	Competencies required:

	• C3Framework Shared AHP Competencies • C3Framework Core Competencies • Competency 1 Assessment • Competency 2 Treatment • Competency 3 Tracheostomy management • Competency 4 High flow oxygen devices, CPAP and NIV • Competency 5 Positioning and rehabilitation • Acute Respiratory / On Call Physiotherapy Self-evaluation of Competence Questionnaire On Call Project Team S Thomas MA Broad J Cross B Harden M Quint P Ritson
Required KSA	• Basic Life support • Manual handling • Infection Control • Information Governance
Information to assess progression	• Clinical supervision • Nonclinical supervision • Notes Audit
Basis for formal entrustment decisions	An entrustment decision should be made by an experienced critical care physiotherapist after observing this EPA completed on more than one patient. Use EPA completion template for this

Physiotherapy EPA 3 Tracheostomy Management

Title	Physiotherapy EPA 3 Tracheostomy Management
Description	The novice physiotherapist will be able to complete a comprehensive assessment of a self-ventilating tracheostomised patients, assess their readiness to commence weaning and as part of the MDT progress them through the following steps • Cuff deflation • One way valve use / cap/ Swedish nose (as per trust policy) • Decannulation Limited to tracheostomises inserted for respiratory weans. Excludes tracheostomises inserted for head and neck cancer and for patients for whom the tracheostomy is expected to be permanent. Excludes Laryngectomies and mini-tracheostomies

Required Knowledge	Competencies required • C3Framework Shared AHP Competencies • C3Framework Core Competencies: • Competency 1 Assessment • Competency 2 Treatment • Competency 3 Tracheostomy Management • Competency 4 High Flow Oxygen Devices, CPAP and NIV
Required KSA	• Blocked tracheostomy and emergency algorithm • National Tracheostomy Safety Project (NTSP) (2013) • Intensive Care Society Tracheostomy Guidance (2020) • NCEPOD Report 'On the Right Trach? A review of the care received by patients who underwent a tracheostomy' (2014)
Information to assess progression	Clinical supervision; Nonclinical supervision; Notes Audit
Basis for formal entrustment decisions	An entrustment decision should be made by an experienced critical care physiotherapist after observing this EPA completed on more than one patient. Use EPA completion template for this

Physiotherapy EPA 4 High flow oxygen devices, CPAP and Non-Invasive Ventilation

Title	Physiotherapy EPA 4 High flow oxygen devices, CPAP and Non-Invasive Ventilation
Description	The novice physiotherapist will be able to complete a comprehensive respiratory assessment and blood gas analysis and make recommendations for initiation of the below • High flow Oxygen Therapy devices (HFOT) • Airvo • CPAP • NIV (BiPAP) They will have awareness of locally available interfaces and if appropriate be competent in the setup of the device Excludes patients on NIV or CPAP for OSA/ OHVS and sleep related disorders
Required Knowledge	Competencies required • C3Framework Shared AHP Competencies • C3Framework Core Competencies:

	• Competency 1 Assessment • Competency 2 Treatment • Competency 3 Tracheostomy management • Competency 4 High Flow Oxygen Devices, CPAP and NIV
Suggested Reading	• BTS GUIDELINE Non-invasive ventilation in acute respiratory failure
Information to assess progression	Clinical supervision; Nonclinical supervision; Notes Audit
Basis for formal entrustment decisions	An entrustment decision should be made by an experienced critical care physiotherapist after observing this EPA completed on more than one patient. Use EPA completion template for this

Physiotherapy EPA 5 Positioning and Rehabilitation

Title	Physiotherapy EPA 5 Positioning and Rehabilitation
Description	The novice physiotherapist will be able to complete a musculoskeletal assessment including range of movement, sensation and a strength assessment and determine the risk of developing physical morbidity The novice physiotherapist will be able to implement a rehabilitation plan meets the needs of the patient and their goals
Required Knowledge	Competencies required • C3Framework Shared AHP Competencies • C3Framework Core Competencies: • Competency 1 Assessment • Competency 5 Positioning and Rehabilitation
Suggested Reading	• NICE CG83: Rehabilitation after critical illness in adults (2009) • The Chelsea Critical Care Physical Assessment Tool (CPAx): validation of an innovative new tool to measure physical morbidity in the general adult critical care population; an observational proof-of-concept pilot study. Physiotherapy - March 2013 (Vol. 99, Issue 1, Pages 33-41, DOI: 10.1016/j.physio.2012.01.003) E.J. Corner, H. Wood, C. Englebretsen, A. Thomas, R.L. Grant, D. Nikoletou, N. Soni
Information to assess progression	Clinical supervision; Nonclinical supervision; Notes Audit
Basis for formal entrustment decisions	An entrustment decision should be made by an experienced critical care physiotherapist after observing this EPA completed on more than one patient. Use EPA completion template for this

Shared AHP Competencies

SHARED	Self Assessment	Senior Assessment
Safety		
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		
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		
Patient ID:		
Demonstrates positive patient identification and awareness of allergies		
Monitoring Vital Signs:		
Demonstrates how to monitor vital signs (Temp, HR, SpO_2, RR, blood pressure, MAP)		
Interprets observations in an ICU setting, considering trends and normal ranges for all (Temp, HR, SpO_2, RR, BP, MAP)		
Able to troubleshoot difficulties with taking vital signs eg. poor trace on pulse oximeter, missing ECG leads, poorly position arterial line		
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		
Orientation:		

Can describe the bed numbering, storage location of safety equipment, location of offices and other key areas within of the critical care unit		
Can describe the shift patterns and handover process of other MDT members		
Able to identify key MDT members by their role, including critical care nurses, nurse in charge, consultant oncall		
Demonstrates how to locate the local protocols and guidelines relevant to own role		
Has an awareness of key ICU meetings relevant to role eg. MDT meetings, handovers, safety briefings, teaching sessions.		
Can identify standard ICU bedspace equipment and location of equipment necessary for role		
Communication		
Communication with patient:		
Describe barriers to communication in ICU including those associated with PPE, illness and ICU interventions.		
Awareness of communication aids with patients to overcome communication barriers, ie PPE + oral intubation		
Communication with family + friends:		
Describe the support services available in helping liaise with family including family support nurses, PALS, psychology services as appropriate.		
Describe barriers to communication with family and methods to improve this		
Knows importance of confidentiality and consent to share information with friends and family		
Communication with colleagues:		
Awareness of peer support and psychological support		
Documentation		
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		
Moving & Handling		
Awareness of Falls prevention, who to escalate to if concerned regarding falls risks		
Compliant with Manual Handling training as per local trust policy.		
Human Factors		
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		
A+E		
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		
Pain:		

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		
Sedation:		
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		
Drug chart and prescription protocols:		
Demonstrates response to alarms and escalates to staff trained to troubleshoot		

Physiotherapy Core Competencies

PHYSIOTHERAPY	Self Assessment	Senior Assessment
Assessment		
Explains physiotherapy role to patients and family		
Acquires consent for assessment and treatment or understands when to "treat in best interest"		
Ascertains the presenting condition and relevant medical and social history to inform assessment and goal setting		
Ascertains limitations of treatment (e.g. resuscitation status, End of life pathway)		
A - AIRWAY:		

Identifies type of airway, airway adjuncts and patency > Own > Naso Pharyngeal (NP) > Endo tracheal tube (ETT) > Tracheostomy Awareness of grades of Intubation and measures taken to secure ETT		
B - BREATHING: Identifies the oxygen delivery device, flow rate and FiO2 Ability to interpret vital signs from bedside monitoring equipment including respiratory rate, and saturations Auscultates patient and describes breath sounds and added sounds Observes and describes breathing pattern and chest wall movement Assesses cough and describes effectiveness		
Interprets a CXRAY, completing a systematic assessment identifying volume loss, consolidation, pneumothorax, pleural effusions and pulmonary oedema.		
Interprets blood gases demonstrating knowledge of parameters appropriate for the patient		
Able to identify mucolytics, bronchodilators and antibiotics within a prescription chart		
Mechanically Ventilated Patients: > Identifies the mode of ventilation and can interpret set parameters including PEEP, inspiratory support, I to E ratio and fio2 > Awareness of spontaneous modes, controlled modes and mixed modes of ventilation. > Able to identify tidal volumes, peak airway pressures and aware of safe limits		
C - CIRCULATION: Interprets vital signs from bedside monitoring including heart rate and rhythm. Identifies systolic and diastolic pressure and recognise a poor arterial trace Interprets cardiac monitoring demonstrating knowledge of parameters appropriate for the patient.		

Able to identify commonly used cardiac drugs within a prescription chart		
D - DISABILITY: Able to complete an accurate assessment of level of consciousness using AVPU or GCS Able to understand the RASS scoring system in the sedated patient Recognises Delirium scoring system and can describe methods to reduce delirium Able to identify commonly used medications to reduce agitation and ones that may affect level of consciousness		
E - EXPOSURE: Identifies and explain the indication for Chest drains and comment on their status (swinging/bubbling/on suction) Identifies and explain the indication for a PCA (Patient controlled analgesic) Identifies the urinary catheter or filter for Renal replacement therapy		
F - FLUIDS: Identifies and explain rationale for NG tube and completes the 4 checks for safety		
H- HAEMOTOLOGY: Identifies abnormal blood results and describes their potential impact on physiotherapy treatment. HB, Platelets, INR, APTT, K+, CRP, WCC, NA, Urea, Creatinine and Albumin		
Clinical Reasoning: Forms a problem list informed by the holistic patient assessment with and understanding of which problems are amenable to physiotherapy intervention		
Treatment		
Risk assessment: Identifies the manual handling risks to the MDT associated with providing care to this patient		
Positioning and Postural drainage: Identifies positions that can reduce the work of breathing		

Explains ventilation and perfusion in the spontaneously breathing and ventilated patient and identifies positions to optimise gas exchange		
Identifies postural drainage positions to optimise secretion clearance		
ACBT:		
Explains how to instruct the patient in ACBT		
Supported cough:		
Explains the benefits of a supported cough and how to instruct the patient to complete one.		
IPPB:		
Explains how to set up IPPB and can recommend treatment pressures		
Aware of local guidelines for its use and can safely assemble equipment required		
Can discuss the risks and benefits associated with use and how to monitor effectiveness		
Cough Augmentation device:		
Explains how to set up cough augmentation device and can recommend treatment pressures		
Aware of local guidelines for its use and can safely assemble equipment required		
Can discuss the risks and benefits associated with use and how to monitor effectiveness		
Nasal airway:		
Explains how to size for and insert a nasal airway.		
Aware of local guidelines for insertion and frequency of change		
Can discuss the risks and benefits associated with its use and how to monitor effectiveness		
Manual Techniques:		
Explains manual techniques (including percussion and vibrations) and their role in sputum clearance.		
Can discuss the risks and benefits associated with its use and how to monitor effectiveness		

Suction via an artificial airway: Explains aseptic technique and the importance of this Aware of local guidelines and safe suction pressures Can discuss the risks and benefits associated with its use and how to monitor effectiveness		
Manually assisted Cough: Explains the indications for Manual assisted cough (MAC) and it use in cough augmentation Can discuss the risks and benefits associated with its use and how to monitor effectiveness		
Manual Hyperinflation (MHI): Explains manual hyperinflation and its role in secretion clearance and volume loss Aware of local guidelines for its use and can safely assemble equipment required (including pressure manometer) Can discuss the risks and benefits associated with use and how to monitor effectiveness Can discuss the use of MHI vs VHI		
Ventilator hyperinflation (VHI): Explains Ventilator hyperinflation and its role in secretion clearance and volume loss. Aware of local guidelines for its use. Describes mandatory modes of ventilation and suggests alterations to optimise sputum clearance and volume loss Can discuss the risks and benefits associated with its use and how to monitor effectiveness		
Tracheostomy Management		
Subjective assessment: Able to demonstrate a basic understanding of the anatomy and physiology of the respiratory system		

Objective assessment: Identifies type of tracheostomy (single or double lumen/cuffed or uncuffed, fenestrated or unfenestrated Identifies surgical or percutaneous Identifies presence of stitches Identifies which oxygen delivery system is in use and how humidification is being delivered		
Assessment of tracheostomy: Can establish cuff status (up or down) Can state appropriate safe cuff pressure with cuff pressure manometer Can describe when we would consider deflating the cuff and what physiological parameters to use to assess tolerance of this Can describe the rationale for use of a one way valve. Can explain the role of SALT in tracheostomy weaning and when to refer.		
Suction: Can perform open suction using a sterile technique Can change an inner cannuale and store this safety Awareness of emergency tracheostomy algorithm Awareness of contents of emergency tracheostomy box		
Decannulation: Can state local requirements for decannulation including any objective measures and requirements		
High Flow Oxygen, CPAP and NIV		
High Flow Oxygen Devices: Can discuss the indications for initiation of high flow oxygen therapy and is aware of the precautions		

Can explain how to adjust and modify the therapy (flow rate and oxygen) to optimise the patient's condition		
Can recommend next steps if set parameters are not being achieved		
Continuous Positive Airway Pressure:		
Can discuss the indications for initiation of CPAP and is aware of the precautions		
Can explain how to adjust and modify the therapy (PEEP and oxygen) to optimise the patient's condition		
Can recommend next steps if set parameters are not being achieved		
Non Invasive Ventilation (NIV):		
Can discuss the indications for initiation of NIV and is aware of the precautions		
Can explain how to adjust and modify the therapy (PEEP, oxygen and Inspiratory Pressure) to optimise the patient's condition		
Can recommend next steps If set parameters are not being achieved		
Positioning and Rehabilitation		
Ability to complete a TILE assessment		
Can describe the safe use of sliding sheets		
Can describe the indications for a pressure relieving mattress and when to escalate tissue viability concerns		
Can assess soft tissue length in the sedated patient and move all available limbs through range.		
Can reposition an awake or sedated patient into alternate side lying demonstrating awareness of pressure areas in lateral position		
Can reposition the awake patient into high sitting using the available functions on the bed		
Can direct and assist an awake patient into the prone position with awareness of lines and pressure areas		
Can assist with the proning of a sedated patient as part of a team (not required to lead this).		

Rehabilitation		
PMH review to ascertain baseline		
A to E assessment		
Able to recognise parameters indicating readiness to start rehabilitation		
Ability to complete a Musculoskeletal assessment using a standardised objective measure such as Oxford grading scale for muscle strength		
Can document AROM, AAROM and PROM accurately		
Can assist a patient to sit over the edge of the bed and safely manage the attachments		
Can assess physiological tolerance of this manoeuvre and accurately describe the levels of assistance provided		
Can assist a patient from sitting over the edge of the bed to standing and safely manage the attachments		
Can assess physiological tolerance of this manoeuvre and accurately describe the levels of assistance provided		
Can mobilise a patient and safely change the attachments		
Can select appropriate seating with regards to levels of support and width and weight requirement		
Can assist with rolling a patient to insert a hoist sling		
Can lead hoisting to a chair ensuring lines are moved appropriately		
Can assess physiological tolerance of sitting		
Demonstrates awareness of commonly used outcome measures in ACCU within therapy - CPAx score, PICCUPS tool		

Acknowledgements

Many organisations and individuals have contributed to the CapitalAHP C3Framework. As a regional collaborative undertaking it belongs to those who have contributed to is 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 Hellier 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: