The Competence and Curriculum Framework for the Emergency Care Practitioner

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Acknowledgements

The Competence and Curriculum Framework for the Emergency Care Practitioner is the fruition of four years work. Originating with the Coventry and Warwickshire pilot and then moving to the trial sites the overriding objective has been to develop a workforce fit for purpose to deliver urgent care across healthcare boundaries.

This framework could not have been delivered without the unstinting support of Professor, Sir George Alberti and the members of the Strategy Group (see Appendix 4), the help of the Voluntary Regulatory Committee (see Appendix 4), the Benchmarking Group and the Emergency Care Practitioner Leads. We are indebted to them all.

The recently concluded consultation process has led us to make several changes to our original framework and we now believe that we have a robust basis to launch the definitive document which will allow for the further development of this unique professional group. This process was supported by a number of national Reference Groups and overseen by the ECP Strategy Group.

We would also like to express our gratitude to those practicing ECPs and the organisations who allowed us to use their images in this document.

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Outline of document

This document represents the final stage in the development of the Emergency Care Practitioner role. The role is designed to support the changing needs of patients requiring urgent care and is the product of work undertaken since the Skills for Health Emergency Care Practitioner Team were originally commissioned by the Urgent Care Workforce Programme Board in May 2005 to develop the Competence and Curriculum Framework.

Since that time, building on earlier work to develop a curriculum through a number of trial sites, the Emergency Care Practitioner Team have consulted widely including a Public Consultation on the Competence and Curriculum Framework and have revised it considerably, in the light of that consultation.

Throughout the development of the Emergency Care Practitioner role the objective has been to produce professionals who were capable of working in new and more flexible ways, and, by removing traditional boundaries, develop a new role by matching the competence requirements of the role to the care requirements of patients. Should local organisations wish to introduce ECPs into their service provision we would recommend that they follow this framework.

Within the framework of the competences, it is envisaged that Emergency Care Practitioners can be deployed in a number of ways to support local services. These might include working with Ambulance Services, in General Practitioner surgeries, conducting home and community visits, providing care in Urgent Care Centres and delivering Out of Hours services. Other areas of work being explored are Police Custody Suites and Prison Medical Services.

This document outlines the knowledge, skills and core competences which all Emergency Care Practitioners must achieve at the point of qualification.

Foreword

I welcome this document as a key milestone in the development and establishment of Emergency Care Practitioners (ECPs). It gives valuable advice and timely guidance to commissioners and providers on how to effectively use and deploy ECPs. It also provides confirmation of the educational process that needs to be undertaken by Higher Education Institutions in order to successfully deliver qualified ECPs.

ECPs are one of a number of new roles to emerge following the publication of the NHS Plan (2000)[1] and more recently Transforming Emergency Care (2001)[2]. The provision of urgent care has needed to develop to better meet the needs of patients and communities as part of the wider reforms of the NHS. ECPs continue to have an important role to play in providing urgent care in an environment of increasing demand and increased patient expectation. ECPs can help to ensure that this care is provided at the right time and in a convenient location for them to access.

There is sound evidence that the ECP role does not only meet the needs of patients, but that it, in addition, provides excellent career opportunities for staff. The ability of staff to proactively shape the way that services are provided is an integral element of the reform process. ECPs will be well placed to undertake these challenges across sectors, as well as within them.

This Competence and Curriculum Framework provides commissioners, providers of NHS services and Higher Education Institutions with the tools to be able to develop ECPs who are both skilled and motivated to provide emergency and urgent care for all patients.

Lord Philip Hunt OBE
Minister of State for Quality

Prefaces

The forthcoming framework for urgent and emergency care is being developed to support the providers of urgent care services, including primary care trusts, ambulance trusts, out of hour's services and emergency departments in developing high quality services that are patient focused.

The challenges for organisations in the provision of urgent care continue to be high profile and this care will no longer be provided just in emergency departments, or in General Practitioners surgeries.

A flexible workforce and a flexible approach to skill mix – breaking down professional and traditional boundaries – are central to achieving these improvements in urgent care: patients should receive the highest standard of care, provided by an appropriately trained person, at an appropriate time, in the most appropriate setting for the patient.

This document provides a national benchmark for a practitioner who can work across the urgent care pathway; it should be used by providers of services to introduce Emergency Care Practitioners, and by commissioners as it defines the minimum educational requirements for such a practitioner.

I believe that Emergency Care Practitioners are one of the many significant developments in urgent care and have proved to be successful in supporting our common goal of improved urgent care for all who need it.

Professor Sir George Alberti
National Director for Emergency Access

Skills for Health was established as the Sector Skills Council for the health sector to help the whole sector develop solutions that deliver a skilled and flexible UK workforce in order to improve health and healthcare. The role of the Emergency Care Practitioner (ECP) was developed specifically to ensure that staff are equipped with the right skills to meet patient need.

The role has been expressed through Skills for Health's competences which were used to develop the original learning outcomes and national curriculum for the role. This curriculum was implemented by the seventeen health economies who originally trialled the role. Use of the competency framework has ensured consistency across trial sites and promoted national transferability of the role. Following the successful conclusion of these trials the curriculum has been reviewed and updated to ensure that all necessary competences are included.

We believe that the development of Emergency Care Practitioners has demonstrated the benefits of competence-based role development which has led to improved outcomes for patients, service providers and staff alike. It has allowed staff to develop into clinical roles in level 6 and 7 of the Career Framework for Health which transcend the whole urgent and emergency care pathway.

John Rogers
Chief Executive
Skills for Health

Introduction

1.1 Definition

An Emergency Care Practitioner may be defined as a healthcare professional who works to a medical model, with the attitude, skills and knowledge base to deliver holistic care and treatment within the pre-hospital, primary and acute care settings with a broadly defined level of autonomy.

1.2 The role of the Emergency Care Practitioner

Emergency Care Practitioners were developed out of the Practitioner in Emergency Care (PEC) concept, which was first suggested by the Joint Royal Colleges Ambulance Liaison Committee and the Ambulance Service Association[3].

The Emergency Care Practitioner role is part of a wider reform of the way in which urgent care is delivered. The main focus of the role is to enhance the patients' experience through their emergency, urgent and urgent care journey by providing emergency assessment, diagnosis, treatment and aftercare.

The competence based education enables Emergency Care Practitioners to make independent decisions based on sound clinical assessment and judgement, to complete episodes of care in a range of settings, including the out of hospital setting, when it is safe and appropriate, and to arrange appropriate referrals. This not only improves capacity and efficiency across the emergency care network but also offers other staff in the elective care environment more time to concentrate on their own caseload.

Emergency Care Practitioners currently come from the Nursing or Paramedic professions, and have completed the competence-based education programme developed by the NHS Modernisation Agency's Changing Workforce Programme (CWP) in partnership with Skills for Health.

Emergency Care Practitioners deliver care that is patient-focused, in the least intensive and most convenient and appropriate place for the patient. They can provide a rapid response to an episode of urgent care, in a number of different environments, (e.g. Ambulance Services, General Practice, Urgent Care Centres, Out of Hours Service, Rapid Response Vehicles, Walk in Centres and Emergency Departments), treat at the scene if appropriate and refer to other primary care professionals to prevent avoidable Emergency Department attendances or admissions to secondary care. In addition to this, Emergency Care Practitioners can also enhance primary care capacity; provide an alternative model of delivering urgent care out of hours and provide an alternative model of delivering prison health care[4,5,6,7,8].

The Emergency Care Practitioners support patients in making genuine choices and informed decisions about where they wish to receive treatment, quite often in the comfort of their own home.

Patients can be referred to an Emergency Care Practitioner by General Practitioners (GPs) both in and out of hours, NHS Direct, nursing and residential homes, and either directly or indirectly via the 999 system. They treat patients who are unable to leave their home due to poor mobility, have dependents that are unable to be left, and where the outcome would potentially be of greater benefit from an Emergency Care Practitioner intervention rather than attending Emergency Departments (ED) or a GP service.

The Emergency Care Practitioner role will enhance career opportunities and support a career framework based on the skills escalation model for professionals, in the health care sector.

1.3 The scope of practice of the Emergency Care Practitioner

The Emergency Care Practitioner will:

- Work across current and future organisational and professional boundaries
- Deliver care that is patient focused
- Deliver the most appropriate care in the most appropriate place and/or ensure that the patient is referred to the most appropriate health and social care professional
- Deliver care to patients in the most convenient and appropriate place for the patient
- Provide an alternative pathway for the provision of urgent care

- Provide appropriate healthcare advice to both their patients and other relevant groups and individuals
- Empower patients to take responsibility for managing their own care and treatment where safe and appropriate to do so
- Undertake physical examinations based on a whole systems approach, taking a full and appropriate patient history using a medical model
- Assess the social and mental status of a patient
- Treat less serious illness and injury in pre-hospital, primary care and acute settings
- Play a defined role at major incidents
- Request appropriate investigations, including pathological investigations and diagnostic imaging, in accordance with established procedures
- Ensure fewer inter-professional transfers for patients by enhanced communication networks and cross boundary working
- Administer and supply medication in line with local Patient Group Directions

1.4 The key points of the Competence Framework

The Competences required of the Emergency Care Practitioner, to be delivered by an integrated academic and clinical programme, have been developed out of experience and trialled through 17 different pilot sites in the United Kingdom. They will be subject to continuing review by the Benchmarking Group and updated by Skills for Health. The Framework describes the level of responsibility that Emergency Care Practitioners will be expected to take for the diagnosis and management of a wide range of patient conditions. It sets out the core competences to be met by all Emergency Care Practitioners. These may be supplemented by locally determined competences, with the relevant training/education commissioned locally to meet service demands.

1.5 The key points of the Curriculum Framework

The Curriculum Framework recognises that the development of a national standard on qualification requires:

- A flexible approach to the rigorous criteria necessary for entry to the programme
- An intensive academic programme that will allow the time required for individual professional development and which is subject to robust appraisal
- Agreed minimum levels of clinical experience
- A common core knowledge base
- Common core clinical competences
- A national assessment process

- Ongoing Continuing Professional Development

Emergency Care Practitioners must complete an academic programme of 1400 hours designated study time of which a minimum of 400 hours is designated as theory learning (delivered at a minimum standard of Degree level – level 6 in the English Qualification Framework) and 1000 hours clinical learning in appropriate clinical settings. Only then will they be able to practice as an Emergency Care Practitioner in the clinical team, within a range of health care settings.

Positive outcomes identified during the development of the role

2.1 What is expected from the introduction of Emergency Care Practitioners?

Since its inception the Emergency Care Practitioner role has been considered to be a key driver in the process of reforming urgent care. It has been seen as a means to reduce attendances to Emergency Departments, emergency ambulance transportation and urgent hospital admissions. In addition, by taking care to the home / patient environment, Emergency Care Practitioners can intervene earlier, refer patients to other pathways and enhance patient satisfaction[9].

In order to achieve this, ECPs need to be able to complete many cases at the point of contact, as appropriate, and this requires them to have the skills to diagnose and treat various ailments plus being able to identify complicating factors that may require more advanced assessment.

They may also refer the patient to another care pathway e.g. a community service, pharmacist or social service, which is more appropriate than a hospital attendance or admission. As well as reducing attendances to Emergency Departments the Emergency Care Practitioner is able to reduce hospital urgent admissions and bed days.

2.2 What has been achieved by Emergency Care Practitioners?

Various studies have demonstrated a number of benefits[4,5,6,7,9] some anticipated whilst others have emerged as practice has developed.

Emergency Care Practitioners working in Out of Hours services can act as the eyes and ears of Out of Hours doctors, deliver care and advice and obtain a prescription issued by the doctor in charge. In some cases they work under the supervision of doctors as one of the first points of contact with the Out of Hours service, including telephone advice, urgent care attendees and home visits. Emergency Care Practitioners can deliver:

- Considerable cost savings for incidents that do not require a doctor to attend in person
- Improved response times when compared with GP home visits as they can be achieved “in hours”

One report includes an audit demonstrating an average response time for a home visit by an Emergency Care Practitioner of one hour and seven minutes[10]. This compares with an average response in another study of three hours for a GP home visit[8]. When faced with a long delay, patients may panic and unnecessarily attend an Emergency Department or call 999 for an ambulance.

Case Study – General Practice Visit – Admission Avoidance	
Incident:	ECP requested by GP to visit long term care patient complaining of shortness of breath
Examination:	History of Chronic Obstructive Airways Disease established Drug history clarified Clinical examination= carried out and respiratory status established
Management:	Discussion over the phone with GP Salbutamol given by nebuliser Course of appropriate antibiotics dispensed Advice given on correct use of domiciliary oxygen Follow up visit arranged for next day
Benefits:	Partnership arrangements with GPs to avoid domiciliary visits More rapid visit to assess acute status of patient Avoidance of disruption to GP work schedule Patient satisfaction; treatment at home with use of PGDs Avoidance of potential ambulance transportation Emergency Department attendance avoided

Ensuring patients are able to receive more care than when using 999 responders

There is literature[8,11] to demonstrate that paramedics with extra training can provide safe and effective treatment at the point of need for a defined range of conditions. An Emergency Care Practitioner is able to provide even more care to the patient and can, on occasion, avoid hospital admission by offering telephone advice[12].

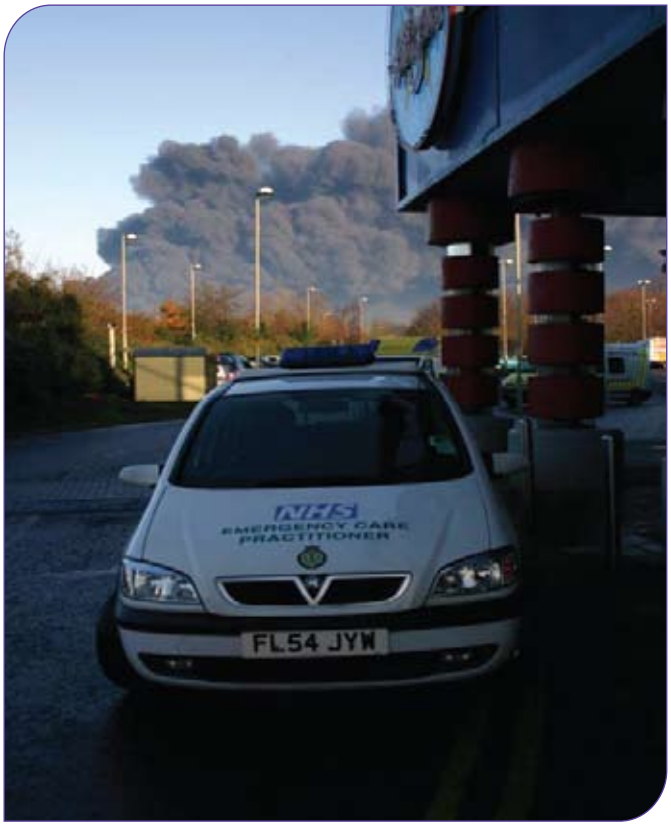
Allowing patients access to care pathways that cannot be accessed by 999 responders

It is the norm that when a paramedic attends, the patient will be transported to a hospital Emergency Department (see below). If an Emergency Care Practitioner attends, there is a greater likelihood of the patient being treated in their own home without this transfer and, where necessary referred for Community Health or Social Care by way of follow up.

Freeing up 999 crews to meet the demands of their particular service

Across all Ambulance Trusts, in approximately 73% of incidents, at least one patient is taken to the Emergency Department. Emergency Care Practitioners can affect this considerably. Urban ambulance trusts report that the use of ECPs as first responders has halved the proportion of incidents that result in hospital admission although this varies dramatically. Where an Emergency Care Practitioner is available in the control room to take calls, they are able to diagnose some conditions over the phone and may be able to

close some Category C calls without sending a responder. They are also able to determine when attendance by an Emergency Care Practitioner is more appropriate than a paramedic. This can have a significant operational impact on the availability of responding crews to meet service demands.



ECPs and major incidents

ECPs have an important role or roles to play in Major Incidents. Whether this is at or near the scene, or supporting the core service in the locality is largely a consideration for their local employers. The competence set of the ECP gives them the flexibility to meet the requirements of a considerable number of scenarios. It is essential that the role of the ECP is properly considered and integrated into any planning processes.

Case Study – Major Incident – Flexibility of the Role	
Incident:	Major explosion and fire at oil distribution depot Large numbers of emergency personnel involved at incident 2000 residents evacuated 135 patients presented for care
Benefits:	83 patients treated at scene or locally established treatment centre Scene treat and discharge facility available Local ED requested ECP presence to support local services Additional pressure on local ED avoided Patient satisfaction Evacuated patients assessed – care and pharmacy packages instituted

Career pathways

At present the Emergency Care Practitioner role is only open to experienced health care professionals. One of the benefits of this is that it retains staff at the peak of their experience and value that might otherwise leave front line roles and move into management and training roles. By offering a career pathway to paramedics in a similar way to nurses this may encourage more people to begi n a career as a paramedic.

Alternative areas of work

In some Primary Care Trusts Emergency Care Practitioners are already providing a service to Prisons and Police Custody Suites with significant effect especially in a reduction in Emergency Department attendances. This reduces the pressure for Prison and Police Officers to escort patients to hospital.

The Escorts and Bedwatches Research Project recently published by the Department of Health (November 2006)[13] has identified several areas of potential service redesign in which Emergency Care Practitioners could be actively involved with significant financial implications to the Prison and Police Services:

1. Providing within the Prison or Custody Suite a wider range of the treatments and procedures normally provided by a GP practice in the community
2. Assisting with specific clinics to provide a more cost effective service
3. Addressing the area of injury and other trauma, which is the most common clinical reason for escort and bedwatch episodes, a reduction in unnecessary visits to Emergency Departments, could have marked effect on the current high levels

The full details of benefits analysis undertaken by Dr Hugo Minney, including references and data is available in Measuring the Benefits of Emergency Care Practitioners (2007)[8].

The competence framework

3.1 The definition of competence in this context

Competences describe the knowledge and understanding required to carry out a work activity effectively. They describe what an individual needs to know and to do regardless of who is performing the activity.

Also known as National Workforce Competences (NWCs) they incorporate National Occupational Standards (NOS). Both share the same robust development process and are developed and approved for the health sector by Skills for Health. In addition the NOS are approved by education regulatory bodies.

All criteria used in the framework for Emergency Care Practitioners follow the standard format which provides the following:

- a summary describing what the competence entails
- the indicative KSF dimension and level
- the origin which details the work area the competence is designed for and when it was finalised
- the activity scope which describes client group(s) the competence is designed for and the related presenting symptoms
- the performance criteria which describe what the practitioner must be able to do
- knowledge and understanding which describes the knowledge the practitioner will need to apply to practice in this competence area

Examination of the detail behind each competence will show some overlap with competences in other groups. This is not considered to be a problem but serves to reinforce the need to follow a generic model of care which can apply to all age groups and conditions. The competences for Emergency Care Practitioners are shown in full at Appendix 1

3.2 The rationale for the use of competences based learning

The competence basis of the training and education for Emergency Care Practitioners is essential as students will be drawn from differing professional backgrounds and, as a consequence, will have a variation in knowledge levels, in clinical and educational experience as well as in life experience. The competence base allows for a structured approach to ensure all students are therefore able to demonstrate both the knowledge base and an understanding of the scientific principles through an appropriate academic curriculum which can be based upon the knowledge and understanding contained within the competences.

To ensure quality and consistency in defining competences, Skills for Health worked closely with a number of pilot sites and have developed a Competence Framework for Emergency, Urgent and Scheduled Care. This framework alongside other related competences, for example communication and personal development, has been used to define the Emergency Care Practitioner role and devise a learning programme to support its development.

3.3 The competence requirements of the Emergency Care Practitioner

The competences required by the Emergency Care Practitioner at the point of qualification to enable their name to be placed on the Voluntary Register is detailed below. The Emergency Care Practitioner is required to maintain this breadth of competence throughout their professional career. Any additional expertise they may acquire in particular fields, through experience or further training, is in addition to this general competence and not a substitute for it.

The core competences outlined in Appendix 1 must be achieved by those undergoing Emergency Care Practitioner education before they take up the professional role. In keeping with the philosophy of life long learning in the NHS, further skills will be acquired and, after assessment, the Emergency Care Practitioner may then work in specialist areas.

Arrangements for supervision in these areas and the delegation of duties and responsibilities will vary according to the level of overall experience of the Emergency Care Practitioner and expertise in the specialist clinical field, as with any other regulated healthcare professional working in a multi-disciplinary team.

The detailed organisation of assessment of clinical competences and skills will be a matter for individual institutions, but must be rigorous and will include:

- OSCE: objective structured clinical examination (e.g. clinical skills laboratory, simulated patients or, where appropriate, actual patients)
- skills stations to examine the knowledge of the ECP with diagnostic imaging, ECGs, anatomy, pharmacology and a variety of clinical conditions
- direct observation of the student's communication and interpersonal skills
- direct observation of the student's clinical and procedural skills in practice
- evidence provided by other healthcare practitioners regarding the performance of the student
- direct questioning by an assessor to check understanding of patient centred care, health and safety procedures, technological interventions and interpretation of results, in addition to demonstrating core knowledge. The individual assessments must be completed prior to the "signing off" of the competences, and be part of the regular appraisal process

- regular presentations, which will enable the student to demonstrate their ability to research a set topic and present it to their peers
- a portfolio of evidence maintained by the student. This will include a record of progress as well as reflective accounts of critical learning encounters. This will inform the final assessment process and its outcome
- summative assessment at prescribed times will take account of the development of the student ECP against the specification set. In terms of providing evidence for the clinical competences, skills and conditions, the evidence must reflect that the ECP has demonstrated the skills in theory and worked with patients in the clinical setting
- Unseen written Biosciences Examination covering Anatomy, Physiology, Patho-physiology, and Clinical Medicine

Case Study – Urgent Care Centre – Flexibility of the Role	
Incident:	Staffing problems in a local Urgent Care Centre leading to threat of temporary closure. An Emergency Care Practitioner transferred temporarily from Ambulance Centre to work in the centre
Benefits:	ECP able to use competence based education to manage a full caseload of patients across a whole age range ECP able to request diagnostic imaging and make decisions based on clinical findings ECP able to use Patient Group Directives to offer pharmacological alternatives to treatment Closure of local facility avoided Additional pressure on Emergency Department avoided Patient satisfaction

3.4 The Health Functional Map, Competences and Learning Outcomes

Overall assessment of evidence in all forms must cover five key areas:

Evidence must be:

1. Valid
2. Reliable
3. Current
4. Authentic
5. Sufficient

In order to present some logic as to how the defined role of the Emergency Care Practitioner relates to the agreed competences the format of the Skills for Health Functional Map has been utilised. This aims to identify all of the functions which take place across the health sector and represents the combined range of all activities to be performed by all of the workers in and across the health sector however it is not presented as specific jobs or roles. By its very definition, however the Emergency Care Practitioner role will overlap with various other roles in the different services in the delivery of health care in the emergency urgent and unscheduled care setting so, in this instance, the Map is being used as a methodology to clarify the relationship between the Competences and the role.

The Competences developed for the Emergency Care Practitioner have been mapped to the various functions of the role in a number of key areas and follow a medical model for

the management of the patient under their care. This should ensure the safety of the patient and the professional development of the Emergency Care Practitioner

They are listed in the following key areas:

1. Assessment of the health and social status of the patient
2. Addressing the health and social needs of the patient
3. Documentation
4. Equipment and technology
5. Communication and IT skills
6. Health and Safety and security
7. Clinical Governance
8. Professional development

3.5 How to access and use the competences

Information on how to use the Competences is available on the Skills for Health Website: www.skillsforhealth.org.uk

Procedure:

1. Access the website
2. Click “Competences”
3. Click “Completed National Competences”
4. Click “Code”

A list of Competences will be shown under a variety of headings, e.g.: EUSC (Emergency Urgent Scheduled Care), applicable to each Competence listed in Appendix 1.

Or click on the orange box on the home page entitled “competence application tools” and use any of the tools or to find specific competences click on the competence search tool.

Details are available for each competence listing a:

- Summary
- Indicative NHS KSF Dimension & Level
- Origin
- Activity Scope
- Performance criteria
- Knowledge and Understanding

Example

EUSC_01:
Take a presenting history from an individual to inform assessment

Full Unit Code	Framework	Status
Emergency_Urgent_&_Scheduled_Care_EUSC_01	Emergency, Urgent and Scheduled Care	National Occupational Standards (NOS)

Summary	This workforce competence covers gathering information to support and inform the assessment of the health status and needs of an individual requiring medical assistance. Users of this competence will need to ensure that practice reflects up to date information and policies.
KSF Dimension & Level	Health and wellbeing HWB6: Assessment and treatment planning Level 3: Assess physiological and psychological functioning and develop, monitor and review related treatment plans
Origin	This workforce competence was developed for Emergency Urgent and Scheduled Care by Skills for Health.
Activity scope	Individual who: a) is a child or young person b) is an adult of working age c) is an older person d) has communication difficulties Information on: a) the nature, severity and progress of the individual's condition b) the effect the condition is having upon the individual's ability to function effectively c) pre-existing medical conditions, personal details about the individual (including age, height, weight, religious beliefs affecting possible treatments etc.) d) medications and treatments being taken/followed; the name and address of the individual's General Practitioner e) the individual's preferred language and cultural practices Condition may involve: deterioration or loss of, or poor, functioning in relation to the activities of daily living Significant other the significant other could be: a) a carer b) family member or c) anyone else placed in a social or legal position of responsibility for the individual The significant other would generally have responsibility in situations where the individual, particularly a child or older person, has reduced capacity for comprehension and decision making.

Performance criteria	You need to: 1. explain clearly: a) your role and responsibilities b) what information you need c) the reasons why you need the information d) with whom the information will be shared 2. obtain informed consent from the individual or any significant other with them if the individual is not in a position to provide this consent independently 3. obtain details of the individual's prior health status and circumstances over a sufficient period of time to inform assessment, in accordance with the individual's condition 4. use appropriate questions to explore, clarify and confirm any unusual or ambiguous information 5. record the information clearly and accurately in a systematic and logical manner that clearly shows the history of the individual's condition 6. respect the individual's privacy, dignity, wishes and beliefs 7. treat all information provided to you as confidential in accordance with organisational policy and practice 8. communicate with people in a manner which: a) is consistent with their level of understanding, culture, background and preferred ways of communicating b) acknowledges the purpose of the communication c) is appropriate to the context d) encourages their participation e) responds to communications of any kind from them 9. constructively manage any obstacles to communication
Knowledge & Understanding	You need to apply: **Legislation, Policy and good practice** K1: A factual awareness of the legislation (national and European) relating to the work being undertaken, the context in which it takes place and the individuals with whom one works; codes of good practice which support the implementation of legislation (such as the Data Protection Act); how to interpret and apply relevant legislation to the work being undertaken K2: A factual awareness of the reasons why your role and responsibilities should always be explained when taking information **Care and Support of the Individual** K3: A working understanding of how communication style may be modified to ensure it is appropriate to the individual's level of understanding, culture and background, preferred ways of communicating and needs K4: A working understanding of what sort of obstacles to communication can arise and the actions to be taken to manage them in a constructive manner

Knowledge & Understanding (cont.)	K5: A working understanding of why information needs to be gathered over a sufficient period of time and how this might vary from context to context
	K6: A working understanding of why it is important to establish consent to the sharing of information, where the individual or third party is able to provide this, and what steps can be taken when this is not provided
	K7: A working understanding of the steps you would take to ensure that the privacy, dignity, wishes and beliefs of the individual are maintained
	K8: A working understanding of the ways an individual's belief system can influence their willingness to share personal information with you or others and why it is important that you respect these views
	Procedures and techniques
	K9: A working understanding of the steps you would take to try to clarify and confirm any information which is ambiguous or missing from an individual's or third party's narrative
	K10: A working understanding of the organisational policy and practices with regard to the confidentiality of information
	Specific health knowledge related to your area of practice
	K11: A working understanding of the types of information that need to be gathered and why each is necessary
	K12: A working understanding of clinical norms with regard to different groups of individuals and presenting symptoms for commonly experienced conditions
	K13: A working understanding of what sort of information it would be important to capture about the circumstances leading up to an individual requiring immediate medical assistance
	Records and Documentation
	K14: A working understanding of the importance of recording information clearly, accurately and in a systematic manner
	K15: A working understanding of record keeping practices and procedures in relation to diagnostic and therapeutic programmes/treatments

The curriculum framework

4.1 Introduction to the curriculum framework

In the development of a new professional group, such as Emergency Care Practitioners, it is appropriate that the curriculum framework includes certain specifications of structure and content whilst addressing the nature of the educational process and experience. In due course it is anticipated that the Emergency Care Practitioner role will achieve Statutory Regulation, at which point the regulator will take over responsibility for setting standards of competence and standards of education and training, based on these frameworks. The regulator will also issue curriculum guidance, developed in conjunction with the professional body. It will ensure that it is made available to those Higher Educational Institutes which it will approve for education and training.

For a new profession it is vital that all practitioners meet a transparent and agreed standard. The purpose of the curriculum framework is to make the standard explicit and to set out the criteria which any educational programme for the Emergency Care Practitioner must meet in order to ensure that standard can be achieved.

It is clearly important that the document should identify the expected outcome of any such programme, the competences to be demonstrated by graduates and the clinical problems that they should be able to address using the Competence Framework

It is not the purpose of this Framework however, to create homogeneity by placing unnecessary constraints on those Higher Educational Institutes who run Emergency Care Practitioner programmes. It is recognised that different institutions have their own constraints and opportunities and may well be tailoring programmes to specific groups. Variation in programmes is, in any case, to be welcomed, as an enrichment of the professional educational resource and the opportunity to develop and share areas of good practice. Such differences offer the students and the Benchmarking Group a source for development.

The Learning Outcomes set out within this document are therefore a minimum, to which an individual institution may choose to add and determine the outcomes for their own graduates. The length of the programme and the hours of clinical exposure (both in general and in terms of particular fields) are equally set as minima.

The educational process is directed towards equipping the professional to fulfil their role, rather than in terms of a specification for particular learning and teaching strategies. However tightly the specification of minimum standards might be worded, they are still open to differential interpretation by individual institutions, teachers and students.

This document, therefore, also proposes that a national assessment of competence becomes a determinant of Voluntary Registration, without wishing to contest the right of

individual higher education institutions to determine the academic award for their own students.

4.2 The principles of learning and teaching

The primary responsibility for the achievement of the required learning rests with the student. It is the responsibility of curriculum developers, programme organisers and teachers to provide educational structures and experiences through which the student can fulfil their responsibilities. This not only includes teaching, but also the facilitation of both individual and group work and the encouragement of self directed learning.

The clinical environment provides many of the most important learning experiences for healthcare professionals. Unlike other learning environments, the education of the student is not the primary purpose of such environments and the student must learn how to make best use of the opportunities available without imposing upon patients or disrupting the provision of service. However, the employer/Healthcare Trust in taking on students on clinical placements, accepts a responsibility to provide learning opportunities and appropriate supervision, appraisal and assistance.

Case Study – Sprained Ankle Ottawa Guidelines	
Incident:	999 call to sports ground. A football player has twisted over on ankle, complaining of severe pain
Examination:	Patient able to weight bear Ottawa Guidelines followed and decision made that no x-ray is indicated
Management:	Patient reassured that no x-ray is indicated Patient taken home by ECP rather than transported to hospital Advice given on treatment: Ice; Compression; Elevation; Mobilisation
Benefits:	No need for transfer to hospital – ambulance transportation avoided Emergency Department attendance avoided Patient satisfaction with management

The inter-relation of theory and practice is fundamental to the development of professional competence.

Students must learn to:

- recognise clinical applicability whilst they are undertaking theoretical learning
- apply the theory they have learnt when they are in the practice setting
- reflect on practice to identify learning needs
- theorise during practice (i.e. how to, during a particular practical incident, formulate new ways of thinking and doing, which often go beyond what the text book can offer)
- theorise practice itself (i.e. how to recognise, in a particular piece of practice, the principles, assumptions, beliefs and theories, which actually shaped that practice)
- Understand and recognise the management of risk

Learning in professional practice is a collaborative activity. Members of one profession or of a number of professions may achieve common learning needs by working together or may share their knowledge and skills to enable others to achieve their learning needs. This behaviour should be encouraged throughout the educational process.

Professional practice involves living with uncertainty and decision making in situations where there is no single right answer and where professional judgement must be used to determine the appropriate response. Learning and teaching in the Emergency Care Practitioner programme needs to prepare students for this reality and to equip them to make and live with such decisions.

Learning is moulded and driven by appraisal and assessment and it is vital that both formative and summative assessments are designed in such a way that this direction coincides with the outcomes stated in the curriculum.

4.3 Learning Partnerships

The establishment of effective learning partnerships between the student Emergency Care Practitioner and their clinical supervisors is vital to the professional learning process. To be effective, such individual partnerships must be supported by a partnership between the Higher Educational Institutes and the clinical service provider, which mutually values the role that both play in shaping and enabling learning.

The learning partnership between the student Emergency Care Practitioner and their clinical supervisor moves beyond the traditional approach of apprenticeship. Learning is to be co-directed and questioning to be encouraged, so that both parties engage more thoughtfully in the processes of teaching and learning. This in turn should provide the basis for more motivated and better directed education.

For the partnership to work effectively, the clinical supervisor must have an understanding of the future role of the ECP, of the educational principles and values underpinning the programme and a detailed understanding of student learning needs in the educational experience they facilitate. They should also have an understanding of how that experience fits in to the totality of the course.

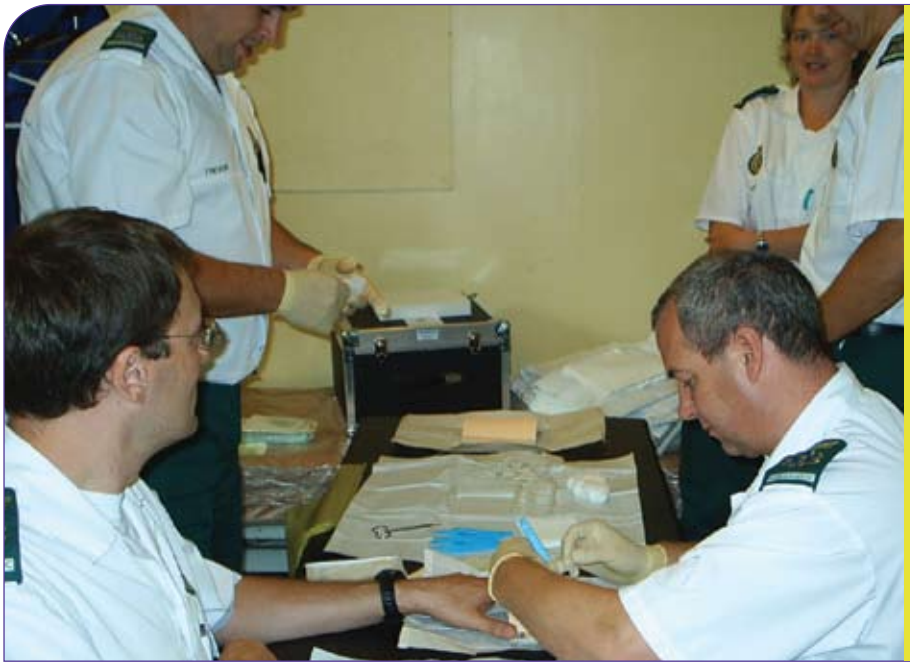
Clinical decision making is more complex than training in technical or factual matters. Where circumstances permit, the clinical supervisor should facilitate students in making a professional judgment rather than simply offering their own. Where the supervisor does offer their own professional judgment, they must be prepared for the student to question how that judgement was made. Students in turn must recognise that there is much professional knowledge that is tacit and may be difficult for the supervisor to elucidate. The student should also recognise that intuition and experience, as well as theoretical knowledge, form part of clinical decision making.

Both supervisor and student should make efforts to adapt to the normal learning or teaching style of the other. The partnership should be guided by educational principle and must not be a collusion of ease.

It is important that the clinical supervisor should allow the student to continue to learn independently (whether from patients or library/internet resources) even when this may be more time consuming and where it might involve a loss of control of the learning agenda by the clinical supervisor. Where the clinical supervisor is involved in processes of formative and summative assessment, they must recognise both the different and the common intentions of the two processes. Every effort must be made to make sure that the clinical supervisor fully understands their role and is “fit for purpose”.

This curriculum framework supports the belief that the following principles are essential in shaping the education of the Emergency Care Practitioner:

- An initial theory course which informs the underlying importance of biosciences and patho-physiology
- A subsequent clinical period which allows for the student to experience observation in clinical settings and which is directed so that student Emergency Care Practitioner learns to see, analyse and interpret all that occurs
- Action (rather than just observation) in the practical setting is essential to foster learning
- Ongoing dialogue in the clinical setting between educator, clinical supervisor and student Emergency Care Practitioner, is a vital part of the learning process
- The clinical supervisors should help the student Emergency Care Practitioner investigate examples of professional judgment in both clinical and educational practice
- Problem-solving by the student Emergency Care Practitioner in a range of different practical activities, using critical thinking, analysis, creativity and improvisation
- Clinical supervisors enable the student Emergency Care Practitioner to develop their use of the processes of deliberation and reflection, encouraging self-knowledge and self-appraisal
- An ongoing system of appraisal throughout the whole course which allows the student to identify his/her strengths and weaknesses, discuss them with their supervisor and plan their learning strategy accordingly.



4.4 The aims of the Emergency Care Practitioner programme

As mentioned previously, this curriculum framework aims to identify the core competences that any Emergency Care Practitioner programme should enable students to meet. The statements included in this section constitute the core competences against which students on any particular programme are judged.

The programme aims to produce clinicians who have the knowledge, skills and professional behaviours to function as an Emergency Care Practitioner (to have their qualification nationally recognised) and have the personal and intellectual attributes necessary for life-long professional development.

Such clinicians will be:

- safe practitioners in a wide variety of clinical settings, with patients from diverse social and ethnic backgrounds over the whole age range
- expert communicators who are empathetic in a manner appropriate to a healthcare profession
- aware of health inequalities and the challenges of working in a multicultural environment
- aware of the limits of their competence and determined to act within those limits
- comfortable in the context of multi-professional working in a team environment
- adept in the use of C&IT (Communication and Information Technology) skills for healthcare
- capable and motivated lifelong learners continually engaged in active professional development
- understanding of the need to maintain and promote health, as well as to cure or palliate disease and aware of their obligations to the wider community as well as to individuals
- able to integrate theoretical and clinical learning

The complete list of Learning Outcomes for Emergency Care Practitioners is shown at Appendix 2.

4.5 The structure of the Emergency Care Practitioner programme

The structure of the Emergency Care Practitioner programme will be almost entirely dependent on the institution running it and the nature of the catchment group for which the course is primarily intended. For this framework it is therefore only possible to state the minimum/core specification which all courses must meet.

The length of the programme will be a minimum of 1400 hours of nominal study time. Of this time, a minimum of 400 should be designated as theory learning and 1000 designated as clinical learning.

Some programmes may choose to follow the standard semester pattern. Other programmes may compress the three semesters into a full time ten month course. Others may offer a more prolonged “blended learning” type of course.

The clinical learning module may include some time learning in skills centres or return to the Higher Education Institute classroom but must include a minimum of 1000 hours spent in practice in the clinical area, in substantive attachments to a unit, to a doctor or a suitable qualified health professional. This includes time spent with the doctor or other clinical specialist in hospital or general practice, on ward rounds, in clinics, etc. as well as time spent in tutorials. It also includes independent learning in the clinical area that is facilitated by the doctor, or time spent with other healthcare professionals.

It is intended that the Emergency Care Practitioner, on qualification, will be able to undertake the assessment and management of individuals presenting with undiagnosed, undifferentiated health care needs in Pre-hospital, Primary and Acute care settings. They could also provide cover in a Minor Injury Unit, provide ‘out of hours cover’ in hospital and primary care/community settings or work in Custody Suites, Prisons or other specialised areas of urgent healthcare work.

Whilst recognising that the same competences can be demonstrated in many of these clinical areas, it is still felt appropriate to recommend certain core placements. As a guide these could be as follows;

- General Practice (including paediatrics)
- Acute Medicine/Surgery
- Emergency Department/Urgent Care Centre
- Mental Health
- Obstetrics & Gynaecology
- Paediatrics (acute setting)
- Out of Hours Work (including paediatrics)
- Rapid Response Work

Some of the General Practice and Emergency Department Placement should be spent specifically on Paediatric issues in Primary Care.

Within this framework of clinical attachment, students must have the opportunity to have experience relevant to a broad range of core areas.

The length of time spent by the student in any one attachment area will depend upon their previous experience and decisions made during their appraisal process.

Institutions will be encouraged to maintain flexibility in their programmes, that should allow individual students to spend further periods of time in a clinical area where they had experienced some difficulty in achieving their competences or, alternatively, in which they have a particular interest.

How the Emergency Care Practitioner progresses through the programme will largely be a matter for the Higher Education Institute to decide, but all institutions must ensure that they have in place a rigorous and formally constituted process to ensure that student progress is dependent on the demonstration of appropriate clinical skills and the development and maintenance of appropriate professional behaviour (fitness to practice) as well as on what might be considered the standard basis of academic performance.

Since acceptance onto the Voluntary Register is dependent on other factors in addition to academic performance, it is proposed that the award of the academic qualification at the end of the Higher Education Institute programme should not confer automatic entry to the Voluntary Register. Registration will be dependent on the award of an appropriate academic qualification and a statement from the Institute regarding the candidate's fitness to practice, in terms of professional behaviour, health, and clinical competence. The Voluntary Register will be the pre-cursor of a Statutory Register, and as such it will be necessary that it addresses all components of the candidate's fitness to practise.

An example of a Theory Module and a Clinical Module is shown at Appendix 3.

4.6 Criteria for entry to the programme

It is envisaged that, during the early implementation of ECP programmes produced on the basis of this Framework, there will be two main groups from which student ECPs will be drawn – paramedics and nurses.

Higher Education Institutes may tailor the programmes they offer to one or other group of candidates and select accordingly. In their selection processes for this programme, we would encourage universities, through the use of interview, to recognise and value life experience as well as proven academic ability.

Whichever group a Higher Education Institute decides to draw a student from, it has a duty to ensure that the student it recruits to the programme is 'of good character' as well as academically capable of completing the course and undertaking the clinical role.

As specified by the General Medical Council (GMC), with regard to undergraduate medical training:

"Universities have a duty to make sure that no member of the public is harmed as a result of taking part in the training of their medical students. Medical students cannot complete the undergraduate curriculum without coming into close, and sometimes intimate, contact with members of the public who may be vulnerable or distressed. The vocational part of their training, which prepares them for clinical practice when they become registered doctors, is such that they may not be directly observed or supervised during all contact with the public, whether in hospitals, in general practice or in the community."

We consider this to be equally applicable to the Emergency Care Practitioner.

Good practice would advise that all students be cleared with an enhanced CRB check and an appropriate occupational health check and that, in the Clinical Placement module,

an Honorary Contract be signed with the Trust to which the student is attached which complies with the national guidance.

The means by which the character and capability of candidates is assessed is a matter for individual institutes or groups of institutes. However, in determining admission processes, institutes must be cognisant of developing practice in other healthcare professions and the need to offer opportunities to widen participation in both higher education and the NHS.

However, account needs to be taken of the eventual acceptability of candidates to the Statutory Regulatory Body (e.g. candidates previously removed from a professional register; with a criminal record etc).

There is no provision at present for Direct Entry to the profession. This is considered desirable for the future and is likely to become essential in view of future trends in the labour market. Proposals for Direct Entry will proceed as the profession becomes established and a revised curriculum will be developed in line with any proposals.

It is possible that a number of already qualified Emergency Care Practitioners find that their initial programmes do not equip them to achieve the breadth of competence and /or accreditation set out in this document. They will need to apply to the Voluntary Register through a grand-parenting route and the Voluntary Regulatory Committee will assess their knowledge, skills and experience and decide whether or not any additional education is required. The required standard for entry via this route will only be for those Emergency Care Practitioners who received their training prior to a date to be set by the voluntary regulator to reflect when approved training became available and they will need to demonstrate lawful, safe and effective practice. This aspect will be further clarified by the Voluntary Regulatory Committee, but will follow the practice of grand-parenting laid down by the HPC and other Statutory Regulators.

In view of the fact that the level required for the educational programme is set at Degree Level (level 6) some higher Educational Institutes may experience difficulties in allowing entry for some professional groups whose previous learning experience may have been set at Certificate Level (level 4).

It is suggested that, under the AP(E)L process advised in the Burgess Report, greater credence be given to the value of experiential learning in achieving a level of ability in what is essentially a vocational profession. This can be achieved with less reliance on Academic Writing and Critical Analysis.

Experience from courses delivered thus far has shown that members of the paramedic profession have performed at least as well as other professionals in the assessment process.

The ability to complete the course and be successful in the assessment process should be the only criteria to be a competent practitioner.

4.7 The core syllabus

Any division of curriculum content into separate subjects may suggest barriers which are not really there. Whether focusing on the domain level of knowledge, skills and

professional behaviours, or the discipline level of anatomy, ethics and immunology etc. the whole purpose of the curriculum is to provide graduates with an integrated platform from which to undertake the professional role.

Whilst the following sections of this framework necessarily separate out the various strands of professional learning, for the purpose of specifying the core elements which must be included in the whole, any curriculum must be designed to facilitate the student in reintegrating these areas of study into a meaningful whole.

As with the specification of clinical experience, it is not intended that there should be a national specification to identify the whole theoretical input that might be included in any given programme, but only those aspects which all Emergency Care Practitioner students should cover.

Equally, the detailed structure and provision of such a programme of theoretical knowledge to students is not specified. The information is presented on the basis of standard academic subject areas (itself an unlikely structure for an Emergency Care Practitioner programme) so that individual institutions have a free rein to offer courses structured on a systems-based approach, problem based learning etc. For each academic discipline, the information is structured as shown in the list below.

The list of theoretical knowledge subject areas to be covered in the core syllabus is as follows. The list is alphabetical and does not suggest chronological order or the subject's priority or the amount of time it should be given within the programme.

- Anatomy
- Biochemistry
- Communication skills
- Clinical pathology
- Ethics and law
- Health education
- Healthcare policy
- Human development through the whole age range
- Immunology and microbiology
- Information technology
- Pathology
- Patient Assessment Strategies
- Pharmacology & Therapeutics
- Physiology
- Presentation Skills
- Psychology
- Sociology

Educational assessment

5.1 The roles of assessment

Assessment fulfils a number of roles in an educational programme leading to a professional qualification. These can be primarily divided into summative and formative roles.

Summative assessment relates to the setting of standards and of assessments to judge whether they have been met, and thus protect the public and, in this case, the health service, by ensuring that all those qualifying from a course have achieved the required competences and knowledge, and the skills and professional behaviours that underpin them. Equally, it protects the Higher Educational Institute by ensuring that there is no devaluation of the degrees or other qualifications that they offer.

Formative assessment is a 'no stakes' process, in as much as failure does not bar progress or affect grades or classification, but it is no less important for that. Its main purpose, within the appraisal process, is to provide feedback and enable students and educators to identify specific learning needs, so that they can focus their future efforts effectively.

Formative assessment will be a largely continuous, rather than event based, process with a clinical portfolio playing a key role. The portfolio should include a log of experience and a reflective diary which will form the basis for Clinical Presentations and classroom discussion of cases. It must be structured in such a way that it encourages students to identify their weaknesses as well as to demonstrate their strengths and to determine their learning needs accordingly.

Assessment and appraisal both have a role in shaping learning. Whilst appraisal may enable a student to prioritise learning in response to their current performance profile it is summative assessment that sets the learning agenda in the first place.

All candidates look at what they are going to be tested on, and what form the test will take, as a major determinant of what they are going to learn. Assessment drives learning so there is a need to ensure that the syllabus is in concordance with the programme; in other words the pattern of assessment is what would be expected from the pattern and purpose of the curriculum.

It is vital that assessment should drive students towards education which involves intellectual development and the application of knowledge and professional judgment, rather than training which is simply the accumulation of knowledge and the unquestioning use of protocols.

In setting the standards to be tested, it is vital that knowledge, skill and professional behaviour, although they may be used together in the clinical environment, are seen as constituting separate domains for the purposes of assessment, that there can be no compensation between them and that a satisfactory standard must be demonstrated in

each. It is as inappropriate for a student who has 'a good way with patients' to be allowed to graduate despite a lack of knowledge.

The nature of the assessment process appropriate to one domain may be entirely different from that for another.

Students also need to demonstrate that they can perform a particular skill.

Skills development takes longer for some students than for others and it may be perfectly appropriate for them to go several times around the learning, appraisal and assessment cycle until they have achieved the standard required. It may be perfectly appropriate for students to demonstrate, in an examination, that they can apply knowledge and professional judgment in a given scenario, but in terms of professional behaviour, they need to demonstrate that they habitually act in an appropriate way towards patients rather than that they can simply behave appropriately during the examination situation.

Study – Head Injury – NICE Guidelines	
Incident:	999 call to residential home. Elderly resident fallen hitting head on bedside cabinet. Cut to forehead.
Examination:	Full neurological examination and general assessment Drug history analysed NICE head injury guidelines applied
Management:	Decision made that patient did not need to go to hospital as Home staff, after reassurance, felt able to observe for any complications. Wound closed using skin adhesive Tetanus immunological status checked
Benefits:	Patient able to stay in residential home No pressure on staff to accompany to hospital No ambulance transportation needed Emergency Department attendance avoided Admission to Medical Elderly Ward avoided

5.2 National assessment and accreditation

In preparation for Statutory Regulation, it is proposed that there should be a national standard of assessment (theoretical and clinical) to be undertaken by all Emergency Care Practitioner students, to assess their core theoretical knowledge and clinical skills.

A national standard of assessment is the only way to ensure commonality amongst all entrants to the Emergency Care Practitioner profession.

It is proposed that a database of theory papers in biosciences, patho-physiology and clinical medicine, OSCEs covering a wide range of clinical conditions and skills stations,

be developed by the Emergency Care Practitioner Professional Body, which each Higher Educational Institute may use as appropriate in their assessment process.

Voluntary Registration will be dependent on this assessment but must be followed by Continuing Professional Development and regular re-assessment on a 3 yearly cycle. Any Emergency Care Practitioner who does not demonstrate a continuing commitment to CPD or submit themselves for re-assessment will be removed from the Register. Future re-entry to the register will require evidence that the student has submitted themselves for a period of further education and assessment commensurate with the length of time they have been removed from the Register.

It is this maintenance of general competence that maintains career flexibility and transferability for the Emergency Care Practitioner and offers a major advantage to the Primary and Emergency Care Network in which the Emergency Care Practitioner will work.

5.3 The criteria for assessment and standard setting

Although the standards which the qualifying ECP is expected to achieve are set out in some detail in the competences and skills sections of this document, such specifications are still open to interpretation and a common standard for all registrants can only really be achieved through a common assessment process.

As a minimum, it is proposed that the national examination database should be used for the assessment of knowledge and that there will be a national assessment of clinical competence. In addition, comprehensive national criteria will be set for the content of locally held assessment of competence, decision making, professional behaviour, etc.

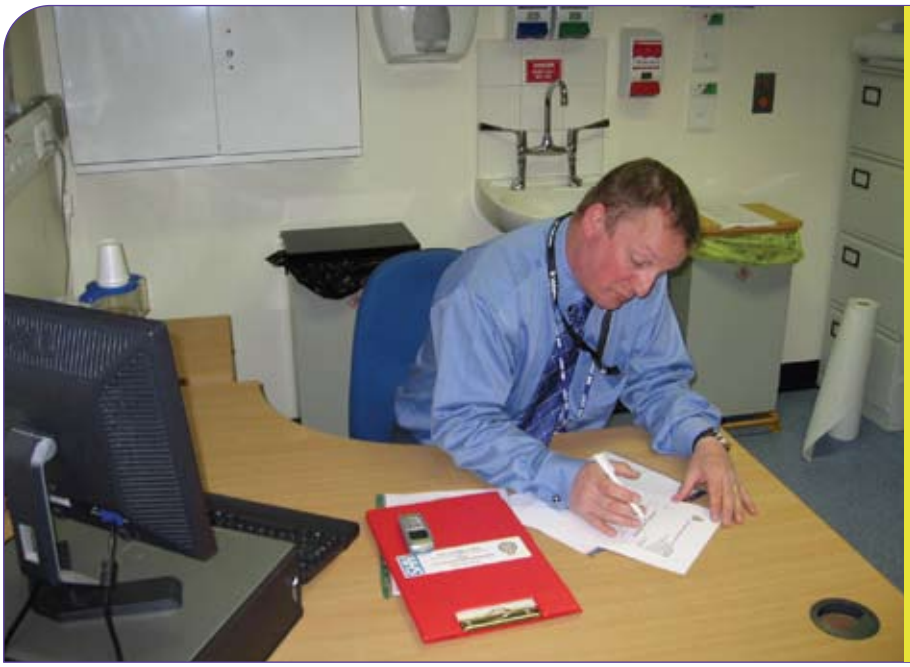
Whilst a common standard is, in itself, very important it is equally important that the standard set is correct, that the assessment is reliable, that it is rigorous, that it is valid and it is congruent with the stated aims of all the curricula developed under this framework.

5.4 Professional competence and continuing professional development

"Revalidation is a mechanism that allows health professionals to demonstrate that they remain up-to-date and fit to practice"[14].

The above report endorses the requirements laid out in the earlier consultative document for Emergency Care Practitioners to demonstrate their continued fitness to practise. Ahead of independent regulation, which will be sought in due course, the Voluntary Regulatory Committee will act as the regulator for Emergency Care Practitioners. Given that Emergency Care Practitioners fall into the category of professionals presenting a possible higher risk to patients it is imperative that the continuous professional development is robust and open to scrutiny.

Revalidation will take the form of evidence based self assessment, validated through risk based audit and employer appraisal.



Validation, accreditation and the evaluation of the programme

Validation, accreditation and evaluation are central elements to the quality assurance process in professional education. Although the processes are interlinked in their aims, each is carried out separately by the body/group with the legitimate authority to do so.

6.1 Validation and accreditation

Validation refers to the approval process applied by each university to the programmes they run. It will normally require the submission of detailed plans for the programme and for individual modules. The intention is that the programme is supported by effective management structures and resources, that it is fit for purpose in terms of the level and content of the education it purports to offer and that the process of assessment is sufficiently rigorous to differentiate appropriately between those students who have or have not achieved the required standard.

The university will also need to assure itself that there is a market for the programme.

Accreditation refers to the approval process as carried out by the relevant regulatory body. The purpose of accreditation is for the body to assure itself that all programmes conferring an award on those students qualifying will enable that student to achieve the nationally agreed minimum standard in relation to knowledge, skills and attitudes.

In the case of the Emergency Care Practitioner it is the Voluntary Regulatory Committee, working in conjunction with any existing regulator, who may already regulate some ECPs in respect of other professional roles such as nursing or paramedic, which will carry out this function until the Emergency Care Practitioner is regulated through legislation by a statutory regulator.

6.2 Evaluation

Universities will usually have their own processes by which they evaluate their programmes. These are usually related to the formal, cyclical processes of review, although review, in its turn, will require the submission of evidence from evaluation of the programme by individual students and their teachers/supervisors.

Evaluation should take account of as wide a range of audiences as possible. It should cover all aspects of the programme and reports should be sought both verbally and in writing. The evaluation should be focused on the intentions of the programme, as expressed by the aims and objectives, the utility of teaching and any available learning opportunities for enabling the aims and objectives to be achieved.

The university led processes of cyclical review should not usually be replicated by the professional body, which must have access to all relevant university reports. However,

such processes may, on occasion, be supplemented by the professional body (until the Emergency Care Practitioners are subject to Statutory Regulation), to explore any areas of reported concern or apparent failure on behalf of the university to achieve as suitable standard of education for the student.

Again, subject to Statutory Regulation, it is expected that each university will continue to work with the Quality Assurance Agency for periodic review and that the Quality Assurance Agency will report their findings to the professional body responsible for the validation and accreditation of Emergency Care Practitioner programmes.

Appendix 1:
The Competence Framework for Emergency Care Practitioners

Working in Pre-hospital, Primary and Acute Care Settings

Introduction

In order to help understand the function and the work of the Emergency Care Practitioner and to assist in the planning of a curriculum of education the Learning Outcomes for this new role have now been arranged in the format of the Health Functional Map

The Health Functional Map aims to identify all the functions that take place in an occupational area. The functions represent the combined range of activities performed by all the workers in that area but do not represent specific jobs or roles.

The functions presented here are those identified for Emergency Care Practitioners working as part of a team in a variety of settings and cover several different methods of service delivery. Such settings could be:

- Minor Injury/Illness Units
- Walk-in-Centres
- General Practice
- Primary Care
- Out-of-Hours provision
- Ambulance Service
- Custody Suites
- Prison Health Care
- Emergency Departments
- Urgent Care Centres

The Learning Outcomes associated with this Health Functional Map are those developed and agreed following the Coventry study in 2001, tested in 17 different pilot sites since then and reviewed by representatives of the different professional groups who attended the Leads meetings held regularly during that period.

The Learning Outcomes have been matched to the competences in the various sections of the map.

The table lists the Learning Outcomes related to the Key Functions. A summary of the competences associated with these Learning Outcomes can be found in Chapter 4 and the detail behind the Competences is available on the Skills for Health website.

Structure of the Health Functional Map

Related functions are grouped into a number of key areas. Some of the function titles are supported by bullet points/notes to clarify their potential scope. Where applicable, functions are cross referenced to the Learning Outcomes and to the Knowledge and Skills Framework

Key Areas and Functions

1. Assessment of the health and social status of the patient

- 1.1 Obtain consent
- 1.2 Take a relevant history from the patient and/or carers
- 1.3 Assess the social needs of your patient
- 1.4 Undertake a clinical examination of your patient
- 1.5 Undertake the necessary special tests to confirm the suspected diagnosis of your patient
- 1.6 Diagnose or suggest a differential diagnosis for your patient

2. Addressing the health and social requirements of the patient

- 2.1 Provide emergency care when indicated
- 2.2 Work as part of a team, recognising your scope of practice as an Emergency Care Practitioner
- 2.3 Use appropriate health and social care pathways
- 2.4 Work to national and local guidelines
- 2.5 Provide clinical/therapeutic interventions
- 2.6 Use clean, aseptic or antiseptic techniques where appropriate
- 2.7 Refer patients to appropriate healthcare specialists/specialist services and social services
- 2.8 Monitor the health status of the patients in your care
- 2.9 Advise on the health needs of your patient to the relevant carer

3. Documentation

3.1 Complete and maintain appropriate clinical notes and referral documentation, either written or electronic

3.2 Provide written statements and reports as required

3.3 Share information with other professionals and agencies

4. Equipment and Technology

4.1 Maintain a safe and clean environment

4.2 Maintain equipment and vehicles required for the transport of people, materials and equipment

4.3 Collect, transport and set down passengers and/or materials and equipment

4.4 Receive and store medication and other therapeutic materials

5. Communication and Information Technology skills

5.1 Maintain and ensure effective communication skills

5.2 Utilise or access appropriate interpretation and translation skills

5.3 Transmit and record information using electronic media

6. Health and safety and security

6.1 Protect individuals from harm and abuse

6.2 Support the Health and Safety of yourself and others

6.3 Handle and store equipment safely

6.4 Protect yourself and others from risk of violence at work

7. Clinical Governance

7.1 Act within the limits of your scope of practice, competence and authority

7.2 Ensure compliance with legal, regulatory, ethical and social requirements

7.3 Ensure your actions support the care, protection and well being of individuals

8. Professional development

8.1 Develop and maintain your own knowledge and competence to the level required to meet Professional and Regulatory requirements

8.2 Be in a position to demonstrate your continuing professional development in order to meet the requirements of regulation

8.3 Ensure your practice is current and evidence based

Specific Areas and Functions

9. Paediatric and Child Health
10. Learning Disabilities
11. Mental Health
12. Care of the Elderly

Functions not considered Core but which may be developed for Local Requirements

13. Custody settings
14. Arterial puncture and collection of arterial blood
15. Advanced Airway Support
16. Critical Care

General Competences

Key Area	Function	Competence	Skills for Health Code
1. Assessment of the Health and Social Status of the Patient	1.1 Take a relevant history from the patient or carers	A1. Obtain consent: informed consent for interventions and investigations	CHEM10
		A2. Plan and agree assessment of an individual's health status	CHS38
		A3. Take a presenting history from an individual to inform assessment	EUSC_01
		A4. Obtain supporting information to inform the assessment of an individual	EUSC_02
		A5. Assess an individual with a suspected health condition	CHS39
		A6. Assess a patients social status and needs	
		A7. Examine and assess an individual who is feeling unwell	EC-11/M
	1.2 Undertake a clinical examination of the patient	A8. Examine and assess an individual presenting with chest pain.	EC 05
		A9. Examine and assess individuals with suspected coronary heart disease and produce a diagnosis	CHD FA2
		A10. Investigate and diagnose an individual presenting for emergency assistance with breathlessness	EC 11A
		A11. Examine and assess an individual presenting with abdominal pain	EUSC Phase 3
		A12. Examine and assess an individual presenting with diarrhoea and vomiting	
		A13. Examine and assess an individual presenting with genito urinary symptoms	
		A14. Investigate and diagnose an individual presenting for emergency assistance with altered consciousness, dizziness, faints and fits	EC 11G
		A15. Examine and assess an individual presenting with headache	
		A16. Identify hypoglycaemic emergencies and help others manage them	Diab_HD4
		A17. Identify hyperglycaemic emergencies and help others deal with them	

Key Area	Function	Competence	Skills for Health Code
		A18. Investigate and diagnose an individual presenting for emergency assistance with fever	EC 11I
		A19. Investigate and diagnose an individual presenting for emergency assistance with bleeding and fluid loss	EC 11B
		A20. Investigate and diagnose an individual presenting for emergency assistance with pain, including dental pain	EC 11C
		A21. Investigate and diagnose an individual presenting for emergency assistance with toxic ingestion	EC 11F
		A22. Investigate and diagnose an individual presenting for emergency assistance with skin rashes/ dermatological features	EC 11E
		A23. Investigate and diagnose an individual presenting for emergency assistance with ear, nose and throat problems	EC 11K
		A24. Undertake examination of the external ear	CHS20
		A25. Investigate and diagnose an individual presenting for emergency assistance with eye problems	
		A26. Measure visual acuity	Diab_HC2
		A27. Investigate and diagnose an individual presenting for assistance with soft tissue infections and inflammations	
		A28. Investigate and diagnose an individual presenting for emergency assistance with tissue trauma	EC 11D
		A29. Investigate and diagnose an individual presenting for emergency assistance as the result of a fall	EC 11J
		A30. Undertake physiological measurements	CHS19
		A31. Obtain & test specimens from individuals (CHS7)	CHS7

Key Area	Function	Competence	Skills for Health Code
	1.3. Undertake the relevant and necessary special tests to confirm the diagnosis	A32. Obtain & test capillary blood samples (BDS2)	BDS2
		A33. Obtain a venous blood sample (BDS11)	BDS11
		A34. Understand the indications for and be able to follow local and national guidelines when requesting diagnostic images	
		A35. Understand the indications for and be able to perform Electrocardiographs	
		A36. Have a knowledge of and be able to take swabs for microbiological testing	
		A37. Establish a diagnosis of an individual's health condition	CHS 40
	1.4. Diagnose or suggest a differential diagnosis for the patient	A38. Assess an individual's needs for psychological, emotional or social support and rehabilitation	EUSC_52
		A39. Coordinate further assessments and investigations of an individual prior to initiation of an intervention	EUSC_03
		A26. Identify individuals with or at risk of developing long term conditions or related ill health	CHS42
		A27. Recognise indications of substance misuse and refer individuals to specialists	AA1
		B1. Manage emergency situations that occur as a result of an EUSC intervention	EUSC_17
2. Addressing the Health and Social Requirements of the Patien	2.1. Provide emergency care when indicated	B2. Provide first aid to an individual needing emergency assistance	CHS35
		B3. Provide basic life support	CHS36
		B4. Provide intermediate life support	EUSC63
		B5. Contribute to interim personal and emotional support for affected individuals during emergency situations	EUSC83
		B6. Provide automated external defibrillation	E18
		B7. Perform advanced life support for an individual	EUSC_16
		B8. Contribute to the effectiveness of teams	HSC241

Key Area	Function	Competence	Skills for Health Code
	2.2. Work as part of a team	B9. Gain access to and ensure individuals homes are secur	HSC229
		B10. Play a designated role within the response to a major incident	EUSC72
		B11. Work with community networks and partnerships	HSC3102
		B12. Support the operation of patient pathways	EUSC_71
	2.3. Use appropriate health care pathways	B13. Prioritise individuals for further assessment, treatment and care	EUSC_07
		B14. Prioritise the interventions to be performed for an individual	EUSC_08
		B15. Direct requests for assistance, care or treatment using protocols and guidelines	EUSC_62
		B16. Have a knowledge of National guidelines and the reporting of Communicable Diseases	
	2.4. Work to national and local guidelines	B17. Obtain informed consent for interventions or investigations	CHEM10
	2.5. Provide clinical and therapeutic intervention	B18. Move & position individuals	CHS6
		B19. Prepare individuals for clinical/therapeutic activities	GEN4
		B20. Perform intravenous cannulation	CHS22
		B21. Provide musculo-skeletal support	EUSC_34
		B22. Remove wound closure materials from individuals	CHS14
		B23. Undertake treatments and dressings related to the care of lesions and wounds	CHS12
		B24. Extract and/or excise surface and subcutaneous foreign bodies from an individual	EUSC_29
		B25. Reduce dislocated joints using non-surgical techniques, subject to local directives	EUSC_36
		B26. Re-align bones	EUSC_37

Key Area	Function	Competence	Skills for Health Code
		B27. Enable individuals to take their medication as prescribe	CHD_HL1
		B28. Prepare for the administration of medication	EUSC_12
		B29. Carry out intravenous infusion	CHS23
		B30. Establish and maintain pain relief	EUSC_77
		B31. Help individuals to use oxygen safely and effectively	CHD_HL2
		B32. Discontinue infused and/or inhaled pharmaceutical interventions	EUSC_44
		B33. Support individuals who are distressed	HSC226
		B34. Support individuals where abuse has been disclosed	HSC431
		B35. Contribute to the care of a deceased person	HSC239
		B36. Support relatives of the deceased	HSC_AP9
	2.6. Use clean, aseptic or antiseptic techniques where appropriate	B37. Prepare a discharge plan with individuals	EUSC_10
	2.7. Refer patients to appropriate healthcare specialists or specialist services	B38. Refer individuals for further assessment, treatment and care	EUSC_09
		B39. Refer individuals to the relevant agency to support their social needs	
		B40. Refer individuals to specialist services to promote their health and well-being and reduce health risks	OP_F&S_2
	2.8. Monitor the health status of the patient in their care	B41. Provide clinical care advice and information to individuals and others who are awaiting treatment or care	EUSC_68
	2.9. Advise on the health needs of the patient to the relevant carer	B42. Provide advice and information to individuals on how to manage their own condition	GEN14

Key Area	Function	Competence	Skills for Health Code
3. Documentation	3.1. Complete and maintain appropriate clinical notes, either written or electronic	C1. Collect and validate information using the medical model as a framework for documentation	HI53
	3.2. Provide written statements and reports as required	C2. Provide expert advice for legal purposes	F3.2.11
		C3. Provide clinical and professional advice to internal and external contacts	HSC Function J6
		C4. Research, analyse and report information	CFA3 10
	3.3. Share information with other professionals and agencies	C5. Collate and communicate information in response to queries	EUSC_88
4. Equipment and Technology	4.1. Maintain a safe and clean environment	D1. Maintain a safe and clean environment	HSC246
		D2. Calibrate and verify equipment prior to clinical use	HCS_A3
		D3. Conduct routine preventative and corrective maintenance on equipment in clinical use	HCS_A4
		D4. Operate equipment required to support an intervention	EUSC_51
		D5. Provide & fit prescribed assistive devices for individual use	AHP4
		D6. Enable individuals to use assistive devices	AHP5
	4.2. Maintain equipment and vehicles required for the transport of people, materials and equipment	D7. Monitor, handle and maintain materials and equipment	HSC243
	4.3. Collect, transport and set down passengers and/or materials and equipment	D8. Check and prepare vehicles for the transport of people, materials and equipment	GEN9

Key Area	Function	Competence	Skills for Health Code
	4.4. Receive and store medication and other therapeutic materials	D9. Handle and store medical equipment and consumables within accepted and safe limits	HSC-A5
5. Communication and Information Technology	5.1. Maintain and ensure effective communication skills	E1. Promote effective communication for and about individuals	HSC31
		E2. Discuss the progress and outcomes of services provided to individuals	EUSC_90
	5.2. Utilise or access appropriate interpretation and translation skills	E3. Support individuals to communicate using interpreting and translation services	HSC371
	5.3. Transmit and record information using electronic communication media	E4. Capture and transmit information using electronic communication media	EUSC_92
		E5. Advise on the health status and health care needs of individuals at a distant location using electronic communication media	EUSC_93
6. Health and Safety and Security	6.1. Protect individuals from harm and abuse	F1. Prepare & dress for work in clinical/therapeutic areas	GEN2
		F2. Prepare environments & resources for use during clinical/ therapeutic activities	GEN6
		F3. Monitor and manage the environment and resources during and after clinical/therapeutic activities	GEN7
		F4. Contribute to the protection of individuals from harm and abuse	HSC337
	6.2. Support the Health and Safety of self and others	F5. Support the health and safety of yourself and individuals	HSC22
		F6. Evacuate and transport individuals to other locations for further assistance, treatment or care	EUSC_86
		F7. Maintain health & safety in a clinical/therapeutic environment	GEN3

Key Area	Function	Competence	Skills for Health Code
		F8. Promote, monitor and maintain health, safety and security in the working environment	HSC32
		F9. Assess and respond to accidents	GEN11
	6.3. Handle and store equipment safely	F10. Handle and store medical equipment and consumables within accepted and safe limits	HSC_A5
		F11. Store and transport medical gas cylinders safely	CHD_HC1
		F12. Receive and store medication and products	CHS1
	6.4. Protect self and others from risk of violence at work	F13. Protect yourself from the risk of violence at work	ENTO_W7
7. Clinical Governance	7.1. Act within the limits of scope of practice, competence and authority	G1. Act within the limits of your scope of practice and authority	EUSC_91
	7.2. Ensure compliance with legal, regulatory, ethical and social requirements	G2. Ensure compliance with legal, regulatory, ethical and social requirements	M&L B8
	7.3. Ensure actions support the care, protection and well being of individuals	G3. Ensure your own actions support the care, protection and well-being of individuals	HSC24
8. Professional Development	8.1. Develop and maintain your own knowledge and competence to the level required to meet professional and regulatory requirements	H1. Give presentations to groups	GEN18

Key Area	Function	Competence	Skills for Health Code
	8.2. Be in a position to demonstrate continuing professional development in order to meet the requirements of regulation	H2. Assist others to plan presentations to enable learning	GEN19
	8.3. Ensure your practice is current and evidence based	H3. Develop your knowledge and practice	HSC23
		H4. Reflect on and evaluate your own values, priorities, interests and effectiveness	GEN12
		H5. Take responsibility for the continuing professional development of self and others	HSC43

Adult Specific Competences

Key Area	Function	Competence	Skills for Health Code
		ASC1 Review presenting conditions and determine the appropriate intervention for the individual	EUSC_05
		ASC2 Verify an expected death	PSL10
		ASC3 Perform manual external defibrillation on an adult or older person	EUSC66
		ASC4 Insert and secure urethral catheters and monitor and respond to the effects of urethral catheterisation	CHS8

Paediatric Specific Competences

Key Area	Function	Competence	Skills for Health Code
		PSC1 Work with children and young people to assess their health and well-being	CS2
		PSC2 Develop appropriate relationships with children and young people	CHS33
		PSC3 Communicate with children and young people, and those involved in their care	CS1
		PSC4 Communicate and interact with babies	MCN_1
		PSC5 Investigate and diagnose an unwell child or young person presenting for emergency assistance	EC_11M
		PSC6 Recognise and manage adverse signs and symptoms in babies, children and young people	CS15
		PSC7 Plan, implement, monitor and review interventions with children and young people, and those involved in their care	CS7
		PSC8 Administer medication to babies and children	MCN_21
		PSC9 Provide help for children and young people to understand their health and wellbeing	CHS34
		PSC10 Enable children and young people to understand their health and well-being	CS11
		PSC11 Perform manual external defibrillation on a child or young person	EUSC67
		PSC12 Contribute to protecting children and young people from danger, harm and abuse	HSC325
		PSC13 Create an environment to safeguard children and young people from abuse	CS9
		PSC14 Safeguard children and young people at risk of abuse	CS10

Care of the Elderly Specific Competences

Key Area	Function	Competence	Skills for Health Code
		ESC1 Communicate with older people and their carers	OP1
		ESC2 Investigate and diagnose an unwell older person presenting for emergency assistance	EC_11L
		ESC3 Protect older people from abuse	OP11
		ESC4 Create an environment to protect older people from abuse	OP10

Mental Health Specific Competences

Key Area	Function	Competence	Skills for Health Code
		MHSC1 Identify potential mental health needs and related issues	MH_14
		MHSC 3 Assess risk of suicide or deliberate self harm	MH16

Competences which are not included but are recommended for local development subject to service requirements

Key Area	Function	Competence	Skills for Health Code
		Assist in the administration of medication	CHS2
		Carry out arterial puncture and collect arterial blood	CHS24
		Use pre-planned methods to manage blood loss	EUSC_20
		Perform endotracheal intubation	EUSC_78
		(There is a separate competence for extubating an individual.)	
		Undertake endotracheal extubation within an EUSC environment	EUSC_18
		Operate and control vehicles and collect, transport and set down passengers and/or materials & equipment	GEN10

The competences which do not have a Skills for Health code are either in development or subject to rationalisation.

Appendix 2:
Learning Outcomes for Emergency Care Practitioners
Working in Pre-Hospital, Primary and Acute Care Settings

Introduction

In order to help understand the function and the work of the Emergency Care Practitioner and to assist in the planning of a curriculum of education the Learning Outcomes for this new role have now been arranged in the format of the Health Functional Map

The Health Functional Map aims to identify all the functions that take place in an occupational area. The functions represent the combined range of activities performed by all the workers in that area but do not represent specific jobs or roles.

The functions presented here are those identified for Emergency Care Practitioners working as part of a team in a variety of settings and cover several different methods of service delivery. Such settings could be:

- Minor Injury/Illness Units
- Walk-in-Centres
- General Practice
- Primary Care
- Out-of-Hours provision
- Ambulance Service
- Custody Suites
- Prison Health Care
- Emergency Departments
- Urgent Care Centres

The Learning Outcomes associated with this Health Functional Map are those developed and agreed following the Coventry study in 2001, tested in 17 different pilot sites since then and reviewed by representatives of the different professional groups who attended the Leads meetings held regularly during that period.

The Learning Outcomes have been matched to the competences in the various sections of the map.

The table lists the Learning Outcomes related to the Key Functions. A summary of the competences associated with these Learning Outcomes can be found in Chapter 4 and the detail behind the Competences is available on the Skills for Health website.

Structure of the Health Functional Map

Related functions are grouped into a number of key areas. Some of the function titles are supported by bullet points/notes to clarify their potential scope. Where applicable, functions are cross referenced to the Learning Outcomes and to the Knowledge and Skills Framework

Key Areas and Functions

1. Assessment of the health and social status of the patient

- 1.1 Obtain consent
- 1.2 Take a relevant history from the patient and/or carers
- 1.3 Assess the social needs of your patient
- 1.4 Undertake a clinical examination of your patient
- 1.5 Undertake the necessary special tests to confirm the suspected diagnosis of your patient
- 1.6 Diagnose or suggest a differential diagnosis for your patient

2. Addressing the health and social requirements of the patient

- 2.1 Provide emergency care when indicated
- 2.2 Work as part of a team, recognising your scope of practice as an Emergency Care Practitioner
- 2.3 Use appropriate health and social care pathways
- 2.4 Work to national and local guidelines
- 2.5 Provide clinical/therapeutic interventions
- 2.6 Use clean, aseptic or antiseptic techniques where appropriate
- 2.7 Refer patients to appropriate healthcare specialists/specialist services and social services
- 2.8 Monitor the health status of the patients in your care
- 2.9 Advise on the health needs of your patient to the relevant carer

3. Documentation

3.1 Complete and maintain appropriate contemporanious clinical notes and referral documentation, either written or electronic

3.2 Provide written statements and reports as required

3.3 Share information with other professionals and agencies

4. Equipment and Technology

4.1 Maintain a safe and clean environment

4.2 Maintain equipment and vehicles required for the transport of people, materials and equipment

4.3 Collect, transport and set down passengers and/or materials and equipment

4.4 Receive and store medication and other therapeutic materials

5. Communication and Information Technology skills

5.1 Maintain and ensure effective communication skills

5.2 Utilise or access appropriate interpretation and translation skills

5.3 Transmit and record information using electronic media

6. Health and safety and security

6.1 Protect individuals from harm and abuse

6.2 Support the Health and Safety of yourself and others

6.3 Handle and store equipment safely

6.4 Protect yourself and others from risk of violence at work

7. Clinical Governance

7.1 Act within the limits of your scope of practice, competence and authority

7.2 Ensure compliance with legal, regulatory, ethical and social requirements

7.3 Ensure your actions support the care, protection and well being of individuals

8. Professional development

8.1 Develop and maintain your own knowledge and competence to the level required to meet Professional and Regulatory requirements

8.2 Be in a position to demonstrate your continuing professional development in order to meet the requirements of regulation

8.3 Ensure your practice is current and evidence based

Specific Areas and Functions

9. Paediatric and Child Health
10. Learning Disabilities
11. Mental Health
12. Care of the Elderly

Functions not considered Core but which may be developed for Local Requirements

13. Custody settings
14. Arterial puncture and collection of arterial blood
15. Advanced Airway Support
16. Critical Care

Key Area	Function	Learning Outcomes
1. Assessment of the Health and Social Status of the Patient	1.1 Take a relevant history from your patient or carers	Undertake a holistic assessment of patients in a range of settings incorporating the elements of history taking, conducting the 'interview' and developing a therapeutic relationship
		Demonstrate a range of techniques asking key questions to elicit a comprehensive history from patients
	1.2 Undertake a clinical examination of your patient	**General:**
		Develop knowledge of the relevant applied anatomy and physiology pertaining to the body systems covered within the course, including variations across the lifespan
		Analyse the physiological and patho-physiological processes and changes that occur in patients across the lifespan
		Explore the general anatomy and physiology of the upper limbs and demonstrate familiarity with related terminology
		Explore the general anatomy and physiology of the lower limbs and demonstrate familiarity with related terminology
		Analyse the effects of disease processes such as renal failure, chest infections and cardiovascular conditions
		Critically examine the clinical significance of vital signs in all ages
		Examination:
		Demonstrate an understanding of the four key assessment skills of inspection, palpation, percussion and auscultation, and recognise the importance of history taking as a key component in any patient assessment situation
		Demonstrate effective clinical assessment and examination skills involving the use of a stethoscope, sphygmomanometer, auroscope, ophthalmoscope, torch and thermometer
	Illness:	**Cardio-vascular:**
		Demonstrate the ability to perform a thorough, systematic assessment and examination of the cardiovascular system, noting in particular key symptoms and signs suggestive of underlying disease processes e.g. chest pain, shortness of breath, palpitations etc.
		Demonstrate the ability to perform a thorough systematic assessment and examination of the peripheral vascular system, noting in particular key symptoms and signs suggestive of ischaemic limb, varicose veins etc.

Key Area	Function	Learning Outcomes
		Respiratory:
		Demonstrate the ability to perform a thorough, systematic assessment and examination of the respiratory, noting in particular key symptoms and signs suggestive of underlying disease processes e.g. cyanosis, shortness of breath, cough, clubbing etc.
		Demonstrate a clear understanding of the application of the National Guidelines for the management of the patient with asthma
		Demonstrate a clear understanding of the application of the National Guidelines for the management of the patient with COAD
		Demonstrate a clear understanding of the management of a patient with an acute respiratory condition such as pneumonia, pleurisy and bronchitis.
		Demonstrate a clear understanding of the assessment and management of the patient with a pulmonary embolus
		Gastrointestinal:
		Demonstrate the ability to perform a systematic assessment and examination of the abdominal and gastrointestinal systems, in particular having the ability to recognise patients with an acute abdomen
		Demonstrate competence in dealing with patients presenting with constipation
		Genito-urinary:
		Demonstrate the ability to perform a systematic assessment and examination of the genito-urinary systems, in particular having the ability to recognise patients with acute retention of urine and other acute complaints such as renal colic
		Demonstrate competence in dealing with patients presenting with urinary tract infections
		Demonstrate knowledge in assessing and managing patients who present with a range of gynaecological / obstetric emergencies including vaginal bleeding, dysmenorrhoea, pre-eclampsia, the significance of ante-partum haemorrhage including suspected ectopic pregnancy, management of emergencies during delivery prior to the arrival of specialist maternity services and post partum complications
		Nervous system:
		Demonstrate the ability to assess and examine patients with conditions affecting the nervous system, both central & peripheral

Key Area	Function	Learning Outcomes
		Assess patients who present with headaches including migraine headaches, identify differential diagnoses and be able to treat, refer or discharge as appropriate
		ENT:
		Demonstrate familiarity with a range of common ear, nose and throat problems and assess, treat and refer or discharge patients as appropriate, providing a rationale for all actions and interventions taken
		Ophthalmic:
		Perform a simple eye assessment and be able to refer as appropriate those patients who present with a 'red eye' or as a consequence of ocular trauma
		Endocrine:
		Carry out an assessment and examination pertaining to the endocrine system
		Demonstrate the ability to assess and examine patients with conditions affecting the endocrine system.
		Skin:
		Demonstrate the ability to assess and examine the skin.
		Demonstrate the ability to recognise common skin rashes and have knowledge of the appropriate management
		Assess, treat and refer or discharge patients with mild allergic reactions
		Mental Health:
		Critically analyse the components of the Mental Health Act and their application.
		Demonstrate the ability to carry out a mental health assessment on a range of patients noting any deviation from normal, and the ability to devise appropriate action plans taking note of others involved (e.g. depression and its severity, deliberate self harm and the degree of risk involved, anxiety disorders, phobias, acute and chronic presentations)
		Undertake assessment of patients who present under the influence of drugs and/or alcohol, and be able to determine normal presentations and those that deviate from normal

Key Area	Function	Learning Outcomes
		Dental:
		Analyse a range of dental emergencies and oral problems, and be able to assess, treat and refer or discharge patients as appropriate
		Allergies and Anaphylaxis:
		Demonstrate competence in dealing with patients presenting with allergic reactions; for example rhinitis, pyrexia, localised infection, and the more severe problems of anaphylaxis
		Musculo-skeletal:
		Demonstrate the ability to assess and examine patients who present with musculo-skeletal pain and treat, refer or discharge them as appropriate, providing a rationale for all actions taken
		Paediatrics:
		Assess and manage the crying / inconsolable child and his/her carers, and demonstrate the ability to conduct a comprehensive patient assessment
	Injury:	**Musculo-skeletal:**
		Critically analyse the importance of determining the mechanism of injury in relation to patterns of injury and clinical presentations
		Assess patients who present with a range of minor injuries using a structured approach (e.g. the look, feel move approach) and treat, refer or discharge them as appropriate
		Undertake assessment of the cervical spine and be able to identify any deviations from normal
		Demonstrate competence in the assessment and management of patients with bony and soft tissue injuries of the upper limbs including the hand, wrist, forearm, elbow and shoulder
		Demonstrate competence in the assessment and management of patients with bony and soft tissue injuries of the lower limbs including the foot, ankle and knee
		Analyse the differences in fractures and their management in adults and children
		Critically appraise the management of simple, uncomplicated dislocations in patients of all ages

Key Area	Function	Learning Outcomes
		Skin:
		Demonstrate competence in the assessment, treatment and management of wounds and lacerations, and be able to provide a rationale for all actions and interventions taken
		Demonstrate competence in wound cleansing techniques and the selection and application of a range of wound care products and dressings
		Demonstrate competence in the assessment, treatment and management of minor injuries including animal and human bites, stings, and minor burns and scalds
		Clinical Imaging:
		Critically examine the indications for requesting basic radiological investigations and refer patients as appropriate, with due regard to the IRMA Regulations
	1.3 Undertake the relevant and necessary special tests to confirm the diagnosis	Make sense of and assimilate clinical findings to enable working or provisional diagnoses to be established in relation to a range of presentations
		Demonstrate the ability to interpret basic investigations including urinalysis, blood tests, glucometers, and be able to identify appropriate the pathological investigations required for common conditions and to obtain appropriate specimens in relation to these
		Undertake a 12 lead ECG
		Critically evaluate 12 lead ECGs and react in an effective and timely manner in relation to findings
	1.4 Diagnose or suggest a differential diagnosis for your patient	Explore the concept of a differential diagnosis and be able to make safe and effective decisions including referrals to appropriate specialists or other clinical team members
2. Address the Health and Social Requirements of the Patient	2.1 Provide emergency care when indicated	Critically appraise the significance of red flag markers in relation to clinical findings and act accordingly
	2.2 Work as part of a team	Demonstrate familiarity with the processes involved in delivering primary care services including booking systems and the roles of all team members, including General Practitioners, District Nurses, Health Visitors, Practice Nurses and Receptionists

Key Area	Function	Learning Outcomes
	2.3 Use appropriate health care pathways	Demonstrate effective clinical decision-making skills and the application of sound clinical judgment based on clinical findings
	2.4 Work to national and local guidelines	Critically examine and apply the Ottawa Ankle, Knee and Cervical Spine Rules and the NICE guidelines for the management of Head Injury
		Demonstrate knowledge of and confidence in using the Ottawa guidelines in relation to musculoskeletal injuries of the lower limbs
	2.5 Provide clinical and therapeutic intervention	Critically analyse a clear understanding of the legal and prescribing rules associated with the prescribing, administration and supply of medicines
		Critically appraise a broad based understanding of drugs commonly used in the routine management of medical conditions, and the ability to refer to appropriate information sources for further information
		Critically reflect on the effects that the dynamics of age have on drug effectiveness and the necessary precautions to avoid patient harm
		Critically analyse the principles and practice underpinning the use of Patient Group Directions (PGDs) including their legal status
		Critically reflect on the principles of safe prescribing and mechanisms for reporting adverse drug reactions
		Critically examine commonly used and misused drugs/substances, and their physical manifestations
		Demonstrate the ability to objectively assess pain in patients across the age continuum using a range of assessment tools.
		Demonstrate competence in identifying the need for and application of a range of splints and supports including slings, collars and bandages
		Critically analyse the indications for immobilisation, the techniques involved, potential problems, and instructions for ongoing care
	2.6 Administer medication	Administer pharmacological and non-pharmacological analgesia to achieve effective pain control
		Critically appraise the indications for thrombolysis in both hospital and out-of-hospital settings, the various agents involved and the associated risks

Key Area	Function	Learning Outcomes
	2.7 Refer patients to appropriate healthcare specialists or specialist services	Demonstrate familiarity with referral processes in relation to the wider health and social care community and how these may be utilised by the ECP
		Critically appraise referral processes and pathways across the health and social care economy, and the indications for referring patients
		Devise appropriate action plans where necessary, including referral to others in the health and social care team.
	2.8 Monitor the health status of the patient in your care	Demonstrate an ability to be able to continue the observation and care of the patient in your care, be aware of the significance of change in those observations and be able to act accordingly
	2.9 Advise on the health needs of the patient to the relevant carer	Demonstrate the ability to perform an assessment of patients domestic and social support networks
3. Documentation	3.1 Complete and maintain appropriate clinical notes	Demonstrate accurate and effective defensible documentation of findings from the history taking and physical assessment process in such a way that this can be understood by all members of the multi-disciplinary team
	3.2 Provide written statements and reports	Demonstrate an ability to prepare and write statements or reports based on your clinical notes when requested for legal purposes, for either the criminal or civil court.
	3.3 Work collaboratively with other professionals and agencies	Critically review inter-service working involving all the emergency services, including collaboration and communication, and understanding of the role and contribution of the wider multi-disciplinary team to the delivery of emergency/unscheduled care
		Critically review the public health role of ECPs and the knowledge needed to provide the correct advice to patients
		Analyse the roles and responsibilities of the ECP in relation to sudden death and those of the coroner, his officers, funeral directors, and the preservation of forensic evidence, both at the scene and beyond.
4. Equipment and Technology	4.1 Maintain a safe and clean environment	Understand the indications for the use of walking aids including elbow crutches and axillary crutches, walking sticks and Zimmer frames, and be able to demonstrate safe techniques for use

Key Area	Function	Learning Outcomes
	4.2 Maintain vehicles for the transport of people, materials and equipment	Demonstrate familiarity with equipment particular to the ambulance or out-of-hospital setting including: extrication devices (e.g. KED and RED), long boards, spinal immobilisation devices, carry chairs, lifting cushions, patients slides, portable ventilation systems, manual and electric suction devices, splints (e.g. vacuum, box, or traction), and the advantages and disadvantages of the various modes of transport
	4.3 Collect, transport and set down passengers and/or materials and equipment	Critically reflect on scene safety, mechanisms of injury and patient extrication techniques in the out-of-hospital setting
		Demonstrate awareness of guidance on parking upon arrival at incident scenes
		Explore the principles of scene safety and scene protection
		Critically examine HAZCHEM codes and the importance of the UN number
	4.4 Receive and store medication and products	Be aware of the regulations regarding the storage of medications in your care which you may need to dispense to the patient using the local Patient Group Directives
5. Communication and Information Technology	5.1 Maintain effective communication skills	Demonstrate familiarity with the prioritisation systems and processes used in Clinical settings, including triage, streaming and 'see & treat'
	5.2 Develop appropriate interpretation and translation skills	Demonstrate the ability to articulate clinical findings in relation to normal and abnormal presentations
		Demonstrate effective and enhanced communication and interpersonal skills when dealing with patients across the lifespan, including those with special needs
	5.3 Transmit information using electronic communication media	Critically analyse the various structures and processes underpinning the organisation of the ambulance service including communications, priority dispatch systems, radio procedures, the range of emergency response vehicles available and activation procedures
		Explore the use and benefits of telemetry and telemedicine in the delivery of emergency/ unscheduled care

Key Area	Function	Learning Outcomes
6. Health and Safety	6.1 Protect individuals from harm and abuse	Critically reflect on the local Guidelines and Procedures agreed by the Area Review Committee for the Protection of Adults in your area of work
		Critically reflect on the issues associated with domestic violence, non-accidental injury (in all ages), elder abuse and those in the vulnerable groups, and be able to devise action plans and/or make referrals as appropriate
	6.2 Support the Health and Safety of self and others	Critically appraise the legal requirements and mechanism for reporting any diagnosis made of a communicable disease.
	6.3 Handle and store equipment safely	Demonstrate an understanding of and explore the regulations regarding the handling and storage of equipment you may use in the care of your patient or carers of your patient
	6.4 Protect self and others from risk of violence at work	Critically reflect on ways in which violent or potentially violent situations may be managed and defused
7. Clinical Governance	7.1 Act within the limits of your competence and authority	Critically examine the roles and responsibilities of the ECP in relation to Clinical Governance
		Critically analyse the legal, professional and ethical issues pertaining to Emergency Care Practitioners
		Critically reflect on the correct handling and stewardship of confidential patient information, and familiarity with the Data Protection Act and the role of the Caldicott Guardian
		Critically explore the Code of Professional Conduct and scope of professional practice of the ECP and their significance in relation to the development of clinical practice
		Critically reflect on what is meant by accountability, responsibility, delegation, supervision, liability, vicarious liability and professional regulation
		Critically analyse the professional, legal and ethical frameworks within which out-of-hospital care is practised
		Critically reflect on the terms consent, capacity, confidentiality and disclosure, and their application in emergency/unscheduled care settings to patients across the lifespan
		Reflect on the purpose and function of the range of settings in which emergency/ unscheduled care is delivered, including the ambulance service, primary care, out-of-hours facilities, Walk-in-Centres (WICs), Minor Injury Units (MIUs), NHS Direct (NHSD), and Emergency Departments (EDs), Urgent Care Centres (UCCs) and Custody settings

Key Area	Function	Learning Outcomes
	7.2 Ensure compliance with legal, regulatory, ethical and social requirements	Critically reflect on the roles and values of those involved in delivering emergency/ unscheduled care and develop a directory of local networks across the health community, including relevant contact details, both in-hours and out-of-hours
		Explore the roles and responsibilities of coroners and their officials, in relation to sudden death, and the legal and professional responsibilities of practitioners in relation to the preservation of evidence
	7.3 Ensure actions support the care, protection and well being of individuals	Analyse the expanding scope of ECP practice in the arena of physical assessment, and the impact of these new roles to professional practice

Pediatric Specific Learning Outcomes

Demonstrate effective and enhanced communication and interpersonal skills when dealing with children.

Demonstrate a range of techniques to use in eliciting a comprehensive history from children and carers

Demonstrate confidence in the assessment and recognition of the sick child, and initiate immediate and ongoing treatment as required including early specialist referral

Make sense of and assimilate clinical findings to enable working or provisional diagnoses to be established in relation to a range of presentations

Analyse the clinical significance of vital signs in all children

Assess, treat and refer or discharge children with allergic reactions

Assess, treat and manage febrile children, taking particular note of relevant past medical history

Assess, treat and refer as appropriate those children who present as a consequence of toxic ingestion, and those who present with respiratory, cardio-vascular or urinary symptoms, vomiting, diarrhoea and/or dehydration

Demonstrate assessment and examination of the nervous system, both central and peripheral in children

Critically explore meningitis and meningococcal disease, and their related symptoms, signs and immediate treatment

Critically appraise local child protection procedures, including the Child Protection Register and the Children's Act, and be familiar with indicators of non-accidental injury

Appendix 3:
An Example of a Theory and Clinical Module for the Education of Emergency Care Practitioners

Degree in Healthcare Sciences (Emergency Care Practitioner)

Theory Module

1. Title: Emergency Care Practitioner Clinical Practice

2. Module Leader: Joe Bloggs

3. Credits: 40

4. Level: Level 6

5. Post-requisites:

This module must be undertaken with Module 12345 (ECP Clinical Practice) in order to complete the ECP Programme and be eligible for the award.

6. Rationale:

This Module forms part of the Emergency Care Practitioner (ECP) Programme. It complies with the requirements stated within the Skills for Health Emergency Care Practitioner Competence and Curriculum Framework. This was initially developed as part of the National Changing Workforce Programme and also fitted with the Reforming Emergency Care Programme. The ECP role has been shown to significantly reduce Ambulance journeys and Accident and Emergency admissions.

An ECP has been defined as *'…a healthcare professional who works to a medical model, with the attitude, skills and knowledge base to deliver holistic care and treatment within the pre-hospital, primary and acute care settings with a broadly defined level of autonomy.'* (Skills for Health 2006)

This module will prepare the student for their future role as an ECP.

7. Aims and distinctive features :

This module is full time study, with students attending the University several days a week, and having directed study for the remainder of the time. This module will prepare and equip students with an expanded knowledge base composed of underpinning theoretical concepts, practice skills and physical assessment skills to enable them to undertake the role of Emergency Care Practitioner. It will develop effective therapeutic communication skills and promote effective clinical decision making in relation to professional judgment and diagnostic reasoning. The content will foster an evidence-based approach to professional practice in a variety of environments, which may often be unknown until the time the practitioner arrives at the scene.

The Aims of the Programme as listed in the Skills for Health Competence and Curriculum Framework specify that the ECP should be:

- safe practitioners in a wide variety of clinical pathways, with patients from diverse social and ethnic backgrounds over the whole age range
- expert communicators who are empathetic in a manner appropriate to the healthcare professional
- aware of health inequalities and the challenges of working in a multicultural environment
- aware of the limits of their competence and determined to act within those limits
- comfortable in the context of multi-professional working in a team environment
- adept in the use of C & IT (Communication and Information Technology) skills for healthcare
- capable and motivated lifelong learners continually engaged in active professional development
- understanding of the need to maintain and promote health, as well as to cure or palliate disease
- aware of their obligations to the wider community as well as to individuals
- able to integrate theoretical and clinical learning

8. Learning outcomes :

On completion of the module students will be able to:

1. demonstrate an understanding of the relevant anatomical and physiological concepts and theoretical constructs which underpin a safe and effective patient consultation.
2. critically examine key relevant concepts and theoretical constructs in order to effectively manage a range of clinical conditions; to maintain and promote health; to cure or palliate disease in the wider community as well as individuals.

3. demonstrate an insightful understanding of the communication and interpersonal skills necessary to effectively and safely deal with patients/ significant others, relating effectively to other health care professionals.

4. critically appraise knowledge of key treatment options to examples from practice

5. demonstrate an ability to apply the underlying concepts and principles relating to the Codes and Standards required for Professional Conduct, Clinical Governance, medico-legal implications and their relevance to practice.

6. demonstrate an ability to utilise communication information technology skills to undertake critical analysis of data used in health care

9. Learning and teaching strategy :

The delivery of module content will be through the use of interactive lectures, practical demonstrations, discussions, reflective practice, simulated clinical examinations, seminar presentations and tutorials. The strategy chosen will ultimately depend on the subject matter. A number of speakers, both internal and external, will be used in this module to ensure that there is an emphasis on practice. There will also be directed student tasks throughout the module. Peer group sharing of information and experience will be utilised to reinforce the students' confidence.

The use of an ongoing academic supervision process will also help to ensure that the student is aware of any deficiencies in his/her learning process or, indeed, their competence on a month by month basis.

7.1.1.1 Type	Length in Hours	7.1.1.2 Learning Outcome
7.1.1.3 Interactive Lecture / Seminar Presentation	344	1 – 6
7.1.1.4 Discussion	24	1 – 6
Reflective Practice	24	1 – 6
7.1.1.5 Simulated Clinical Exams	5	1 – 6
7.1.1.6 Tutorials	3	1 – 6

10. Arrangements for revision and private study

See above. Pre and intra-modular reading lists will support sessions.

11. Methods of assessment

Summative:

1. A three hour unseen written exam covering biosciences – Anatomy & Physiology, patho-physiology, and Clinical Medicine. (60% of total mark)

2. Diagnostic interpretive examinations, e.g.. ECG interpretation, radiographic interpretation, short answer questions on pictures, bones and pharmacology. (Pass / Fail)

3. Two 15 –20 min Biosciences / Clinical Medicine Presentations (40% of total mark: 20% each Presentation)

12. Methods of reassessment

(if different to 11)

Students must successfully complete all assessments. Should the student be referred in any of the above assessments, he/she is permitted one further attempt at that assessment. Should the student be referred in more than two of the assessments, they will be required to undergo the full series of assessments again. Their final result will then be not more than 40%.

Students' assessed work will be subject to the regulations and requirements of the University including the code of practice on unfair means.

13. Programme outcomes

Programme outcomes	Module outcomes	Assess method 1	Assess method 2	Assess method 3
1, 7, 8	1, 2, 4, 5	Biosciences & Clinical medicine Examination		
1, 2, 3, 4, 5, 8	2, 3, 4, 6		Diagnostic interpretive examination	
1, 2, 5, 6, 9	1, 2, 4			Presentations

KEY: CP: Clinical Portfolio
CPR: Clinical Presentation
CF: Competence Framework
OSCE: Objective Structured Clinical Examination

14. Assessment Specification

The student is required to:	Relates to learning outcome
Demonstrate detailed knowledge of anatomy, physiology and patho-physiology. Demonstrate skills in the independent analysis of theoretical constructs to a range of clinical presentations based on ECG tracings, pictures, bones or pharmacology questions.	1
Critically examine key relevant concepts and theoretical constructs to a range of clinical conditions.	2

Demonstrate an insightful understanding of the communication and interpersonal skills required for thorough history taking and clinical assessment of patients with a range of conditions.	3
Demonstrate advanced clinical decision making which encompasses the concept of safe and effective evidence based practice in the management of a range of conditions.	4
Demonstrate the ability to understand safe and effective evidence based practice in the management of clinical conditions across the age range.	5
Demonstrate an ability to utilise communication information technology skills to undertake critical analysis of data used in health care	6

15. External examiner

Appointed	Awaiting confirmation	Not identified
Name: Joe Bloggs	Name:	

16. Programme – module learning outcomes – mapping to internal/external reference points

Programme outcomes	Module outcomes	Subject benchmarks QAA 2001, (Emerging Health Profession)	Subject benchmarks QAA 2001, Registered Health Care Professional, (Nursing)	ECP Competence and Curriculum Framework. (Appendix 1. Learning Outcomes)	NHS Knowledge and Skills Framework outcomes (core and specific)
1	2, 3, 5	A1.4, A2.4, A3.2, A3.4, B1.3, B3.2, B3.4, C2.5,	A2.1, A3.1, B3.2, B3.4, B3.5, B3.6, B3.14, C1.2, C2.1	3, 8, 9,10, 11, 12,13,14,15, 16,17, 18,19, 20, 21	HWB1,2,3,4,5,6, 7,10; IK1,2,3
2, 6	6	A2.1, A2.3, A4.1, B2.1, B2.2, A3.3	A2.1, A2.2, A2.4, B2.4	6	5; HWB8; IK1, 2, 3
3, 4, 5, 7	4	,A3.7, A4.3, B4.3, B4.4, C1.4, C2.2,	A4.3, B3.10, B3.11, B3.13, C2.6	5	2, 5, 6
8	9	A2.3, B2.6, B2.5, C1.2, C2.1,	A4.1, A4.2, B2.2, B3.3, C1.3, C2.3, C2.4, C2.5	1	5; HWB7; G2

17. Indicative content

- The role of the ECP within the wider health care team
- Study skills
- Anatomy, physiology and patho-physiology of disease
- Evidence based practice

- Analysis of the ECP role and its implications for patients, peers and colleagues
- Clinical Medicine
- The paediatric patient
- Understanding the scope of practice of the ECP and the associated professional, legal and ethical issues
- Mental health

18. Indicative reading

Students will be encouraged to read widely throughout the course. In addition to text books, they will be encouraged to access journal articles, National Guidelines and web based material. The following list includes a selection of books that are recommended as appropriate for students on this course. It is not necessary to use all of these references; in some categories more than one book is recommended. Each student will have a personal preference as to which text is preferred.

Anatomy / Physiology & Pathophysiology

Martini,F, (2002), *Fundamentals of Anatomy and Physiology,* Pearson, Benjamin Cummings,

Porth,Carol Mattson, (2002), *Pathophysiology, Concepts of Altered Health States,* Lippincott, Philadelphia.

Abrahams, P, Craven,J & Lumley, J, (2005), *Illustrated Clinical Anatomy,* Hodder Education, London.

Clinical Medicine

Kumar,P.& Clark,M. (2002), *Clinical Medicine* , Elsevier Science Ltd, Edinburgh.

Longmore, M, Wilkinson, I, Rajagopalan, S, (2004) *The Oxford Handbook of Clinical Medicine,* London.

Clinical Examination

Epstein,O, Perkin,G,D, Cookson,J & De Bono,D,P, (2003), *Clinical Examination,* Mosby, London.

Paediatrics

Hull, D, Johnston, I, (1999), *Essential Paediatrics,* London.

Miall, L, Rudolf, M & Levene, M, (2003), *Paediatrics at a Glance,* Oxford: Blackwell Science.

Minor Injuries

McRae, Ronald, *Clinical Orthopaedic Examination,* Oxford, Churchill Livingstone.

Purcell, D, (2003), *Minor Injuries: A Clinical Guide for Nurses,* Oxford, Churchill Livingstone.

Sakthivel-Wainford, K, (2006), *Self Assessment in Limb X-ray Interpretation,* Cumbria, M&K Publishing.

Miscellaneous:

Ogden, J, (2004), *Health Psychology- A Textbook,* 3rd ed, Open University Press.

Read M T F (2000), *A practical guide to sports injuries*, Oxford: Butterworth Heinemann.

Reveley S, Walsh M & Crumbie A, (1999) *Nurse Practitioners Clinical Skills and Professional Issues*, Oxford: Butterworth Heineman,

Degree in Healthcare Sciences (Emergency Care Practitioner)

Clinical Practice Module

1. Title: Emergency Care Practitioner (Clinical Practice)

2. Module Leader: Joe Bloggs

3. Credits: 40

4. Level: Level 6

5. Pre-requisites:

This module must be undertaken with Module Number 12345 (ECP Theory), in order to complete the ECP Programme and be eligible for the award.

6. Rationale:

This Module forms part of the Emergency Care Practitioner (ECP) Programme. It complies with the requirements stated within the Skills for Health Emergency Care Practitioner Competence and Curriculum Framework. This was initially developed as part of the National Changing Workforce Programme and also fitted with the Reforming Emergency Care Programme. The ECP role has been shown to significantly reduce Ambulance journeys and Accident and Emergency admissions.

An ECP has been defined as *'…a healthcare professional who works to a medical model, with the attitude, skills and knowledge base to deliver holistic care and treatment within the pre-hospital, primary and acute care settings with a broadly defined level of autonomy.'* (Skills for Health 2006)

This module will prepare the student for their future role as an ECP.

7. Aims and distinctive features :

This module will be made up of full time clinical placements with additional University based study days. The module will consolidate the expanded knowledge base of the underpinning theoretical concepts and skills / techniques provided within ECP Theory module (23456). It will provide the opportunity to develop skills and enhance the student's clinical decision making, diagnostic reasoning and professional judgement in a range of settings. It will enable students to develop and consolidate the requisite skills / expertise to become a safe and effective ECP in practice.

8. Learning outcomes:

On completion of the module students will be able to critically evaluate underpinning knowledge and demonstrate:

1. safe practice in a wide variety of clinical settings, with patients from diverse social and ethnic backgrounds over the whole age range
2. expert communication skills which encompass an empathetic manner appropriate to the healthcare professional
3. awareness of health inequalities and the challenges of working in a multicultural environment
4. awareness of the limits of their competence and a determination to act only within those limits
5. an ability to work effectively in the context of a multi-professional team environment
6. competence in the use of C & IT (Communication and Information Technology) skills for healthcare
7. a motivation for lifelong learning and a willingness to continually engage in active professional development
8. an understanding of the need to maintain and promote health, as well as to cure or palliate disease
9. awareness of their obligations to the wider community as well as to individuals
10. an ability to integrate theoretical and clinical learning

9. Learning and teaching strategy:

This module consists of a series of practice placements during which the student is supported by a Clinical Supervisor in the clinical setting along with a University Academic Supervisor who, together, will ensure clinical learning needs are met and that the student is appropriately supported throughout the 6 month period.

The student will be encouraged to complete a reflective journal to identify learning and development throughout the module.

The key role of the Clinical Supervisor will be to continue the learning process commenced in the theory module (23456), and to sign off the listed competences when they consider the student to be competent. They will also liaise closely with the Academic Supervisor to identify any shortcomings of the student at the earliest possible stage.

There will be regular study days during the module which will:

1. consist of interactive lectures and seminars

2. allow the student to participate in clinical presentations, which will prepare the student for the summative assessment and enable peer group sharing of information and experience that will be utilised to reinforce student confidence

3. consolidate advanced practice requisites including decision making and diagnostic skills

7.1.1.7 Type	Length in Hours	7.1.1.8 Learning Outcome
7.1.1.9 Clinical placement	840	1 – 10
Study days will include the methods below:		
7.1.1.10 Interactive Lecture,	60	7, 8,9,10
7.1.1.11 Seminars / Presentations	30	2, 3, 6
7.1.1.12 Discussion	8	4, 5
Reflective Practice	60	1 – 10
7.1.1.13 Tutorials/Placement	2	1- 10

10. Arrangements for revision and private study

See above. Pre and intra-modular reading lists will support sessions.

11. Methods of assessment

Summative:

1. Competence Framework: Competences are assessed by the Clinical and the Academic Supervisor and completion of all elements will be verified by the University. (Pass / Fail)

2. Clinical Portfolio: 3 case studies from practice, written in appropriate academic style and presentation to Level 6, which will include details of the care of a patient from point of contact to point of departure. This will include:

    a. history

    b. physical examination

    c. relevant investigations

    d. differential diagnoses

    e. management plan

    f. outcome

    g. discussion and analysis of case, outcome and clinical decisions

In total the 3 case studies must cover the full age range of patients likely to be encountered by the ECP in the practice setting, i.e. across the full age continuum.

Each case study will be a maximum of 1500 words and the student must achieve the pass mark required by the University.

The discussion component of each case study must comprise not less than 60% of the word count.

Total written component (wordage) of the 3 case studies in the portfolio will be 4500 words max.

3. The student will be required to choose one of the case studies included within the Clinical Portfolio to be the subject of a Clinical Presentation, (viva voce examination) during the final study week. This clinical presentation will be of 15 minutes duration and will be marked using the grading criteria required by the particular University

   (40% of total module mark)

4. 5 x 20 minute Objective Structured Clinical Examinations to cover the whole age range and a range of commonly presenting and emergency conditions. This will also be marked using the grading criteria required by the particular University.

   (Pass / Fail)

12. Methods of re-assessment (if different to 11)

Students must successfully complete all assessments.

Should the student be referred in any of the above assessments, he/she is permitted one further attempt at that assessment.

Should the student be referred in only one OSCE assessment, he/she will be permitted one further attempt at that or an equivalent OSCE. Should the student be referred in 2 or more OSCEs, they will be required to undergo the full series of OSCEs again.

Their final result for this part of the assessment will then be not more than 40%.

Students' assessed work will be subject to the regulations and requirements of the University including the Code of Practice on unfair means.

13. Programme outcomes

Programme outcomes	Module outcomes	Assess method 1	Assess method 2	Assess method 3	Assess method 4
1, 3, 8-10	3, 4, 7	CP			
1 – 3, 6, 8-10	2, 6		CPR		
1 – 10	1, 4, 8-10			CF	
1 – 4, 8-10	1, 2, 5				OSCE

KEY: CP: Clinical Portfolio
CPR: Clinical Presentation
CF: Competence Framework
OSCE: Objective Structured Clinical Examination

14. Assessment Specification

The student is required to:	Relates to learning outcome
Successfully achieve all competences within the Competence Framework	1 – 10
Identify and critically examine key areas of practice within the ECP role and make recommendations for future practice based on this work.	1, 3, 5, 8-10
Demonstrate a high level of communication and interpersonal skills during history taking and clinical assessment of patients with a range of undifferentiated and undiagnosed conditions.	1, 2, 4
Demonstrate advanced clinical decision making which encompasses the concept of safe and effective evidence based practice in the management of a range of conditions across the age range.	1, 8-10
Demonstrate an ability to evaluate theories, concepts and evidence underpinning health care interventions.	7
Demonstrate an ability to utilise communication and information technology skills within the practice setting.	6

15. External examiner

Appointed	Awaiting confirmation	Not identified
Name: Joe Bloggs	Name:	

16. Programme – module learning outcomes – mapping to internal/external reference points

Programme outcomes	Module outcomes	Subject benchmarks QAA 2001, (Emerging Health Profession)	Subject benchmarks QAA 2001, Registered Health Care Professional, (Nursing)	ECP Competence and Curriculum Framework. (Appendix 1. Learning Outcomes)	NHS Knowledge and Skills Framework outcomes (core and specific)
1	2, 3, 5	A1.4, A2.4, A3.2, A3.4, B1.3, B3.2, B3.4, C2.5,	A2.1, A3.1, B3.2, B3.4, B3.5, B3.6, B3.14, C1.2, C2.1	3, 8, 9,10, 11, 12,13,14,15, 16,17, 18,19, 20, 21	HWB1, 2,3,4,5,6,7,10; IK1,2,3
2, 6	6	A2.1, A2.3, A4.1, B2.1, B2.2, A3.3	A2.1, A2.2, A2.4, B2.4	6	5; HWB8; IK1, 2, 3

3, 4, 5, 7	4	,A3.7, A4.3, B4.3, B4.4, C1.4, C2.2,	A4.3, B3.10, B3.11, B3.13, C2.6	5	2, 5, 6
8-10	9-10	A2.3, B2.6, B2.5, C1.2, C2.1,	A4.1, A4.2, B2.2, B3.3, C1.3, C2.3, C2.4, C2.5	1	5; HWB7; G2

17. Indicative content

- Role of the ECP in health assessment
- Advanced therapeutic relationships with patients
- Autonomous decision-making skills
- Developing confidence in clinical assessment skills and physical examination techniques in relation to a range of clinical conditions and presentations across the lifespan
- Developing understanding of, and confidence in, normal and abnormal physiological presentation of body structures throughout the age continuum
- Reflective practice
- Differential diagnoses in relation to clinical findings
- Pharmacology
- Developing a more inquiring and insightful approach to patient assessment
- Problem-solving skills

18. Indicative reading

Students will be encouraged to read widely throughout the course. In addition to text books, they will be encouraged to access journal articles, National Guidelines and web based material. The following list includes a selection of books that are recommended as appropriate for students on this course. It is not necessary to use all of these references; in some categories more than one book is recommended. Each student will have a personal preference as to which text is preferred.

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Abrahams, P, Craven, J & Lumley, J, (2005), *Illustrated Clinical Anatomy,* Hodder Education, London.

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Purcell, D, (2003), *Minor Injuries: A Clinical Guide for Nurses,* Oxford, Churchill Livingstone.

Sakthivel-Wainford, K, (2006), *Self Assessment in Limb X-ray Interpretation,* Cumbria, M&K Publishing.

Miscellaneous:

Ogden, J, (2004), *Health Psychology- A Textbook,* 3rd ed, Open University Press.

Read M T F (2000), *A practical guide to sports injuries*, Oxford: Butterworth Heinemann.

Reveley S, Walsh M & Crumbie A, (1999) *Nurse Practitioners Clinical Skills and Professional Issues*, Oxford: Butterworth Heineman,

Appendix 4:
Membership of Governance Groups

Membership of the ECP Strategy Group (June 2007)

Prof. Sir George Alberti (Chair)	National Director for Emergency Access
Karen Middleton	DH Chief Health Professions Officer
Ros Meade	DH Regulation Branch
Dr Chris Carney	Chief Executive East of England Ambulance NHS Trust & Chair AETAG
Dr Hugo Minney	Yorkshire Academy
Ian Weller	Workforce Review Team
Kathryn Glover	DH Ambulance Policy
Dr Jim Wardrope	President, College of Emergency Medicine
Dr Fiona Jewkes	GP, Medical Director Wiltshire Ambulance, President BPA & member JRCALC
Peter Grummitt	DH Workforce Branch
Prof. Janice Sigsworth	DH Deputy Chief Nursing Officer
Sarah Goodson	Associate Director, Basingstoke and North Hampshire NHS Foundation Trust
Prof. Nigel Sparrow	Royal College of General Practitioners
Dr John Gosnold	Development Manager, Skills for Health
Mark Bilby	Development Manager, Skills for Health
Chris Wintle	Associate Director, Skills for Health

Membership of the ECP Voluntary Regulatory Committee (June 2007)

Dr John Gosnold	(Chair) Skills for Health
Mark Bilby	Skills for Health
Erica McGregor	North West Ambulance Service
Dr Hugo Minney	Lay Member
Dave Taylor	North West Ambulance Service
Gavin Reader	Great Western Ambulance Service
Roland Furber	British Paramedic Association
Dave Coates	Great Western Ambulance Service
Julie Turner	North Lincolnshire PCT
Sarah Goodson	
Mike Hayward	Royal College of Nursing
Rob Slee	London Ambulance Service
Jason Somerville	South Central Ambulance Service
Neil Storey	East of England Ambulance Service
Belle Connell	Lay Member

References

1 The NHS Plan: a plan for investment, a plan for reform. July 2000, **HMSO** 010481829: London

2 Reforming Emergency Care in England, A report by Professor Sir George Alberti (**Department of Health** April 2007 Gateway Ref 8178)

3 The future role and education of paramedic ambulance service personnel (**subcommittee of Joint Royal Colleges Ambulance Liaison Committee and the Ambulance Service Association** 5 Jan 2000) [http://www.asancep.org.uk/future_role.htm]

4 The Emergency Care Practitioner Report – Right Skill, Right Time, Right Place (**Department of Health** October 2004) http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4093086&chk=oDUTvB

5 A national evaluation of the clinical and cost effectiveness of Emergency Care Practitioners – Phase one (**Mason S, Coleman P, Ratcliffe J, Turner J, Nicholl J.** ScHARR University of Sheffield) July 2004

6 A national evaluation of the clinical and cost-effectiveness of Emergency Care Practitioners – Phase 2 **Mason S, O'Keeffe C, Coleman P, Edlin R, Nicholl J**) *ScHARR report* November 2005

7 The evolution of the emergency care practitioner role in England: experiences and impact (**Mason S, Coleman P, O'Keeffe C, Ratcliffe J and Nicholl J**) *Emergency Medicine Journal* 2006;23:435-439

8 Measuring the Benefits of Emergency Care Practitioners, A report written by Dr Hugo Minney (**Skills for Health** June 2007 Gateway Ref 8382)

9 Patients' experiences of care provided by emergency care practitioners and traditional ambulance practitioners: a survey from the London Ambulance Service (**Halter M, Marlow T, Tye C and Ellison GTH)** *Emergency Medicine Journal* 2006;**23**:865-866

10 These figures were calculated during the preparation of the research for The ECP Report (see reference 4) and were discussed with Out of Hours providers. Subsequent calculations e.g. for Taking Healthcare to the Patient have supported this benefit

11 Taking Healthcare to the Patient – Transforming NHS Ambulance Services (**Department of Health** Gateway Ref 5133) June 2005

12 Emergency Care Practitioner "Telephone Assessment and Treatment in the Out of Hours Service" Sedgefield Primary Care Trust / Durham Dales PCT. (**Moran J)** internal report reported on *NHS Networks Demand Management* April 2006

13 A twelve-month study of prison healthcare escorts and bedwatches (**Department of Health / HM Prison Service** Gateway Ref 7182) November 2006

14 Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century (**Department of Health** Gateway Ref 7823) February 2007

Skills for Health
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Skills for Business is an employer-led network consisting of 25 Sector Skills Councils and the Sector Skills Development Agency. Through labour market intelligence, the identification of skills needs at all levels and its influence on the UK's education and learning infrastructure, the network aims to increase productivity in business and public services.