RENAL ADVANCED PRACTICE AREA SPECIFIC CAPABILITY AND CURRICULUM FRAMEWORK

Endorsed by ANNUK 2026

Abstract

This curriculum framework has been developed to provide a standardised national structure that assists employers in the training and appointment of regulated healthcare workers in advanced clinical practice roles across England. The purpose of this curriculum framework is to develop ACPs who have the core, generic clinical, and specialty-specific capabilities to provide advanced patient care, within their specialty and scope of practice. On successful completion, learners will be able to demonstrate to their employer that they are entrusted to undertake the role of ACP within the NHS and/or other health and social care settings.

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Association of Nephrology Nurses UK

Advanced Practice

Renal advanced practice area specific capability and curriculum framework. Endorsed by ANN UK

This framework has met the criteria for endorsement as a multi-professional area specific capability and curriculum framework and is ready for delivery. It will be kept under regular periodic review to ensure that it remains current and responsive to changing population, patient, service delivery and workforce needs.

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Contents

1. Introduction

The health and care systems are evolving rapidly to deliver innovative models of care that meet the increasing and changing needs of individuals, families, and communities. In recent years, not only has the education and training of traditional professional and clinical groups adapted to account for the shifting requirements of employers, patients, and the public, but new specialist roles have emerged, including that of advanced practitioners (APs).

The National Health Service (NHS) multi-professional framework (MPF) for advanced clinical practice in England, initially developed by Health Education England (HEE) in 2017, and refreshed in 2025 as the multi-professional framework of advanced practice in England by the Centre of Advancing Practice of NHS England) describes the high-level need for a new, consistent approach to developing the role of APs, to ensure quality, safety and effectiveness.

The MPF sets out, an agreed definition of advanced practice in England for all health and care professionals. It articulates what it means for individuals to practise at a higher level from that achieved on initial registration, and outlines the skills, knowledge, and behaviours that APs should have developed in order to undertake clinical decision-making in the context of complexity and uncertainty.
This curriculum framework defines the purpose, learning content, and structure of training and assessment for APs working with renal patients.

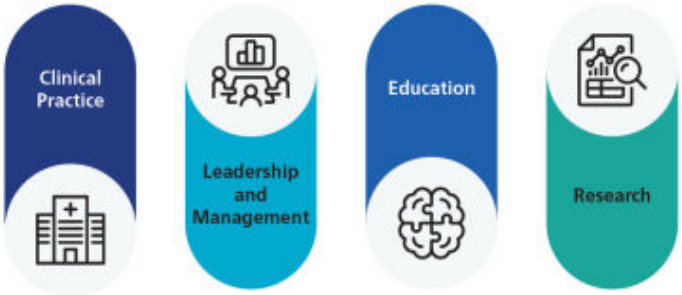
2 Purpose

2.1 Purpose statement

This curriculum framework has been developed to provide a standardised national structure that assists employers in the training and appointment of registered health and care professionals in advanced practice roles across England.

There are an increasing number of renal APs due to a decrease in renal trainees and increasing number of patients. Evidence also suggests healthcare professionals working in advanced level practice roles improves patient care.

The purpose of this curriculum framework is to develop APs who have the core, generic clinical, and specialty-specific capabilities to provide advanced patient care, within their specialty and scope of practice. On successful completion, learners will be able to demonstrate to their employer that they are entrusted to undertake the role of an AP within the NHS and/or other health and social care settings.
The multi-professional framework (MPF) for advanced practice in England includes a national definition of advanced practice, and the four pillars by which it is underpinned:



The MPF sets out the scope of advanced practice and describes the capabilities required for APs working across all healthcare settings in England, including primary and secondary care, and in the community. These include advanced history taking and assessment skills and the ability to synthesis information, using clinical reasoning and judgment to diagnose, formulate a shared management plan and provide personalised care in the face of uncertainty and complexity. When working in an AP role, individuals will usually be entrusted to exercise such capabilities with indirect supervision.

The capabilities in practice (CiPs) within this curriculum framework have been mapped to the multi-professional framework. The essential AP CiPs are divided into three groups: core, generic clinical, and specialty clinical. The core and generic clinical CiPs will be standard across all the advanced practice curriculum frameworks originally developed by NHS England in conjunction with the AP Development Committee (ADC) of the Royal College of Physicians (RCP). This will facilitate the curriculum framework's delivery and reduce the burden of assessment, thereby maximising workforce development and learning opportunities. As part of the holistic development of responsible clinicians, these core professional capabilities must be demonstrated at every stage of training. During their training, APs will learn in a

variety of settings using a range of methods, including formal postgraduate teaching, workplace-based experiential learning, and simulation.

2.2 Rationale

The NHS 10 Year Health Plan for England: fit for the future, outlined the importance of workforce planning, and the need to do more to provide development and career progression opportunities for existing staff. The plan details an expansion for multi-professional credentialing to enable clinicians to develop new, formally recognised capabilities in specific areas of competence. Not only is this expected to improve staff retention by providing the opportunity for development and progression, but it will also equip individuals with the advanced skills needed to meet the needs of patients in the future.

The rationale of this resource, therefore, is to optimise such opportunities through a national curriculum framework for AP training that is consistent across England. Completion of training developed in line with this curriculum framework will enable all trainee APs to demonstrate the essential knowledge, skills, and behaviours for the delivery of advanced practice in England within the context of working with the renal patient.

2.3 Development

This curriculum framework has been developed by the Association of Nephrology Nurses (ANNUK), and a community of practice group (CoP) for advanced practice within renal.

The membership of the CoP has included broad representation from the multi-disciplinary team, lecturers and leads for AP services, current APs and consultants involved in their teaching and training, specialist societies (Association of Nephrology nurses (ANNUK), UK Kidney Association and leads for postgraduate advance practice programmes in higher education institutes.

2.4 Eligibility Criteria

To ensure that trainee APs are sufficiently prepared to develop their knowledge skills and behaviours to successfully work at an advanced practice level, applicants need to have a sound depth and breadth of clinical experience to work effectively and safely in an advanced practice role. An AP is a post-registration activity, which requires suitable progression past the newly qualified or early career phase of entry-level practice.

2.5 Duration of training

Additional eligibility criteria are detailed below:

- Registered and in good standing with their appropriate professional registration with no restrictions on their practice
- Employed as a Trainee AP or an AP.
- Must have full support and engagement of their employer

• Must have a co-ordinating educational supervisor and a clinical supervisor .
• Normally have a degree in a health-related discipline and have evidence of continuing professional development that shows an ability to study at master's level.
• Registered on, or have successfully completed either a master's degree (MSc) in advanced practice programme or the Centre's ePortfolio (supported) Route.
• Additional criteria may be required by the education provider
Completion of this AP curriculum framework will normally be undertaken over a 2 to 3 year period. It must be undertaken as part of, or after the successful completion, of a post registration MSc programme in advanced practice or a completion of an accredited portfolio route

This curriculum framework will provide the evidence base to enable learners ('trainee APs') to demonstrate their capabilities in practice.
Trainee APs may opt for less-than-full-time training and will require longer, pro rata, to complete it. The appropriate training period will be agreed between the trainee AP, their coordinating educational supervisor, training provider and their employer. As the curriculum framework will normally be completed alongside an MSc in advanced practice, trainee APs will have to ensure completion within the maximum time limit set by the training provider (usually a maximum of 5 years).
Recognition and accreditation of prior (certified or experiential) learning for APs who already hold a master's level qualification in advanced practice and for those who have experience of working as an AP with renal services will be at the discretion of the training provider.

2.6 Flexibility
The multi-professional framework for advanced practice in England provides flexibility in AP training, as this framework is common between different advanced practice settings and specialties.

In addition, all AP curriculum frameworks constructed by the ADC at the Royal College of Physicians will share the same core and generic clinical capabilities in practice (CiPs). This will provide flexibility for trainee APs to move between specialties without needing to repeat aspects of training where they have already demonstrated the capabilities.

3. Content of learning

3.1 Capabilities in practice and high-level learning outcomes

Capabilities in practice (CiPs) describe the professional activities within a scope of practice and are based on the concepts of high-level learning outcomes as seen in entrust able professional activities. CiPs are a way of utilising the professional judgement of experienced and appropriately trained assessors to form global judgements on professional performance, in a valid and defensible way.

3.1.1 Capabilities in practice

The CiPs are grouped in three categories:

Core CiPs cover the universal requirements of all AP specialties, and largely focus on the wider professional skills, knowledge and behaviours required to deliver advanced practice.

Generic clinical CiPs cover the universal requirements of all APs' specialties, and largely focus on the clinical aspects of advanced practice that are common across all specialties.

Specialty clinical CiPs cover the specialty-specific requirements for advanced practice within a particular specialty.

Each CiP is linked to a set of descriptors which are intended to provide the minimum level of knowledge, skill and behaviours which should be demonstrated by trainee APs. These descriptors are not exhaustive and should not be viewed as a tick-list; they are intended to help supervisors and trainees recognise the minimum standards that should be demonstrated for entrustment. There may be many more examples outside of the descriptors list that would provide equally valid evidence of performance.

Trainee APs use these capabilities to evidence how their performance meets or exceeds the minimum expected levels of performance for their year of training. Within the curriculum framework, there are also links to the MPF to indicate which 'pillar of practice' capability is being assessed within each CiP. The curriculum framework also includes examples of the evidence that may be used to demonstrate each capability and inform supervisor entrustment decisions. For completion of training to occur, trainee APs must demonstrate that they meet the minimum performance across each CiP within the levels of supervision defined in the AP decision aid.

3.1.2 Learning outcomes

Core:

1. Functions at an advanced level within healthcare organisational and management systems in line with their scope of practice and sphere of influence
2. Able to deal with complex ethical and legal issues relating to patient care

3. Selects and uses advanced communication skills to articulate and share their decision-making, while maintaining appropriate situational awareness, displaying professional behaviour, and exercising professional judgement
4. Initiates, leads, and delivers effective quality improvements in patient care, focused on maintaining patient safety
5. Able to critically appraise and undertake research, including managing data appropriately
6. Develops within the context of advanced level practice as a learner, teacher, and supervisor.

Generic clinical:
1. Undertakes an advanced clinical assessment in the face of uncertainty, and utilises critical thinking to inform diagnosis and decision-making
2. Leads acute intervention for patients, recognises the acutely deteriorating patient and delivering resuscitation
3. Manages the assessment, diagnosis and plans future management of patients in an outpatient clinic, ambulatory, or community setting, including the management of long-term conditions, in the context of complexity and uncertainty
4. Manages problems in patients in special cases and other specialties
5. Manages a multi-professional team, including the planning and management of discharge planning in complex, dynamic situations.
6. Manages end-of-life care and applies palliative care skills in the context of complexity and uncertainty

Specialty clinical – Renal:
1. Critically uses advanced knowledge and understanding of Renal medicine
2. Demonstrates advanced communication skills inworking with Renal patients
3. Assesses, formulates, plans, implements, and evaluates specialist interventions
4. Applies expertise in advance and anticipatory care planning

3.2 The capabilities in practice for advanced clinical practice Renal

The section below details the core, generic clinical and specialty clinical CiPs for advanced practice, relating to Renal. Descriptors for each CiP are provided, as well as links to the multi-professional framework, and examples of evidence that may be used to make an entrustment decision.

3.2.1 Core CiPs

1. Functions at an advanced level within healthcare organisational and management systems in line with their scope of practice and sphere of influence

Descriptors
• Exemplifies adherence to their respective code of conduct, being responsible and accountable for their actions and omissions while working within the scope of their clinical practice
• Demonstrates advanced leadership skills in complex and challenging situations

• Demonstrates an advanced level of awareness of public health issues including population health, social determinants of health and global health perspectives
• Demonstrates capability in dealing with complexity and uncertainty
• Exemplifies an open and transparent culture
• Deploys a detailed understanding of the role and processes of commissioning and engages when appropriate in their clinical context
• Works collaboratively with colleagues across settings, demonstrating an advanced level of knowledge and understanding of the range of services available in leading, planning and delivering patient-centre care
• Manages risk appropriately, especially where there may be complex and unpredictable events, and supports teams to do likewise to ensure the safety of patients, families, carers and the wider public
• Role models judicious use of resources
• Influences and contributes to governance structures

Links to MPF (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.1 1.2 1.5 1.6 1.8 1.9	2.2 2.3 2.8 2.9	3.4	

Evidence to inform decision
• Co-ordinating educational supervisor's report (CESR)
• Multi-source feedback (MSF)
• Associate workplace supervisor report (AWSR)
• Case-based discussions (CBD)
• Activity and role in governance structures
• Reflection and portfolio of evidence
• Evidence of involvement in business plans and quality improvement projects.

2. Able to deal with complex ethical and legal issues relating to patient care
Descriptors
• Negotiates and works within an individual scope of practice within legal, ethical, professional, and organisational policies, governance, and procedures on managing risk and upholding safety in complex and uncertain situations
• Leads critical decision-making in awareness of and adherence to national legislation and legal responsibilities, including safeguarding vulnerable groups
• Draws on ethical and legal frameworks and critically evaluates complex and challenging situations to make judicious decisions
• Epitomises the reflective practitioner, asking for, accepting, and responding positively to feedback

• Engages in professional debate and constructively challenges other professionals' interpretation and application of legal and ethical frameworks to the individual involved
• Demonstrates advanced leadership skills within the clinical team by ensuring that legal factors and ethical principles are considered openly and consistently in complex and uncertain situations, escalating where appropriate
• Critically reflects on their involvement in situations where the legal or ethical issues are challenging or complex and uses that reflection to further develop their own and other's practice

Links to MPF Pillar (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.3 1.8			

Evidence to inform decision
• Co-ordinating educational supervisor's report
• Case-based discussions (CBD)
• Multi-Course Feedback (MSF)
• Associate workplace supervisor report (AWSR)
• Reflective diary (for example, on complaints, coroner reports etc)
• Assessment of clinical effectiveness (ACE)
• Evidence of attendance at relevant training

3. Selects and uses advanced communication skills to articulate and shares their decision-making, while maintaining appropriate situational awareness, displaying professional behaviour, and exercising professional judgement

Descriptors
• Communicates clearly and effectively with patients and carers in a variety of settings in complex, dynamic situations
• Communicates effectively with clinical and other professional colleagues
• Demonstrates an advanced level of understanding of the barriers to communication (e.g., cognitive impairment, speech, and hearing problems) and strategies to manage these barriers
• Demonstrates advanced consultation skills including effective verbal and non-verbal interpersonal skills
• Exemplifies shared decision-making by informing the patient, making the care of the patient their first concern, and respecting the patient's beliefs, concerns, and expectations
• Communicates decision making appropriately to younger audiences (e.g., when discussing a patient with young relatives)
• Applies advanced leadership, management, and team-working skills appropriately, including influencing, negotiating, reassessing priorities and effectively managing complex, dynamic situations

• Articulates their clinical reasoning and explain their decision-making process demonstrating an advanced level of understanding of and sensitivity to the needs and preferences of those with whom they communicate
• Role models self-awareness, emotional intelligence and resilience, and engages in courageous conversations when advocating for self and others
• Adapts own professional language and actively promotes the use of a range of communication styles to influence, advocate and promote advanced clinical practice to different audiences
• Critically reflects on the effectiveness and impact of their communication style and uses the insights from reflection to develop their own communication skills.

Links to MPF (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.1 1.3 1.4 1.5 1.6 1.8 1.9 1.10	2.1 2.2 2.6 2.8 2.10	3.5 3.8	4.7

Evidence to inform decision
• Co-ordinating educational supervisor's report
• Associate workplace supervisor report (AWSR)
• Multi-Course Feedback (MSF)
• Patient survey

4. Initiates, leads and delivers effective quality improvements in patient care, focused on maintaining patient safety

Descriptors
• Prioritises patient safety in clinical practice, including in the context of complexity, uncertainty and unpredictability
• Raises and escalates concerns where there is an issue with patient safety or quality of care
• Critically appraises learning from patient safety incidents, investigations and complaints, ensuring learning is incorporated into own and other's practice
• Disseminates good practice appropriately
• Initiates leads and contributes to quality improvement activities
• Understands and applies human factors principles and practice at individual, team, organisational and system levels
• Demonstrates a critical understanding of the importance of non-technical skills and behaviours for upholding patient safety and critically applies these skills in practice to enhance the quality of care
• Actively engages with crisis resource management
• Recognises and works within limit of personal competence

• Critically appraise evidence and applies it on an individual patient basis to deliver the highest quality care
• Critically reflects on their involvement in quality improvement and uses this reflective process to consider what changes to their QI methodology or approach are needed when implementing future changes

Links to MPF (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.5 1.6 1.8 1.9 1.10	2.1 2.2 2.3 2.4 2.5 2.6 2.7 2.8 2.9 2.10	3.1 3.2 3.4 3.5 3.8	4.4

Evidence to inform decision
• Associate workplace supervisor report (AWSR)
• Multi-Course Feedback (MSF)
• Quality improvement reports
• Quality improvement project assessment tool (QIPAT)

5. Able to critically appraise and undertake research, including managing data appropriately

Descriptors
• Manages clinical and research data appropriately
• Understands the importance of information governance
• Demonstrates a critical understanding of the role of evidence in clinical practice and demonstrates shared decision-making with patients with regards to involvement in research
• Can critically evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods, then acting on the findings
• Demonstrates an advanced level of understanding of research methods, including qualitative and quantitative approaches in scientific enquiry
• Demonstrates an advanced level of understanding of research principles and concepts, and can translate research into practice and identify future research opportunities
• Can critically appraise relevant research, evaluation and audit, using the results to inform own and others' clinical practice
• Critically appraises the current evidence base including to identify gaps and its relevance to clinical practice, alerting appropriate individuals and organisations to these and suggesting how they might be addressed

• Critically engages in research activity, adhering to good research practice guidance while following guidelines on ethical conduct in research, consent for research, and documentation practice
• Disseminates best practice research findings and quality improvement projects through appropriate media (e.g., presentations, contributing to local or regional guidelines and peer reviewed research publications)
• Critically reflects on their engagement with research and uses this reflective process to identify areas for personal and role development.

Links to MPF (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.9 1.11	2.3 2.4 2.5 2.6 2.9		4.1 4.2 4.3 4.4 4.5 4.6 4.7 4.8

Evidence to inform decision
• Associate workplace supervisor report (AWSR)
• Multi-Course Feedback (MSF)
• GCP certificate (if involved in clinical research)
• Quality improvement project assessment tool (QIPAT)
• Audit assessment (AA)
• Evidence of literature search and critical appraisal of research
• Involvement in the development of clinical guidelines
• Evidence of research activity

6. Develops, within the context of advanced level practice, as a learner, teacher, and supervisor

Descriptors
• Develops and delivers high quality evidence based and innovative teaching and training to other health and social care professionals using a wide range of resources
• Critically appraises learner's level of understanding and delivers constructive feedback and assists them to develop an appropriate action plan
• Advocates for and contributes to, and role models, a culture of organisational learning to inspire future and existing staff, promoting collaboration with members of the wider team – clinical, academic and patients – to identify and facilitate shared learning
• Able to lead the supervision and assessment of less experienced colleagues in their clinical assessment and management of patients (within their scope of practice)
• Acts as a role model, educator, supervisor, coach and mentor, seeking to develop the capabilities and confidence of others

• Able to supervise less experienced trainees in carrying out practical procedures (within scope of practice)
• Critically evaluates the training needs of individuals and the wider team, supporting them to develop and implement a plan to address these
• Actively seeks feedback on their professional activities, and understands how their own behaviour and values can impact on others
• Critically reflects on their own learning needs and develops an individualised learning plan, seeking out or creating opportunities for their own development.

Links to MPF (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.3 1.5 1.8 1.10	2.1 2.2 2.3 2.4 2.6 2.7 2.8 2.10 2.11	3.1 3.2 3.3 3.4 3.5 3.6 3.7 3.8	4.3

Evidence to inform decision
• Associate workplace supervisor report (AWSR)
• Case-based discussions (CBD)
• Mini-CEX
• Multi-Course Feedback (MSF)
• Reflection
• Teaching attendance

3.2.2 Generic clinical CiPs

1. Undertakes an advanced clinical assessment in the face of uncertainty, and utilises critical thinking to inform diagnosis and decision making
Descriptors
• Takes a comprehensive, collaborative, person-centred history in challenging and uncertain situations
• Critically analyses the patient's history and presentation and performs relevant and accurate physical examinations within their scope of practice
• Synthesises the information available, using critical thinking to formulate appropriate judgements/diagnoses and use a shared decision-making approach to devise a comprehensive plan for investigation and management
• Identifies and responds, in a timely manner, to acuity and/or physiological deterioration
• Deals effectively with differentiated and undifferentiated presentations and complex situations

• Demonstrates an advanced level of clinical reasoning and communicates management decisions effectively to colleagues
• Communicates clinical reasoning and diagnoses with patients and those important to them and works with them to reach management decisions
• Seeks timely engagement with other colleagues / healthcare professionals as appropriate, demonstrating the complex information synthesis and critical thinking process that has led to their diagnoses and referral, and how this has been informed by the evidence base
• Exercises a critical awareness of personal scope of practice, and is aware of own limitations within clinical practice
• Critically reflects on their assessment, diagnostic and decision-making skills, identifies areas for future development and seeks out opportunities to address these development needs

Links to MPF (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.4 1.5 1.6 1.8 1.9 1.10			

Research Evidence to inform decision
• Direct observation of procedural skills (DOPS)
• Mini clinical evaluation exercise (Mini-CEX)
• Case-based discussions (CBD)
• Multi-Course Feedback (MSF)
• Reflective log CPD activities
• Learning needs assessment
• Professional development plan (PDP)

2. Leads acute intervention for patients, recognises the acutely deteriorating patient and delivering resuscitation

Descriptors
• Demonstrates prompt assessment of the acutely deteriorating patient, including those who are shocked or unconscious
• Initiates interventions to form a collaborative, patient-centred management plan, and liaises with other team members as appropriate
• Communicates clinical reasoning and decision-making to the patient and those important to them
• Role models collaborative working across services
• Uses advanced clinical reasoning skills to select, manage and interpret appropriate investigations in a timely manner

• Demonstrates appropriate reassessment and ongoing management of acutely unwell patients
• Critically appraises and applies current evidence, using professional judgement to assess and apply it appropriately within their practice (including interventions)
• Recalls, and acts in accordance with, professional, ethical and legal guidance in relation to cardiopulmonary resuscitation (CPR)
• Utilises advanced communication skills to participate sensitively and effectively in conversations relating to CPR, including decisions to not attempt CPR, and involves patients and those important to them, as appropriate
• Demonstrates competence in carrying out resuscitation
• Epitomises the reflective practitioner, critically reflecting on a resuscitation attempt, debriefing and engaging with others as needed, to identify learning needs and devise an appropriate plan to address these

Links to MPF (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 1.10 1.11	2.8		4.6

Evidence to inform decision
• Basic Life Support, Intermediate Life Support or Advanced Life Support (level required will be dependent on role and agreed by the trainee AP and their employer)
• Direct observation of procedural skills (DOPS)
• Acute care assessment tool (ACAT)
• Mini-CEX
• Case-based discussions (CBD)
• CPD activity Reflection
• Multi-Course Feedback (MSF)
• Involvement in QIP
• Quality improvement project assessment tool (QIPAT)
• Involvement in debriefs
• Patient survey
• Attendance at advanced communication skills training

3. Manages the assessment, diagnosis and plans future management of patients in an outpatient clinic, ambulatory or community setting, including the management of long-term conditions in the context of complexity and uncertainty

Descriptors
• Despite challenging circumstances, demonstrates professional behaviour with regard to patients, carers, colleagues and others
• Delivers patient-centred care, including shared decision-making
• Demonstrates advanced consultation skills
• Critically appraises the findings of their assessment to contribute to an appropriate diagnostic and management plan, considering patient preferences
• Draws on their advanced clinical reasoning skills to explain the rationale behind diagnostic and clinical management decisions to patients/ carers/guardians and other colleagues
• Appropriately manages comorbidities as part of a multidisciplinary team in outpatient clinic or community setting
• Demonstrates awareness of the quality of patient experience and implements changes to optimise or enhance this
• Demonstrates an advanced and comprehensive understanding of primary and secondary health promotion, barriers to health promotion and concordance issues

Links to MPF (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 1.10 1.11	2.1 2.2 2.3 2.8		4.6

Evidence to inform decision
• Letters generated at outpatient clinics
• Associate workplace supervisor report (AWSR)
• Mini-CEX
• Patient surveys
• Acute care assessment tool (ACAT) Generic clinical CiPs

4. Manages problems in patients in special cases and other specialties
Descriptors
• Demonstrates advanced consultation skills (including when in challenging circumstances)
• Demonstrates management of medical problems in inpatients under the care of other specialties
• Recognises when liaison with other professionals/services is required, and does so in a timely way, using their advanced clinical reasoning skills to rationalise the need for referral
• Demonstrates advanced communication skills and proactively seeks support when recognising limits of practice
• Demonstrates extensive knowledge of local services and community opportunities available to facilitate wellbeing Critically reflects on their ability to manage medical problems in other specialities and uses this reflective process to identify and address development needs.

Links to MPF (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9	2.1 2.2 2.8		4.6

Evidence to inform decision
• Associate workplace supervisor report (AWSR)
• Acute care assessment tool (ACAT)
• Case-based discussions (CBD)
• Multi-Course Feedback (MSF)

5. Manages a multi-professional team, including the planning and management of effective discharge planning in complex, dynamic situations
Descriptors
• Applies advanced leadership, management and team-working skills appropriately, including influencing, negotiating, reassessing priorities and effectively managing complex, dynamic situations
• Role models safe and effective handover, ensuring continuity of patient care and engages with prompt and accurate information sharing
• Effectively estimates length of stay / period of intervention, demonstrating an advanced level of understanding of the multitude of factors that can influence a

patient's length of stay/period of intervention, and implements measures to try to manage these
• Leads patient-centred care, including shared decision-making formulates an individualised discharge plan for patients (addressing physical, social and psychological needs) and works collaboratively with other professionals to manage and co-ordinate its delivery
• Critically reflects on their ability to manage a multi-disciplinary team and uses this reflective process to identify development needs and seeks out opportunities to address these

Links to MPF (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.1 1.4 1.5 1.6 1.8 1.9	2.1 2.8 2.10		4.6

Evidence to inform decision
• Associate workplace supervisor report (AWSR)
• Multi-Course Feedback (MSF)
• Acute care assessment tool (ACAT)
• Evidence of completing discharge summaries

6. Manages end-of-life care and applies palliative care skills in the context of complexity and uncertainty

Descriptors
• Identifies patients with limited reversibility of their medical condition and using their advanced communication skills, works with them to determine palliative and end-of life care needs
• Identifies the dying patient and develops an individualised care plan, utilising their advanced knowledge of anticipatory prescribing at end of life
• Demonstrates safe and effective use of medication delivery devices in the palliative care population (within their scope of practice)
• Able to manage non-complex symptom control, including pain
• Facilitates referrals to specialist palliative care across all settings, using their advanced clinical reasoning skills to articulate and justify the need for referral and anticipated intervention
• Involves patients and those important to them in decision-making, and demonstrates advanced consultation and communication skills in challenging circumstances
• Role models compassionate professional behaviour and clinical judgement
• Critically reflects on own ability to manage end of life care and use this process to identify development needs and seek out opportunities to address these

Links to MPF Pillar (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 1.10 1.11	2.8		

Evidence to inform decision
• Associate workplace supervisor report (AWSR)
• Case-based discussions (CBD)
• Mini-CEX
• Multi-Course Feedback (MSF)
• Reflection
• Teaching attendance

3.2.3 Specialty Clinical CiPs: Renal

1. Working on a renal ward

Descriptors

- Demonstrates professional behaviour regarding patients, carers, colleagues, and others.
- Delivers patient centred care including shared decision making.
- Demonstrates clinical leadership.
- Able to prioritise admissions and ensure safe discharge of patients.
- Takes a relevant patient history including patient symptoms, concerns, priorities, and preferences.
- Performs accurate clinical examinations.
- Formulates an appropriate diagnostic and management plan, considering patient preferences, and the urgency required including provision of urgent dialysis.
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues.
- Applies management and team working skills appropriately, including influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations.

- Identifies patients with limited reversibility of their medical conditions and determines palliative and end of life care needs including appropriateness of provision of dialysis.
- Demonstrates appropriate and timely liaison with other specialty services when required.
- Demonstrates management of renal problems in inpatients under the care of other specialties.

Links to MPF Pillar (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.1 1.2 1.3 1.4 1.5 1.6 1.8 1.9	2.1 2.2 2.6 2.8 2.10		

Evidence to inform decision
- Associate workplace supervisor report (AWSR)
- Case-based discussions (CBD)
- Mini-CEX
- Multi-Course Feedback (MSF)
- Reflection
- Teaching attendance

2. Managing renal replacement therapy programmes

Descriptors
- Demonstrates professional behaviour with regards to patients, carers, colleagues, and others
- Delivers patient centred care including shared decision making and shared care.
- Formulates and appropriate diagnosis and management plan, considering patient preferences including access for haemodialysis, working up for renal transplant, end of life care and withdrawal from dialysis.
- Appropriately manage comorbidities in the dialysis unit, satellite unit or outpatient clinic.
- Contributes to service development through research including audits.
- Awareness of how to perform, teach and prescribe peritoneal dialysis.
- Able to recognise complications of peritoneal dialysis and treat within local and national guidelines.
- Awareness of the process of all modalities of haemodialysis (HD, HDF, CVVH, SLED) and recognise when each modality is appropriate for the patient.

- Able to manage vascular access including central venous catheters, AVF and grafts in line with local and national guidelines.
- Able to recognise complications of vascular access and appropriately treat and or refer to vascular access or renal surgeons.
- Awareness of the process and the need for therapeutic plasma exchange and appropriately liaise with nephrologist, haematologist and neurologist as required.
- Lead on the training, competencies, standard operating procedures, patient specific directions for renal replacement therapy.
- Recognises deterioration and manages appropriately and escalates as required to seniors and other specialities.
- Demonstrates awareness of the quality of patient experience
- Recognises the importance of prompt and accurate information sharing with the primary care team.

Links to MPF Pillar (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 1.10 1.11	2.1 2.2 2.3 2.7 2.8 2.9 2.10 2.11	3.3 3.5 3.6 3.7 3.8	4.1 4.3 4.4 4.5 4.6 4.7

Evidence to inform decision
- Associate workplace supervisor report (AWSR)
- Case-based discussions (CBD)
- Mini-CEX
- Multi-Course Feedback (MSF)
- Reflection
- Teaching attendance

3. Running an acute renal referral service

Descriptors

- Demonstrates professional behaviour regarding patients, carers, colleagues, and others.
- Deliver patient centred care including shared decision making.
- Takes a relevant patient history and accurate clinical examination focused on the referral request and clinical situation.
- Appropriately selects, manages, and interprets investigations.

- Formulates and appropriate differential diagnosis and management plan, considering patient preferences, and the urgency required.
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/ carers/ guardians and other colleagues.
- Demonstrates prompt and accurate information sharing with relevant professionals after the consultation.

Autonomously manage, diagnose, and treat renal patients appropriately Within the AP's scope of practice

Links to MPF Pillar (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.11	2.1 2.2 2.8 2.10 2.11		

Evidence to inform decision
- Associate workplace supervisor report (AWSR)
- Case-based discussions (CBD)
- Mini-CEX
- Multi-Course Feedback (MSF)
- Reflection

4. Managing patient with chronic kidney disease (CKD) stages 1-5

Descriptors
- Demonstrates professional behaviour regarding patients, carers, colleagues, and others.
- Delivers patient centred care including shared decision making and shared care.
- Demonstrates an understanding of investigations to assess the cause, severity, and stability of CKD.
- Formulates and appropriate diagnostic and management plan, considering patient preferences including access for haemodialysis, preparation for peritoneal dialysis and workup for renal transplant.
- Identifies patients with limited reversibility of their medical condition and discusses optimal conservative management of CKD and end of life care needs as appropriate.
- Appropriately manages comorbidities.
- Demonstrates awareness of the quality of patient experience.
- Demonstrates appropriate and timely liaison with other specialty; advanced kidney care team, supportive care nurse specialist, renal counsellors, vascular access

nurse specialists, anaemia nurse specialists and services based in Primary Care as required.
- Able to educate both patients and staff regarding CKD, treatment options, management of symptoms and conservative approach. Able to manage in both an outpatient and inpatient setting.

Links to MPF Pillar (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.1 1.2 1.4 1.5 1.6 1.7 1.8 1.9 1.10. 1.11		3.5 3.6 3.7 3.8	

Evidence to inform decision
• Associate workplace supervisor report (AWSR)
• Case-based discussions (CBD)
• Mini-CEX
• Multi-Course Feedback (MSF)
• Reflection

5. Acute kidney injury programme

Descriptors
- Able to identify, manage and treat acute kidney injury (AKI) in line with NICE recommendations.
- Able to appropriately explain to a patient or relative the diagnosis, treatment options and likely prognosis.
- Able to list the causes of AKI and defines the relationship to systemic disease.
- Outlines the pathophysiology of AKI in different clinical scenarios.
- Able to recognise and discuss treatment options such as renal replacement therapy (including plasma exchange) and treatment relevant to the underlying cause of AKI.
- Provide education in recognition and management for the Trust in line with best practice for AKI.
- Identify and complete audits or research projects to aid service development.
- Able to manage in both an outpatient and inpatient setting

Links to MPF Pillar (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.1	2.2	3.1	4.1

1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.10	2.3 2.7 2.11	3.2 3.3 3.8	4.2 4.3 4.4 4.5 4.6 4.7 4.8

Evidence to inform decision
• Associate workplace supervisor report (AWSR)
• Case-based discussions (CBD)
• Mini-CEX
• Multi-Course Feedback (MSF)
• Reflection
• Teaching attendance

6. Managing renal transplant patients

Descriptors
• Demonstrates professional behaviour with regard to patients, carers, colleagues and others.
• Delivers patient centred care including shared decision making.
• Demonstrates an understanding of the indications for renal transplantation and risk versus benefit.
• Demonstrates ability to apply knowledge when caring for acute (6 months post-transplant) and chronic (established) transplant recipients including failing renal transplants.
• Demonstrates an understanding of live donor assessment.
• Demonstrates appropriate and timely liaison with other specialty services when required.
• Able to manage the acute or chronic renal transplant patient in both inpatient and outpatient setting.

Links to MPF Pillar (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.10			

Evidence to inform decision
- Associate workplace supervisor report (AWSR)
- Case-based discussions (CBD)
- Mini-CEX
- Multi-Course Feedback (MSF)
- Reflection

7. Renal Vascular Access

Descriptors
- Demonstrates professional behaviour with regard to patients, carers, colleagues and others.
- Delivers patient centred care including shared decision making.
- Demonstrates an understanding of the indications for the need for vascular access including risks and benefits.
- Demonstrates ability to apply knowledge when caring for patients with fistula, grafts and haemodialysis lines.
- Demonstrates appropriate and timely liaison with other specialty services when required.
- Able to manage acute complications related to vascular access including prescription of medications.

Links to MPF Pillar (Appendix 3)

Pillar 1 Clinical practice	Pillar 2 Leadership and management	Pillar 3 Education	Pillar 4 Research
1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.10			

Evidence to inform decision
- Associate workplace supervisor report (AWSR)
- Case-based discussions (CBD)
- Mini-CEX
- Multi-Course Feedback (MSF)
- Reflection

3.2.4 Content of learning – Renal

In order for the trainee AP/APs to achieve competence in the renal capabilities a content of learning expectation has been adapted from the Renal Medicine 2022 curriculum which outlines the knowledge base required for the renal AP. This should be reviewed in clinical context alongside the six renal capabilities, each theme is

mapped against each capability to assist the trainee and clinical supervisor of particular presentations, conditions and issues which are common or serious (having high morbidity, mortality and/or serious implications for treatment or public health).

Particular presentations, conditions and issues are listed either because they are common or serious (having high morbidity, mortality and/or serious implications for treatment or public health). For each condition/presentation, trainees will need to be familiar with such aspects as aetiology, epidemiology, clinical features, investigation, management and prognosis. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

Theme	Content of learning	Renal Capability
Common nephrology presentations.	Haematuria: • Able to outline the pathophysiology of visible and non-visible haematuria. • Understands the causes of haematuria and define the relationship to systemic diseases. • Able to formulate a differential diagnosis, appropriate plan of investigation and management for a patient with haematuria. • Recognises the need to involve specialist teams appropriately (e.g., Urologists and Histopathologist). Proteinuria: • Able to outline the pathophysiology of proteinuria and nephrotic syndrome. • Able to differentiate between physiological and pathological causes of proteinuria. • Understands the causes of proteinuria and define the relationship to systemic diseases. • Describes the risk of extrarenal complications of nephrotic syndrome. • Understands the range of treatment options. • Able to formulate a differential diagnosis, appropriate plan of investigation and management for a patient with asymptomatic proteinuria, symptomatic proteinuria, or nephrotic syndrome. • Assesses the severity of proteinuria and the risk of extra-renal complications. • Recognises the indication for renal biopsy in investigation of proteinuria. • Aware of the importance of the primary care team in screening for proteinuria and in long term management of some patients	1. 2. 3. 4.

Disorders of Fluid and Electrolyte and Acid Base Regulation	• Determines the clinical importance of fluid, electrolyte, and acid base abnormalities. • Outlines the pathophysiology of sodium, potassium, and hydrogen ion imbalance. • Describes the methods used to investigate fluid, electrolyte, and acid base abnormalities. • Able to assess and manage patients with disorders of fluid, electrolyte, and acid base homeostasis and administers appropriate management. • Performs a thorough and accurate clinical examination which includes the assessment of the volume status. • Interprets the results of appropriate biochemical investigations.	1. 2. 3. 4.
Glomerulonephritis	• Explain the classification glomerulonephritis by syndrome presentation, understands the aetiology, pathology, and clinical manifestations. • Understands the various types of glomerulonephritis. • Understands systemic disease-causing glomerulonephritis especially vasculitis and Systemic lupus erythematosus (SLE), viral (including HIV) and other infections and thrombotic microangiopathies. • Able to describe the investigation of a patient with glomerulonephritis, both at time of presentation and during long term follow-up. • Awareness of available management strategies. • Able to investigate patient with suspected glomerulonephritis appropriately including instigating laboratory tests, imaging, and renal biopsy (with senior involvement).	1. 2. 3. 4.
Tubulointerstitial Nephritis	• Understands the pathophysiology of interstitial nephritis and tubulointerstitial disease and able to explain their causes. • Able to describe the investigations needed in patients with interstitial nephritis. • Understands the urgency of treatment and the place of steroids or other immune suppression in certain cases.	1. 2. 3. 4.
Acute Kidney Injury	• Able to list the causes of AKI and defines the relationship to systemic disease. • Outlines the pathophysiology of AKI in different clinical scenarios. • Describes the methods available to grade severity of AKI. • Describes methods of investigation relevant to a patient with AKI.	1. 5. 6.

	• Outlines treatment options: renal replacement therapy (including plasma exchange) and treatment relevant to the underlying cause of AKI. • Identifies patients at high risk of AKI and institutes preventative measures. • Orders, interprets, and acts upon investigations appropriately including biochemistry, haematology, microbiology, immunology, and imaging. • Discusses with a patient (or relative) the diagnosis, treatment options and likely prognosis. • Involves specialist teams appropriately (e.g., histopathologist, microbiologist, radiologist, urologist, and surgeon).	
Chronic Kidney Disease (CKD)	• Lists the causes of chronic kidney disease. • Describes the classification (stages) of chronic kidney disease. • Describes the investigations used to assess the cause, severity, and reversibility of CKD. • Outlines the basis and use of estimated glomerular filtration rate (eGFR). • Describes prognosis of chronic kidney disease and the available treatment strategies. • Describes pharmacology of commonly used drugs in renal failure and dose adjustments required. • Manages the patient with chronic kidney disease to ensure that reversible causes are identified and treated. • Manages the non-renal complications of chronic kidney disease. • Able to discuss treatment options with patients appropriately and in liaison with the multi-disciplinary team to support the patient's decision-making processes. • Able to recognise the need of RRT and make timely and appropriate plans for RRT. • Is aware of national standards and local guidelines and uses them in conjunction in the management of the renal patient.	1. 2. 3. 4.
Management of Advanced Kidney disease	• Lists the symptoms of advanced chronic kidney disease. • Identifies patients requiring active support management or end of life care and able to make referrals to appropriate specialists. • Aware of the frameworks for decisions about patient treatment and advanced directives. • Recognises when to initiate integrated care pathway for dying patients with the help of the multidisciplinary team.	1. 2. 3. 4

	• Outlines the principles of pain relief and appropriate analgesic prescription in end stage renal disease. • Recognises the clinical features of the dying patient. • Counsels' patients and carers about active supportive care (conservative - non-dialysis, non-transplant) management of advanced chronic kidney disease. • Recognises the complex needs of patients and families when facing death and promotes good communication. • Applies advanced knowledge of symptom-focused nutrition management. • Adjusts dietary restrictions appropriately to prioritise quality of life. • Demonstrates shared decision-making in balancing biochemical targets with patient-centred goals.	
Renal Bone Disease	• Outlines the physiology of calcium, phosphate, bone and mineral metabolism and the pathophysiology of renal bone disease. • Aware of the use of biochemical tests, imaging techniques and histological methods in the diagnosis and management of renal bone disease. • Explains the indications for and the clinical use of dietary modification, phosphate binders, vitamin D preparations, calcimimetic drugs and parathyroidectomy to manage the condition. • Describes how to appropriately monitor patients to assess response to treatment for renal bone disease. • Aware of diagnostic process, management of patients with renal bone disease with CKD before RRT and for patient on peritoneal dialysis, haemodialysis and with a renal transplant.	4.
Renal Anaemia	• Describes the pathophysiology of renal anaemia and the haematological and biochemical methods to diagnose, assess and able to monitor treatment in renal anaemia. • Distinguishes between anaemia secondary to chronic kidney disease and other causes. • Aware of the Medications used to treat Renal anaemia and their complications • Able to manage renal anaemia in chronic kidney disease patients.	1. 3. 4. 6.
Cardiovascular Disease in Patients with Kidney Diseases	• Able to describe the impact of cardiovascular disease on morbidity and mortality of patients with renal disease and in those receiving renal replacement therapy. • Lists cardiovascular risk factors and modification strategies.	1. 3. 4.

	• Outlines how to manage acute coronary syndromes and associated problems in the renal patient. • Aware of the criteria to diagnose and manage the patient with unstable angina or acute coronary syndrome in collaboration with cardiologists. • Recognises patients who need referral for specialist cardiology review (including potential renal transplant recipients).	
Hypertension	• Able to outline the pathophysiology of primary and secondary hypertension and is aware of how to investigate and treat. • Aware of British Hypertension Society and National Institute for Health and Clinical Excellence Guidelines for treatment of hypertension and can explain target blood pressure levels in different clinical situations. • Describes the importance of non-pharmacological measures in achieving blood pressure targets. • Aware of the use of antihypertensive medication to achieve blood pressure targets. • Monitors and reviews effectiveness of blood pressure control over time (both acutely in secondary care and within primary care).	1. 3. 4. 6.
Renovascular Disease	• Describe causes and pathophysiology of renovascular disease. • Can begin to explain the methods used to investigate renovascular disease (e.g., appropriate imaging, evidence of vascular disease elsewhere).	1. 3. 4. 6.
Diabetes and Kidney Disease	• Able to outline the pathophysiology of diabetic nephropathy, can describe predisposing factors and is aware of available screening methods. • Is aware of the difference of diabetic nephropathy and incidental kidney disease in diabetic patients. • Describes the role and importance of lifestyle factors, diabetic control and understands other therapeutic strategies used to manage and slow progression of diabetic nephropathy and in the development of vascular disease. • Is aware of the long-term management planning required for the patient with diabetic nephropathy who requires RRT including renal transplantation. • Recognises the need for referral to diabetes specialist MDT for the diabetic patient. • Is aware of the national standards and local guidelines in the management of the diabetic renal patient.	1. 3. 4. 6.
Renal Stone Disease	• Describes the clinical presentation of renal stone disease and its effect on renal function.	1. 3. 4.

	• Describes how to investigate a patient with renal stones using biochemical and imaging techniques. • Lists treatment options available including dietary and lifestyle measures to reduce renal stone risk. • Simple understanding of the pathophysiology of renal stone formation, including associations with renal tubular or genetic disorders. • Can explain when it would be required to appropriately involve other clinicians including dieticians, urologists, radiologists.	6.
Urinary Tract Infection	• Describes the modes of presentation of urinary tract infection (including special circumstances e.g., immunosuppressed, or pregnant patient). • Describes the potential long-term consequences of urinary tract infection. • Able to investigates and manage urinary tract infections including recurrent urinary tract infection. • Recognises the role for specialist referral to microbiologists, urologists	1. 3. 4. 5. 6.
Urinary Tract Obstruction	• Describes the anatomy of the urinary tract and the common causes of urinary obstruction. • Describes the acute presentation of urinary tract obstruction and understands the long-term consequences of urinary tract obstruction. • Able to Investigate and manage patients with urinary tract obstruction appropriately Recognises when there is a need for referral to urologist	1. 3. 4. 5. 6.
Inherited and Rarer Diseases	• It aware of inherited and rarer diseases (e.g., APKD, Alport's disease, reflux nephropathy, inherited tubular disorders, metabolic disorders such as oxalosis, Fabry's disease and thin membrane nephropathy). • Has understanding into appropriate investigations needed for the diagnosis (laboratory tests, imaging and renal biopsy). • Able to be involved in the general management under the supervision of senior renal medics.	1. 4.
Renal Transplantation	Pre-Transplant Evaluation: • Recognises the role of renal transplantation in the management of patients with end-stage renal disease. • Aware of the benefits and risks of transplantation in comparison with other treatment modalities for end stage renal disease. • Describes the advantages and disadvantages of renal transplantation including pre-dialysis renal transplantation.	6.

	• Aware of the risks and benefits associated with different organ types e.g., living donor and deceased donor transplantation. • Aware of the principles of blood group typing, HLA matching, and donor –recipient cross matching. Acute Stage: Able to manage the acute transplant on the ward with regards to fluid status, graft function, immunosuppressive medications with support from senior surgical team. • Recognises the potential for interaction of immunosuppressive agents with other drugs. • Recalls the available management strategies for acute transplant rejection. • Lists the medical and surgical problems which occur in the first three months following renal transplant. • Aware of the role of the multidisciplinary team management of renal transplant patients in the acute phase. Long-Term Care: • Recalls the factors that can influence long term patient and renal transplant survival. • Lists the causes of renal dysfunction more than 3 months after renal transplantation. • Describes the potential long-term adverse effects of immunosuppressive agents. • Identifies declining transplant function, assesses significance of changes, investigates appropriately, and makes appropriate changes to management. • Identifies and manages cardiovascular, malignant, and infectious problems in renal transplant recipients. • Understand the need to modify long term immunosuppressive therapy regimens and the rationale behind this • Able to minimise and manage the medical complications of a failing renal transplant.	
Sexual Health Issues	• Has awareness of common male sexual health problems and referral to senior medic as required. • Has awareness of the effects of kidney disease on fertility and recognises the need for safe and effective contraception in patients with renal disease and with a renal transplant and able to refer to senior medic as required. • Aware of the effects of pregnancy on renal physiology in normal individuals and those with pre-existing renal disease.	1. 3. 4. 5. 6.

	• Has awareness of some of the common conditions associated in pregnancy relating to renal dysfunction (any management under direct supervision by senior medic).	
Young adult	• Able to help manage the young adult patient either with transition to adult services or management on ward/outpatients when required. • Aware of the multidisciplinary team services available for the young adult patient	1. 3. 4. 5. 6.
Nutrition in Patients with Renal Disease	• Recognises the wide range of nutritional issues facing renal patients including protein-energy wasting, sarcopenia, obesity, electrolyte imbalance, and dialysis-related catabolism. • Recognises the relationship between adequacy of dialysis and nutrition. • Provides advanced nutritional assessment and management, including independent clinical decision-making where appropriate to scope of practice, and works collaboratively within the multidisciplinary team, including renal dietitians • Manages the nutritional needs of patients with acute kidney injury and other complex multisystem disorders	1. 3. 4. 5. 6.

4. Teaching and Learning

The organisation and delivery of AP training is the responsibility of the trainee AP's employer. A local training lead will be responsible for coordinating the trainee AP programme. This will require collaboration between training providers responsible for MSc Advanced Practice programmes, local service providers, workplace supervisors and learners.

Trainee APs will be employed by local service providers who will retain full responsibility for all aspects of clinical governance in the workplace. Progression through the programme will be determined by an annual review process and the training requirements for each year of training are summarised in the AP decision aid. Successful completion of training will be dependent on achieving the expected level of performance in all CiPs and procedural skills. The process of assessment will be used to monitor and evaluate the trainee AP's progress throughout the programme.

Training must permit appropriate progression in responsibility and experience while being flexible enough to allow individual trainee APs to develop particular areas of specialist interest. Training must cover the breadth and depth of the CiPs and afford trainee APs the opportunity to gather the essential evidence towards demonstrating capability.

4.1 Teaching and learning methods

The curriculum framework should be delivered through a variety of different methods and learning experiences that enable the learner to achieve each CiP. There should be a balanced approach to learning, which is achieved through a combination of formal teaching and experiential learning.

Possible learning opportunities should include:

Work-based experiential learning

Work-based learning provides trainee APs with the opportunity to work alongside supervisors and other experienced clinicians to deliver advanced patient care. Trainee APs will work across a variety of settings to gain experience of other specialties, wider multidisciplinary teams, effective discharge planning, appropriate referral, follow up, and the wider healthcare landscape.

Independent self-directed learning

This may include:

- reading journals and other literature
- quality improvement, research, audit activities
- maintaining a reflective learning log
- online learning and other CPD
- participating in journal clubs
- peer-group support / study groups

Simulation
Trainee APs can develop procedural competency through simulation training. Scenario based and human factor-based simulation training should also be utilised to develop trainee APs' learning and understanding.

Formal study courses
Time should be made available for formal courses that meet local requirements for the trainee AP's role. These may include courses such as safe prescribing, ultrasound, advanced communication etc, and will be determined by the employer, the trainee AP's co-ordinating educational supervisor and the legal status of their profession.

Formal teaching
The content of formal teaching should be based on the curriculum framework and delivered locally. Examples include:
• case presentations
• grand rounds
• Schwartz rounds
• joint specialty meetings
• lectures and small group teaching
• clinical skills teaching
• participation in management and multidisciplinary meetings
• engagement in research, audit, and quality improvement projects

5. Assessment

Assessment of CiPs involves reviewing the full range of knowledge, skills, and behaviours to make global decisions about a learner's suitability to take on responsibilities and tasks. Assessment will take place in a variety of settings. Where some of the trainee AP's knowledge, skills or behaviours are assessed by a training provider (e.g., a higher education institution), this assessment will take place in line with the training provider's regulations.

In the workplace, co-ordinating educational supervisors and associate workplace supervisors will be involved in assessment through providing formative feedback to the trainee AP on their performance throughout the training year. This feedback will include a global rating in order to indicate to the trainee AP and their co-ordinating educational supervisor how they are progressing at that stage of training. To support this, workplace-based assessment forms and multiple associate workplace supervisor reports will include global assessment anchor statements.

Global assessment anchor statements:

- Below expectations for the trainee AP's stage of training; may not meet the requirements to pass end-of-year review
- Meeting expectations for the trainee AP's stage of training; expected to progress to next stage of training
- Above expectations for the trainee AP's stage of training; expected to progress to the next stage of training

Towards the end of the training year, trainee APs will make a self-assessment of their progression for each CiP with signposting to the evidence within their training portfolio. The co-ordinating educational supervisor will review the evidence in the trainee AP's portfolio, including workplace-based assessments, feedback received from other supervising clinicians, and the trainee AP's self-assessment, and then record their judgement on the trainee AP's performance on a co-ordinating education supervisor report form, along with any additional commentary and feedback.

For core CiPs, the co-ordinating educational supervisor will indicate whether or not the trainee AP is meeting expectations using the global assessment anchor statements. Trainee APs will need (as a minimum) to meet expectations for the stage of training to be judged satisfactory to progress to the next training year.
For generic clinical and specialty clinical CiPs, the co-ordinating educational supervisor will make an entrustment decision, relevant to the level of practice, for each CiP and record the indicative level of supervision required with detailed comments to justify their entrustment decision. The co-ordinating educational supervisor will also indicate the most appropriate global assessment anchor statement for overall performance.

Entrust ability scales are behaviourally anchored ordinal scales based on progression to capability and reflect a judgement that has clinical meaning for assessors.

Level descriptors for generic clinical and specialty clinical CiPs

Level 1: Entrusted to observe only

Level 2: Entrusted to act with direct supervision

The trainee AP may provide clinical care, but the supervising clinician is with the trainee AP, or is physically within the hospital or other site of patient care and is immediately available if required to provide direct bedside supervision.

Level 3: Entrusted to act with indirect supervision.
The trainee APs may provide clinical care when the supervising clinician is not physically present within the hospital or other site of patient care, but is available by means of telephone and/or electronic media to provide advice, and can attend at the bedside if required to provide direct supervision.

Level 4: Entrusted to act unsupervised

Essentially level 4 means that the co-ordinating educational supervisor, based on their judgement of the performance and other evidence is satisfied that the trainee AP can act under supervision that is indirect and/or post hoc. Level 4 implies that the trainee AP complete training and/or take on an AP role. Of course, it is only when level 4 has been reached in all CiPs that a trainee AP can complete their training. While they remain in a training programme, they are still under the oversight of their co- ordinating educational supervisor. A level 4 decision is a very important summative decision; the co-ordinating educational supervisor is saying that in their professional judgement they are now 'entrusted' to undertake this activity at the level of an AP.

5.1 Assessment methods

Individual training (education) providers are responsible for constructing their method of assessment and assessment tools to ensure that trainee APs' fulfilment of the capabilities set out in this framework is fully tested. Below are some examples of workplace-based assessments already in use for similar frameworks that can be used, either formatively or summatively, to assess capability:

Co-ordinating educational supervisor report (CESR)
This report is designed to detail the progress a trainee has made in a training year, based on a range of assessment, observations, reflections, and experience. This report forms the basis of the annual review panel discussion.

Associate workplace supervisor report (AWSR)
This is designed to help capture the opinions of clinicians who have supervised the AP trainee. They are asked to comment on clinical knowledge and skills and various important aspects of clinical performance.

Self-assessment (SA) As part of the co-ordinating educational supervisor appraisal, the trainee AP will conduct a self-assessment against each CiP, to assess their own progress and overall capability. Trainee APs are encouraged to link to relevant evidence within their portfolio to support their assessment at each CiP.

Multi-source feedback (MSF)
This is used to gather feedback from colleagues with whom they work, including their manager, doctors, peers, junior staff, administrators, and other allied health professionals. Feedback assesses generic skills such as reliability, communication skills, leadership ability and team working. The trainee will not see the individual responses, but a summary of feedback is shared through their co-ordinating educational supervisor.

Mini-clinical evaluation exercise (Mini – CEX) A mini-clinical evaluation exercise assesses a clinical encounter with a patient, including history taking (interpersonal skills), physical examination (clinical skills) and differential diagnosis (problem-solving skills), that lead to the development of a management plan. Feedback is provided to enable learning and development.

Case-based discussion (CBD)
A case-based discussion assesses knowledge, clinical reasoning and decision-making focused on written case records. It enables documentation of trainee AP's case presentations and records conversations around the relevant issues that have been raised.

Direct observation of procedural skills (DOPS)
The direct observation of procedural skills is used to assess clinical and professional skills when performing a range of diagnostic and interventional procedures. The assessor does not have to be the co-ordinating educational supervisor. The assessor provides written feedback for the trainee AP's portfolio, as well as verbal developmental feedback. A trainee AP may already be proficient in the procedural skill being observed, but this must be recorded in the portfolio and approved by a suitably qualified/competent assessor.

Teaching observation (TO)
Teaching observation is designed to provide structured feedback to trainee APs on their role as an educator. The teaching observation must be carried out on observed practice during a formal teaching event.

Quality improvement project assessment tool (QIPAT)
The quality improvement assessment tool is designed to assess a trainee's competence in completing quality improvement projects. It looks at each stage of the project from design to implementation to consider areas of strength and areas that require further development.

Patient survey (PS)

The patient survey is aimed at providing feedback from a patient perspective, in the way the trainee AP undertakes an episode of care. It considers clinical, interpersonal, and professional skills, including behaviours and attitudes, to ensure any episode of care is patient centred.

5.2 Annual review

Training (education) providers that take responsibility for delivering this framework should enact annual review arrangements (including through appropriate oversight arrangements) to make the final summative judgement on whether individual trainee APs have achieved the outcomes at the appropriate level of supervision for each CiP, and thus can progress to the next year of training. The process should be informed by individual trainee APs' coordinating educational supervisor report and the evidence presented in their AP portfolio. Annual reviews of trainee APs' progress should be held at the end of each training year. It is good practice for arrangements to involve lay representatives to ensure and advise on the fairness and consistency of process.

The AP decision aid (see 5.3) sets out the minimum requirements for satisfactory progress in each training year. It should guide trainee APs, co-ordinating education supervisors and others involved in the annual review process. If individual trainee APs' satisfactory progression against the decision aid is confirmed, they should progress to the next year of training. If individual trainee APs make unsatisfactory progress, arrangements should be in put place to support them to meet these minimum requirements.

If a trainee AP wishes to appeal an annual review decision, they should communicate this to their training provider, with the appeal managed in line with the training provider's regulations.

5.3AP decision aid – Renal

Evidence/ requirement	Notes	Year 1	Year 2	Year 3
Co- ordinating educational supervisor's report	One per year to cover the entirety of the training year to be sent to the trainee AP and the training provider	Confirms trainee is at least meeting expectations and no concerns	Confirms trainee is at least meeting expectations and no concerns	Confirms trainee will meet the critical progression point criteria and will complete AP training
Generic AP capabilities in practice (CiPs)	Mapped to multi -professional framework for advanced practice in England and assessed using global ratings. Trainee APs should record self-rating to facilitate discussion with coordinating educational supervisor. Co-ordinating educational supervisor's report will record rating for each generic CiP.	Co- ordinating educational supervisor to confirm trainee meets expectations for level of training	Co- ordinating educational supervisor to confirm trainee meets expectations for level of training	.) Co- ordinating educational supervisor to confirm trainee meets expectations for level of training
Clinical AP capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainee APs must complete self-rating to facilitate discussion with coordinating educational supervisor. Co-ordinating educational supervisor report will confirm entrustment level for each individual CiP and overall global rating of progression.	Co- ordinating educational supervisor to confirm trainee is performing at or above the level expected for all CiPs	Co- ordinating educational supervisor to confirm trainee is performing at or above the level expected for all CiPs	Co- ordinating educational supervisor to confirm expected levels achieved for critical progression point at end of AP training
Specialty Renal AP capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainee APs must complete self-rating to facilitate discussion with coordinating educational supervisor. Co- ordinating educational supervisor to confirm expected levels achieved for critical	Co- ordinating educational supervisor to confirm trainee is performing at or above the	Co- ordinating educational supervisor to confirm trainee is performing at or above the level	Co- ordinating educational supervisor to confirm expected levels achieved for critical

	progression for each individual CiP and overall global rating of progression.	level expected for all CiPs	expected for all CiPs	progression point at end of AP training
Associate workplace supervisor report (AWSR)	Minimum number. Each AWSR is completed by a supervisor who has supervised the trainee's clinical work. The coordinating educational supervisor should not complete an AWSR for their own trainee. AWSRs must be kept in the trainee AP's portfolio.	4	4	4
Multi-source feedback (MSF)	4 In line with trainee AP's local policy MSF must be obtained from a number of staff, from a variety of professional backgrounds (e.g., Doctors, nurses, pharmacist, allied health professionals, social care staff, and those who do not provide direct patient care). Replies should be received within 3 months (ideally within the same placement). MSF report must be discussed by the coordinating educational supervisor and the trainee AP before the annual review meeting. If significant concerns are raised, then arrangements should be made for a repeat MSF.	1	1	1
Supervised learning events (SLEs): Acute care assessment tool (ACAT)	Minimum number to be carried out by supervising clinicians. Trainee APs are encouraged to undertake more and co- ordinating educational supervisors may require additional SLEs if concerns are identified. Each ACAT must include a minimum of five cases. ACATs should be used to demonstrate global assessment of trainee's performance on take or presenting new patients (e.g. on ward rounds) encompassing both individual cases and overall performance (e.g., prioritisation, working with the team). It is not for	4	4	4

	comment on the management of individual cases. Each ACAT must be kept in the trainee AP's portfolio.			
Supervised learning events (SLEs): Case based discussion (CBD) and/or mini- clinical evaluation exercise (miniCEX)	Minimum number to be carried out by supervising clinicians. Trainees are encouraged to undertake more and coordinating educational supervisors may require additional SLEs if concerns are identified. SLEs should be undertaken throughout the training year by a range of assessors. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee. Each SLE must be kept in the trainee AP's portfolio	4	4	4
Advanced/ immediate/ basic life support (ALS/ILS/ BLS)	(Level required for role will be agreed between the AP and their employer)	Valid	Valid	Valid
Quality improvement (QI) project	QI project plan and report to be completed. Evidence must be kept int the trainee AP's portfolio.	Participating in QI activity (e.g., project plan)	One project completed with QIPAT	Demonstrating leadership in QI activity (e.g., supervising another healthcare professional)
Simulation	All practical procedures should be taught by simulation initially. Refresher training in procedural skills should be completed if required	Evidence of simulation training (minimum 1 day) including procedural skills	Evidence of simulation training (minimum 1 day) including procedural skills	Evidence of simulation training (minimum 1 day) including procedural skills

Teaching attendance	Minimum hours per training year to be specified at induction. Summary of teaching attendance to be recorded in training portfolio	Evidence of satisfactory attendance at teaching	Evidence of satisfactory attendance at teaching	Evidence of satisfactory attendance at teaching

5.4 Practical procedural skills

For each practical procedure agreed as required by the trainee AP and their employer (see section 3.4), trainee APs must be able to outline the indications for the procedures, and recognise the importance of valid consent, aseptic technique, minimisation of patient discomfort, requesting for help when appropriate, and where appropriate the safe use of analgesia and local anaesthesia. For all practical procedures, the trainee AP must be able to appreciate and recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. The trainee AP must be competent to perform all agreed practical procedures unsupervised in line with the time frames agreed by the trainee AP and their employer in appendix 1

Levels to be achieved by the end of each training year and at critical progression points for AP clinical and specialty CiP

Level descriptors:
Level 1: Observation but no execution, even with direct supervision
Level 2: Execution with direct, proactive supervision
Level 3: Execution with reactive supervision, i.e., on request and quickly available
Level 4: Supervision at a distance and/or post hoc

Generic Clinical CiP	Year 1	Year 2	Year 3
Undertakes an advanced clinical assessment in the face of uncertainty, and utilises critical thinking to inform diagnosis and decision-making	2	3	4
Leads acute intervention for patients, recognises the acutely deteriorating patient and delivering resuscitation	2	3	4
Manages the assessment, diagnosis, and future management of patients in an outpatient clinic, ambulatory or community setting including the management of long-term conditions, in the context of complexity and uncertainty	2	3	4
Managing problems in patients in special cases and other specialties	2	3	4
Manages a multi-professional team, including the planning and management of effective discharge planning in complex, dynamic situations	2	3	4
Manages end-of-life care and applies palliative care skills in the context of complexity and uncertainty	2	3	4
Specialty Clinical CiP	Year 1	Year 2	Year 3
Critically uses advanced knowledge and understanding of Renal medicine	2	3	4
Demonstrates advanced communication skills inworking with Renal patients	2	3	4
Assesses, formulates, plans, implements, and evaluates specialist interventions	2	3	4
Applies expertise in advance and anticipatory care planning	2	3	4

6. Supervision and feedback

This section describes how trainee APs will be supervised and how supervision feeds into progression towards capability. All aspects of work carried out by trainee APs must be adequately supervised. The level of supervision will vary depending on the experience and expertise of the trainee AP and their overall level of capability.

High-quality supervision (i.e., that which supports trainee's progression and provides constructive feedback) is an essential aspect of this curriculum framework. Co-ordinating education supervisors and associate workplace supervisors should be appropriately trained to conduct this important role effectively in line with NHS England's Workplace Supervision for Advanced Clinical Practice guidance. It is the trainee AP employer's responsibility to ensure a suitable co-ordinating educational supervisor is appointed.

Co-ordinating Educational Supervisor

Co-ordinating educational supervisors are responsible for the overall supervision and management of a trainee AP educational progress. They will regularly meet with the trainee AP to discuss progress and plan training opportunities, as well as creating individualised learning plans to support progression as part of regular appraisal meetings. The co-ordinating educational supervisor is responsible for completing the co-ordinating educational supervisor's report at the end of each training year, which provides a summative judgement about progression based on evidence in the trainee's portfolio, and observations from associate workplace supervisors.

The co-ordinating educational supervisor must have relevant professional registration and be in good standing with their regulatory body. They can either be an experienced AP (in post 2 or more years), a consultant practitioner or a doctor (either a Specialty and Associate Specialist (SAS) doctor, a specialist registrar (SpR) or consultant). It is essential that the coordinating educational supervisor has a detailed understanding of the MPF for advanced clinical practice in England and of the advanced practice Renal curriculum framework. The co-ordinating educational supervisor must be able to meet regularly with the trainee AP; a minimum of an hour or 0.25 PA/week (or 4 hrs/month) is expected. They will also need to provide Ad Hoc support as needed.

Associate Workplace Supervisor

Associate workplace supervisors will be involved in supporting the development of a trainee AP. These supervisors may conduct workplace-based assessments, observe practice, and offer informal coaching and mentoring to support development. They will also complete the associate workplace supervisors report and provide vital information on progression to the coordinating educational supervisor to ensure that summative capability decisions are accurate and appropriate.

Associate workplace supervisors must have relevant professional registration and be in good standing with their regulatory body. Associate workplace supervisors must understand the MPF for advanced clinical practice in England and of the advanced practice Renal curriculum framework. To reflect the multidisciplinary nature of

healthcare it is anticipated that a trainee AP will have several associate workplace supervisors from a variety of different professional backgrounds during their training. An associate workplace supervisor can be any of the following:

- Experienced registered health care professional educated to level 7 (or equivalent work-based experience), in post in their specialty 2 or more years, with expertise in one of the 4 pillars of advanced practice
- AP (in post 2 or more years)
- Consultant practitioner
- Doctor- either an SAS, SpR or consultant

Trainee APs

Trainee APs are responsible for gathering evidence on their progress within their portfolio. This includes assessments, reflections, appraisal meeting notes, and other records of training. They are also responsible for completing their own self-assessment ratings against each CiP.

7. Quality management

While the, individual training (education) providers and trainee APs' employers are responsible for all practical and governance arrangements for the framework's delivery. This includes for the training provided (to trainee APs and their co-ordinating educational supervisors), the assessment of trainee APs and the outcomes of their assessment. The Centre will conduct arrangements to assure the quality of the framework's delivery by individual education/training providers. They are also responsible for the periodic review of the framework to ensure that it remains up-to-date and responsive to need. External evaluation may be sought by these organisations to inform the quality management and review processes.

8. Equality, diversity, and inclusion

Employers must ensure that they comply, and ensure compliance, with the requirements of equality diversity legislation set out in the Equality Act of 2010. Employers must be compliant with anti- discriminatory practices from recruitment through to completion of training. As part of this, employers should actively monitor equality, diversity and inclusion and differential attainment.

9. Acknowledgements

- ANN UK (Association of nephrology Nurses)
- ANN UK Community of practice (Advanced practice) group members
- UKKA (UK kidney association)

10. References

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Appendix 1: Agreed Practical Procedures

Agreed Practical Procedures (Please add or remove as appropriate)

	Recommended Time Frame for Completion			Agreed Time Frame or Indicate Not Applicable N/A in Relevant Box	Completed Procedure Date & Sign in Relevant Box
	Year 1	Year 2	Year 3		
Peripheral venous cannulation	Competent to perform unsupervised	Maintain	Maintain		
Urethral urinary catheterisation	Competent to perform unsupervised	Maintain	Maintain		
Venepuncture	Competent to perform unsupervised	Maintain	Maintain		
Blood transfusion	Competent to perform unsupervised	Maintain	Maintain		
ECG interpretation	Competent to perform unsupervised	Maintain	Maintain		
Rectal examination	Competent to perform unsupervised	Maintain	Maintain		
Intermediate life support	Competent to perform unsupervised	Maintain	Maintain		
Advanced CPR	Competent to participate in CPR team	Maintain	Maintain		
Medication management	Competent to perform unsupervised	Maintain	Maintain		
Arterial blood gas sampling	Competent to perform unsupervised	Maintain	Maintain		
Nasogastric tube insertion	Competent to perform unsupervised	Maintain	Maintain		
Femoral venous sampling		Competent to perform unsupervised	Maintain		

Central venous access device insertion (device to be agreed)		Competent to perform unsupervised	Maintain		
Assessment of AVF and AVG using Point of Care Ultrasound		Competent to perform unsupervised	Maintain		

Appendix 2: Assessment Tools

It will be the responsibility of the training provider to construct their assessment tools. APs, employers and training providers should refer to the Centre for Advancing Practice's e-portfolio for the most up to date assessment tools. For reference, below are examples of workplace- based assessment forms already in use for similar frameworks:

Acute Care Assessment Tool (ACAT)
https://www.jrcptb.org.uk/sites/default/files/ACAT%202020%20FINAL.docx Case Based Discussion (CbD)
https://www.jrcptb.org.uk/sites/default/files/CbD%20CMT%20SLE%20August%202014.docx

Direct Observation of Procedural Skills (DOPS):
Formative routine
https://www.jrcptb.org.uk/sites/default/files/DOPS%20formative%20routine.docx
Summative routine
https://www.jrcptb.org.uk/sites/default/files/DOPS%20summative%20routine.docx
Formative life threatening
https://www.jrcptb.org.uk/sites/default/files/DOPS%20formative%20life%20threatening.docx
Summative life threatening
https://www.jrcptb.org.uk/sites/default/files/DOPS%20summative%20life%20threatening.doc x

Mini-Clinical Evaluation Exercise (mini-CEX)
https://www.jrcptb.org.uk/sites/default/files/miniCEX%20CMT%20SLE%20August%202014.docx

Multi-Course Feedback (MSF)
https://www.jrcptb.org.uk/sites/default/files/MSF%20August%202014.docx

Outpatient Care
Assessment Tool (OPCAT)
https://www.jrcptb.org.uk/sites/default/files/OPCAT%20FINAL.doc

Patient Survey
Patient Survey form
https://www.jrcptb.org.uk/sites/default/files/Patient%20survey%20form%202021.pdf
Patient Survey summary form
https://www.thefederation.uk/sites/default/files/Patient%20survey%20summary%20form%202021.pdf

Quality Improvement Project Assessment Tool (QIPAT)
https://www.jrcptb.org.uk/sites/default/files/QIPAT%20May%202017.docx

Teaching Observation
Teaching Observation form
https://www.jrcptb.org.uk/sites/default/files/Teaching%20Observation%20August%202014.docx

Teaching Observation guidance
https://www.jrcptb.org.uk/sites/default/files/Teaching%20Observation%20Guidance%20201 5.pdf

Appendix 3 The capabilities for advanced practice in England

Clinical Practice Health and care professionals working at the level of advanced clinical practice should be able to:

1.1 Practise in compliance with their respective code of professional conduct and within their scope of practice, being responsible and accountable for their decisions, actions and omissions at this level of practice.

1.2 Demonstrate a critical understanding of their broadened level of responsibility and autonomy and the limits of own competence and professional scope of practice, including when working with complexity, risk, uncertainty and incomplete information.

1.3 Act on professional judgement about when to seek help, demonstrating critical reflection on own practice, self-awareness, emotional intelligence, and openness to change.

1.4 Work in partnership with individuals, families and carers, using a range of assessment methods as appropriate (e.g. of history-taking; holistic assessment; identifying risk factors; mental health assessments; requesting, undertaking and/or interpreting diagnostic tests; and conducting health needs assessments).

1.5 Demonstrate effective communication skills, supporting people in making decisions, planning care or seeking to make positive changes, using NHS England's Framework to promote person-centred approaches in health and care.

1.6 Use expertise and decision-making skills to inform clinical reasoning approaches when dealing with differentiated and undifferentiated individual presentations and complex situations, synthesising information from multiple sources to make appropriate, evidence-based judgements and/or diagnoses.

1.7 Initiate, evaluate and modify a range of interventions which may include prescribing medicines, therapies, life style advice and care.

1.8 Exercise professional judgement to manage risk appropriately, especially where there may be complex and unpredictable events and supporting teams to do likewise to ensure safety of individuals, families and carers.

1.9 Work collaboratively with an appropriate range of multi-agency and inter-professional resources, developing, maintaining and evaluating links to manage risk and issues across organisations and settings.

1.10 Act as a clinical role model/advocate for developing and delivering care that is responsive to changing requirements, informed by an understanding of local population health needs, agencies and networks.

1.11 Evidence the underpinning subject-specific competencies i.e. knowledge, skills and behaviours relevant to the role setting and scope, and demonstrate application of the capabilities to these, in an approach that is appropriate to the individual role, setting and scope.

2. Leadership and Management Health and care professionals working at the level of advanced clinical practice should be able to:

2.1 Demonstrate and role model inclusive attitudes and behaviours to pro-actively initiate and develop relationships, fostering clarity of roles within teams, to encourage productive working.

2.2 Role model the values of their organisation/place of work, demonstrating a person-centred approach to service delivery and development.

2.3 Evaluate own practice, and participate in multi-disciplinary service and team evaluation, demonstrating the impact of advanced clinical practice on service function and effectiveness, and quality (i.e. outcomes of care, experience and safety).

2.4 Actively engage in peer review to inform own and other's practice, formulating and implementing strategies to act on learning and make improvements.

2.5 Lead new practice and service redesign solutions in response to feedback, evaluation and need, working across boundaries and broadening sphere of influence.

2.6 Actively seek feedback and involvement from individuals, families, carers, communities and colleagues in the co-production of service improvements.

2.7 Critically apply advanced clinical expertise in appropriate faciliatory ways to provide consultancy across professional and service boundaries, influencing clinical practice to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice.

2.8 Demonstrate team leadership, resilience and determination, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence in others.

2.9 Continually develop practice in response to changing population health need, engaging in horizon scanning for future developments (e.g. impacts of genomics, new treatments and changing social challenges).

2.10 Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect individuals', families', carers', communities' and colleagues' safety and well-being when necessary.

2.11 Negotiate an individual scope of practice within legal, ethical, professional and organisational policies, governance and procedures, with a focus on managing risk and upholding safety.

3. Education Health and care professionals working at the level of advanced clinical practice should be able to:

3.1 Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced clinical practice.

3.2 Engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services.

3.3 Engage with, appraise and respond to individuals' motivation, development stage and capacity, working collaboratively to support health literacy and empower individuals to participate in decisions about their care and to maximise their health and well-being.

3.4 Advocate for and contribute to a culture of organisational learning to inspire future and existing staff.

3.5 Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning.

3.6 Identify further developmental needs for the individual and the wider team and supporting them to address these.

3.7 Supporting the wider team to build capacity and capability through work-based and interprofessional learning, and the application of learning to practice

3.8 Act as a role model, educator, supervisor, coach and mentor, seeking to instil and develop the confidence of others.

4. Research Health and care professionals working at the level of advanced clinical practice should be able to:

4.1 Critically engage in research activity, adhering to good research practice guidance, so that evidencebased strategies are developed and applied to enhance quality, safety, productivity and value for money.

4.2 Evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods, then acting on the findings.

4.3 Critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice and to inform that of others.

4.4 Take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way.

4.5 Actively identify potential need for further research to strengthen evidence for best practice. This may involve acting as an educator, leader, innovator and contributor to research activity and/or seeking out and applying for research funding.

4.6 Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review.

4.7 Disseminate best practice research findings and quality improvement projects through appropriate media and fora (e.g. presentations and peer review research publications).

4.8 Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers