Acute Medicine Capability Framework for Nurses: Phase 1

Published July 2026, for review in July 2028

Introduction

The Acute Medicine Capability Framework has been developed collaboratively by the Society for Acute Medicine (SAM), the Royal College of Nursing (RCN), NHS England (NHSE), and a multidisciplinary group of specialist nurses and allied health professionals across the United Kingdom. It provides a clear, structured, and evidence-informed career pathway for nurses and allied health professionals working within Acute Medicine. The framework supports capability development from entry level through to advanced and strategic roles, ensuring a consistent approach to professional growth, workforce sustainability, and high-quality patient care with an emphasis on patient flow.

This framework should be used in conjunction with the SAM nursing vision.

Purpose of the Framework

The framework has been designed to:

- Establish a nationally aligned, structured career pathway for Acute Medicine.
- Define the essential skills, knowledge, and behaviours required at each phase of practice.
- Provide a common language for capability development, assessment, and progression.
- Support nurses in meeting NMC (Nursing and Midwifery Council) revalidation requirements.
- Strengthen recruitment, retention, and long-term workforce resilience.
- Align nursing and AHP (Allied Health Professionals) competencies to reflect the multidisciplinary nature of Acute Medicine.

Assessment and validation of capabilities undertaken locally by organisations, practice educators, and senior clinical staff.

Framework Structure

The Acute Medical Nursing Career Framework outlines four progressive phases of development via capability documents, aligned with the NMC Code, the 6Cs, and the four pillars of advanced practice.

Phase 1 – Foundation (Year 1 WTE (Whole Time Equivalent)

- Preceptorship and core acute care skills.
- Safe escalation, communication, and adherence to professional standards.
- Development of confidence and fundamental clinical competence.

Phase 2 – Consolidation (Years 2–5 WTE)

- Increasing autonomy in acute care delivery.
- Leadership foundations and patient flow management.
- Capable in managing unstable or high acuity patients.

Phase 3 –Charge Nurse

- Enhanced care requirements and nurse-led activity.
- Broader clinical responsibility and deeper specialist knowledge.
- Preparation for enhanced or specialist roles.

Phase 4 – Strategic Practice

- Roles include Ward Manager, Clinical Senior Charge Nurses, Advanced Clinical Practitioner (4b), Practice Educator, and Clinical Academic.
- Supported by postgraduate education (e.g., MSc, PGCE) and national leadership programmes.

- Emphasis on strategic leadership, education, research, and service development.

Capability Assessment

Capability progression is supported through:

- **Self-assessment** to promote reflection and ownership of development.
- **Competency signoff** by experienced MDT (Multi-Disciplinary Team) members with relevant expertise.
- **Final verification** by senior clinicians or educators to ensure governance and consistency.

Capability levels follow a Novice → Expert trajectory, reflecting increasing independence, skill, and professional judgement.

Futureproofing the Workforce

The framework supports national priorities including:

- A modern, flexible, digitally enabled workforce.
- Improved patient flow and personalised care.
- Reduced health inequalities and enhanced productivity.
- Prevention of burnout through structured development and support.

Phase 1 published in July 2026, will be reviewed bi-annually to reflect evolving evidence, policy, and clinical practice, ensuring alignment with the NHS Long Term Workforce Plan and the 10-Year Health Plan for England. Any feedback is welcome to The Society for Acute Medicine Nurse Representative, who can be contacted via nurserep@acutemedicine.org.uk

Implementation study

The implementation of phase 1 will be supported by a grant secured from The Clive Richards Foundation [54]. The implementation study will take place throughout 2026, covering sites across the UK to measure the implementation value of this framework. Results from this study will be published publicly.

Revalidation and Continuing Professional Development

The framework aligns with NMC revalidation requirements by:

- Mapping capabilities to the NMC Code.
- Supporting identification of CPD (Continuous Professional Development) activities and reflective practice.
- Recommending a minimum of **75 hours of protected education time annually** to complete the capability framework over a minimum of 12 months (WTE equivalent) per phase as well as other recommended acute medical courses, in addition to mandatory training.
- Providing a structured approach to evidencing capability, feedback, and ongoing learning

How to use the Acute Medicine Capability Framework in conjunction with your preceptorship foundation year

Welcome to the Acute Medical Nursing Capability Framework—a comprehensive guide developed to support you as you begin or continue your journey within the Acute Medical Unit (AMU). Whether you are starting your first role as a preceptorship nurse or joining Acute Medicine from another area of practice, this is a pivotal stage in your professional development. This framework is designed to bridge the transition from learner or new starter to confident, independent practitioner by outlining the key skills and capabilities needed to thrive in this dynamic clinical environment.

Acute Medicine presents unique challenges and offers rich opportunities for experiential learning. It demands a high level of clinical, communication, and leadership proficiency. This framework will guide your development in all these areas, offering a structured pathway to help you achieve your professional goals and deliver safe, high-quality, compassionate care to patients.

Developed collaboratively by experienced clinical nurses, educators, researchers, and healthcare practitioners, this framework reflects current best practices and national quality standards. It recognises that education in Acute Medicine must evolve alongside rapid advancements in technology and treatment. As such, a variety of learning resources—including presentations, e-modules, workbooks, and educational prompts—are now available. These can be conveniently accessed through QR codes embedded throughout this capability booklet, providing instant access to relevant, supportive materials to help build your portfolio of evidence.

Within this framework, you'll find clearly defined capability domains, each addressing a key area of acute medical nursing. Each domain includes specific capabilities with associated objectives, performance indicators, and suggested learning activities to help guide your development. These tools are intended to facilitate your confidence and growth as you progress along your career pathway.

Evidence required to achieve capability sign-off

Self-assessment –

At each stage of the framework, individuals are encouraged to undertake a self-assessment to reflect on their progress. Where appropriate, the nurse may sign off on capabilities they deem themselves to have achieved, based on sufficient evidence of knowledge, skill, and consistent performance in practice.

Capability sign off –

Capabilities may be signed off by any suitably experienced and already capable member of the multidisciplinary team. This includes nurses, allied health professionals, or medical staff who possess relevant expertise in the specific capability area being assessed.

Final sign-off –

Final verification of capability to be completed by clinical educators or members of the senior multidisciplinary team. This includes senior nurses, practice development staff, or allied health professionals in recognised leadership or educational roles, ensuring robust governance and consistency in capability validation.

Competency levels [9]	
Novice (N)	Staff member is unable to perform this task due to having no previous experience. A practitioner would be unable to safely perform the skill without direct support requiring verbal queues and physical intervention or support.
Advanced Beginner (AB)	Advanced beginners can perform the required skill, however, will require direct supervision support and advice.
Competent (C)	Advanced Beginners demonstrate safe and acceptable performance because the nurse has had prior experience in actual situations. They are efficient and skilful in parts of the practice area, requiring occasional supportive cues. Knowledge is developing.
Proficient (P)	Has been practising these skills for many years and is able to perform them to a high standard without direction or supervision.
Expert (E)	Has extensive experience in performing this skill to a high standard without any supervision. Can anticipate and deal with problems independently. Is confident in supporting the training of other professions enabling them to carry out this skill.

Table 1

The role of the clinical supervisor/ assessor/ mentor

All staff nurses should have a senior nurse as a supervisor (having already completed Phase 1 as a minimum). The supervisor should have ideally undergone specific training in supervision and assessment of others and, typically, would be a senior nurse, sister or charge nurse or practice educator.

It is recognised that when an acute care setting starts to use a curriculum, there may be insufficient nurses who have achieved Phases 1, 2 or 3 capabilities to supervise the development of junior staff nurses. Until such time, a pragmatic approach should be applied, and senior nurses should be allowed to supervise others commensurate with their current role.

Assessor Sign-Off log

Name	Designation	Signature

Table 2

Evidence of formal assessment

Whilst self-assessment helps to direct learning, support development and provides a baseline for subsequent assessment, objective formal assessment of capability should be undertaken for quality assurance purposes and should include individual professional feedback. Assessment should be based on objective evidence. Due to the diverse nature of the capabilities, no one type of evidence can meet all the statements. A variety of evidence types must be used to demonstrate the knowledge, skills and behaviours required. Evidence may include those listed below.

Assessment Methods	
Direct observation of procedural skills	DOPS
Case-based discussion	CBD
Feedback from colleagues and/or patients	F
Simulation	S
Question and answers	Q&A
Nationally recognised courses	RC
Reflective Report	RR
Anonymised clinical case notes	CCN
Workbooks	WB
Online modules	OM

Table 3

It would be acceptable to put these abbreviated codes in the evidence column of the capability framework to demonstrate the type of evidence that has been generated. Regular reviews are essential to highlight and resolve any difficulties in achieving or maintaining capability; these should also be in line with local Trust appraisal procedures and development of personal development plans, and these capability documents can be used as a tool.

Continual Professional Development Log

For example, *Immediate Life support*	*Resuscitation council*	*Dec 2022*	*Pass Certificate*	*December 2024*	*7.5 hours*

Table 4

The Framework

The capability framework for nursing in Acute Medicine is demonstrated in Figure 1.

- Good Nursing Practice – Centre Core – This focuses on the core concepts of nursing, drawing on the 6Cs of nursing. Care, Compassion, Competence, Communication, Courage and Commitment
- Cross–cutting themes – Inner wheel- These generic themes apply to patients within Acute Medicine.
- Pillars of Advanced Practice – Outer Wheel – All themes then link to the pillars, allowing guidance to progress systematically.

These sections appear in all phases of the framework.

It would be overwhelming for anyone to try and address all the capabilities simultaneously; it is recommended that realistic developmental goals (SMART Goals) are set at each one-to-one meeting/ appraisal/ personal development plan and reviewed promptly. The ‘expected achievement date’ column within these capabilities can be used to log the next date of the planned meeting/ appraisal/ personal development plan.

Within each meeting, there should be an agreement on which specific capabilities have been achieved or maintained, and which need to be progressed before the next meeting. It may be decided that some capabilities do not apply to the specific environment in which the individual Is working. In this case N/A should be marked against them. This will also allow the individual to use their capability framework as a passport should they move to another Acute Medical Unit or Medical Same Day Emergency Care and continue their development.

Figure 1

Inspiration taken from RCN National curriculum and competency framework [52]

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Core skills: Good Nursing Practice (GNP)- Phase 1

		GNP1- Communication								
		Demonstrate the knowledge, skills and behaviour to ensure effective communication as a professional nurse								
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC theme**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
GNP1.1.	Can demonstrate effective use of communication with the MDT, including written, verbal and non-verbal, and utilises tools such as SBAR	N, AB, C, P, E	Competent		https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2015/03/introducing-the-6cs.pdf [10]	**Practise effectively** – 7 (Communicate clearly) – 7.1–7.4; 8 (Work co-operatively) – 8.1–8.6; 10 (Records) – 10.1–10.5				

	to support this.									
GNP 1.2	Has an understanding of the importance of 'This is me' document or ' Hospital Passport' (or equivalent) to provide holistic and inclusive care to patients with additional needs	N, AB, C, P ,E	Competent		https://www.alzheimers.org.uk/get-support/publications-factsheets/this-is-me [11]	**Prioritise people** - 1 (Dignity & compassion) – 1.1–1.5; 2 (Listen & respond) – 2.1–2.6; 3 (Assess & respond to needs) – 3.1–3.4; Practise effectively – 7				
GNP 1.3	Demonstrates an awareness of local services	N, AB, C, P, E	Competent			**Preserve safety** - (Act without delay if risk) – 16.1–16.6;				

	supporting domestic violence and referral pathways, including the appropriate sharing of information including abiding by the core principles of Information Sharing to Tackle Violence (ISTV)					17 (Raise concerns re: vulnerability); Prioritise people – 5 (Privacy & confidentiality) – 5.1–5.5				
GNP 1.4	Can demonstrate how to use language line	N, AB,C,P,E	Competent			**Practise effectively-** 7 (Communicate clearly) – 7.1–7.3;				

						Prioritise people – 2				
GNP 1.5	Can demonstrate how to access and use hearing loop system	N, AB,C,P,E	Competent			**Practise effectively / Prioritise people -** 7 (Communicate clearly) – 7.2–7.3; 1–3 (Dignity; listen; assess & respond)				
GNP 1.6	Can demonstrate how to access tools for non-verbal communication, including: Picture boards, BSL (British	N, AB,C,P,E	Competent		Makaton training for nurses: https://learninghub.nhs.uk/catalogue/Makaton-Training-for-Nurses [12]	**Practise effectively / Prioritise people –** 7 (Communicate clearly) – 7.2–7.3; 2–3				

	Sign Language), Makaton									
GNP 1.7	Demonstrates a high standard of handover promoting continuity of patient care.	N, AB,C,P,E	Competent			**Practise effectively** - 7 (Communicate clearly); 8 (Work co-operatively); 10 (Records)				
GNP 1.8	Has an awareness of how to escalate clinical concerns to the senior MDT team	N, AB, C, P, E	Competent		Communication skills in Nursing: https://learninghub.nhs.uk/catalogue/we-rnhs?nodeId=4759 [13]	**Preserve safety** - 16 (Act without delay if risk) – 16.1–16.6; 15 (Emergencies) – 15.1–15.3				

GNP 1.9	Can effectively use AI to support with communication in Acute Medicine	N, AB, C, P, E	Competent		AI: https://learninghub.nhs.uk/catalogue/ai [14]	**Practise effectively / Prioritise people / Promote professionalism & trust –** 7 (Communicate clearly); 6 (Best available evidence); 5 (Confidentiality); 20 (Uphold reputation/professional conduct)				
GNP 1.10	Demonstrates effective communication with patients and	N, AB, C, P, E	Competent			**Prioritise people / Practise effectively -** 1 (Kindness, respect, compassion				

	relatives showing insight into the potential stresses of an Acute Medical admission					); 2 (Listen & respond); 3 (Assess & respond to needs); 7 (Communic ate clearly)				
GNP 1.11	Utilizes conflict resolution to safely manage incidents of violence and aggressio n.	N, AB, C, P, E	Competent			**Preserve safety / Promote professiona lism & trust –** 19 (Reduce potential for harm); 16 (Act without delay if risk); 20 (Professiona l behaviour)				
GNP 1.12	Can document a peri/cardi	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety**				

	ac arrest in real time. Ensuring all appropriate information, intervention and outcomes are recorded.					**-** 10 (Clear & accurate records) – 10.1–10.4; 15 (Emergencies); 13 (Work within competence)				
GNP 1.13	Provides support to patients and relatives during DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation)/ treatment	N, AB, C, P, E	Advanced beginner			**Prioritise people / Practise effectively** - 2 (Listen & respond); 3 (Assess & respond); 4 (Act in best interests; consent & capacity); 7 (Communicate clearly**)**				

	escalation and limitation discussions					-				
GNP 1.14	Confident and aware of guidance surrounding duty of candour and in what situations it applies.	N, AB, C, P, E	Advanced beginner			**Preserve safety -** 14 (Be open and candid) – 14.1–14.3				
GNP 1.15	Confident in supporting conversations where breaking bad news may be required.	N, AB, C, P, E	Novice			**Prioritise people / Practise effectively / Promote professionalism –** 1 (Compassion & respect); 2 (Listen & respond); 7				

						(Communicate clearly); 20 (Professional conduct)				
		GNP 2- Compassion								
		Demonstrate the knowledge, skills and behaviour required to spractice compassionate care as a professional nurse								
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Link**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
GNP 2.1	Demonstrates an understanding of how protected characteristics may influence and impact patients within a healthcare setting .	N, AB, C, P ,E	Competent		Compassion & communication: Handling difficult situations - Caring for yourself and others with compassion - https://portal.e-lfh.org.uk/Component/D	**Prioritise people**; **Promote professionalism & trust -** 1 (Dignity & compassion) – 1.1–1.5; 1.3 (recognise diversity and individual choice); 2 (Listen & respond) – 2.1–2.6; 20				

					etails/783143 [15] 	(Uphold reputation/professional conduct)				
GNP 2.2	Identifies patients who are vulnerable and refers to appropriate services where required	N, AB,C,P,E	Competent			**Preserve safety**; **Prioritise people -** 17 (Raise concerns for those at risk and needing extra support); 16 (Act without delay where there's risk); 3 (Assess & respond to needs) – incl. 3.4 (act as an advocate for the vulnerable); 4 (Best interests;				

						consent/capacity)				
GNP 2.3	Aware of compassion fatigue and where to seek support and guidance	N, AB, C, P, E	Competent			**Practise effectively; Preserve safety; Promote professionalism & trust -** 8.7 (be supportive of colleagues with health/performance problems—without compromising safety); 6.2 (maintain knowledge/skills); 13.4 (take account of your own safety as				

						well as people in your care); 20 (uphold professional standards)				
GNP 2.4	Undertakes a pain assessment, being mindful of factors which may influence how a patient demonstrates that they are in pain. Locally implemented tools may be used to support assessment.	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c22-sec-0030?resultNumber=0&totalResults=191&start=0&q=pain+assessment&resultsPageSize=10&rows=10 [16]	**Practise effectively**; **Prioritise people**; **Preserve safety –** 7.3 (use verbal/non-verbal methods; consider cultural sensitivities); 6.1 (use best available evidence); 3 (assess & respond to physical, social, psychological needs);				

						13.1 (accurately identify, observe and assess signs of normal or worsening health)				
		GNP 3- Care								
		Demonstrate the knowledge, skills and behaviour to show effective care.								
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
GNP 3.1	Ensure baseline observations are taken on patients presenting to service. Repeating where necessary in accordance with local policy.	N, AB, C, P ,E	Competent		https://www.england.nhs.uk/ourwork/clinical-policy/sepsis/nationalearlywarningscore/ [17]	**Practise effectively / Preserve safety-** 3 (Assess & respond to needs); 13.1 (accurately identify, observe and assess signs of normal/wors				

						ening health); 10 (clear & accurate records)				
GNP 3.2	Ensure basic nursing risk assessments are undertaken in a timely manner and appropriate actions taken. (usually within 6 hrs of admission)	N,AB, C, P, E	Competent			**Preserve safety / Practise effectively -** 3 (Assess & respond to needs); 16.1–16.4 (act without delay where risk; raise/acknowledge concerns); 10 (records)				
GNP 3.3	Can undertake a comprehensive wound assessment and ensure a wound care	N,AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c18-sec-0007 [18]	**Practise effectively / Preserve safety –** 6.1 (use best available evidence); 3 (assess &				

	plan is commenced					respond to needs); 13 (work within competence); 10 (records)				
GNP 3.4	Completion of learning disability training as per local Trust policy	N, AB, C, P, E	Competent		https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism [19]	**Practise effectively / Preserve safety / Promote professionalism -** 6.2 (maintain knowledge & skills); 13.5 (complete necessary training before new role); 20 (uphold reputation/professional standards)				

GNP 3.5	Ensures local Trust policy is followed for learning disabilities, dementia and autism	N, AB, C, P, E	Competent		Learning disability and autism awareness course: https://learninghub.nhs.uk/Resource/9317/Item [20] 	**Practise effectively / Preserve safety / Prioritise people -** 6.2 (knowledge/ skills); 3 (assess & respond to needs, act as advocate 3.4); 5 (privacy & confidentiality); 13 (work within competence)				
GNP 3.6	Understands what reasonable adjustments can be made to accommodate patients with	N, AB, C, P, E	Competent		https://learninghub.nhs.uk/catalogue/Caring-for-people-with-learning-disabilities [21]	**Prioritise people / Practise effectively -** 1.3 (recognise diversity & individual choice); 2				

	additional needs					(work in partnership; respond to preferences); 3 (assess & respond to physical, social, psychological needs); 7.2–7.3 (meet language/communication needs; use varied methods)				
GNP 3.7	Understands the role and rationale for DNACPR and treatment escalation plans	N, AB, C, P, E	Competent			**Prioritise people / Practise effectively / Preserve safety –** 4.1–4.3 (best interests; informed consent; mental capacity				

						law); 2 (involve people; shared decisions); 3.2 (respond compassionately at end of life); 7 (communicate clearly); 5 (privacy & confidentiality)				
GNP 3.8	Demonstrates an understanding of how race, gender, religion and sexual identity can influence and impact patients within a health setting and	N, AB, C, P, E	Competent			Prioritise people / Promote professionalism & trust – **1 (dignity & compassion)** incl. **1.3 (recognise diversity)**; **2 (listen & respond to preferences /concerns)**;				

	is responsive to the patient needs and concerns					**3.4 (advocate for the vulnerable; challenge discriminatory attitudes); 20 (professional conduct)**				
		GNP 4- Competence								
		Demonstrate the knowledge, skills and behaviour to understand the importance of being competent as a registered nurse								
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
GNP 4.1	Understands the requirements of the NMC code of conduct and maintaining professional registration.	N, AB, C, P ,E	Competent		https://www.nmc.org.uk/standards/code/ [22]	**Promote professionalism & trust -** 20 (uphold the reputation of your profession); 22 (fulfil all				

						registration requirements) -				
GNP 4.2	Understands the importance of taking accountability as a registered practitioner	N, AB, C, P, E	Competent		https://www.rcn.org.uk/Professional-Development/Accountability-and-delegation [23]	**Practise effectively / Promote professionalism & trust -** 11 (be accountable when delegating); 20 (model integrity and leadership)				
GNP 4.3	Understands the importance of skilfully delegating roles and ensuring those delegated too are	N, AB, C, P, E	Competent			**Practise effectively –** 11.1–11.3 (delegate within competence; supervise; confirm outcomes meet				

	working within scope of practice					required standard)				
GNP 4.4	Undertakes continuous professional development to enhance care delivery and in accordance with the revalidation process	N, AB,C,P,E	Competent		https://www.nmc.org.uk/revalidation/ [24] 	**Practise effectively / Promote professionalism & trust -** 6.2 (maintain the knowledge and skills you need); 22 (fulfil registration requirements)				
GNP 4.5	Actively seeks opportunities for clinical supervision	N, AB, C, P, E	Competent			**Practise effectively / Promote professionalism & trust** - 9.2 (gather & reflect on feedback);				

						9.4 (support learning); 20 (provide leadership/role-model behaviour)				
GNP 4.6	Actively participates in the appraisal process.	N, AB, C, P, E	Competent			**Practise effectively / Promote professionalism & trust -** 9.2 (reflect on feedback to improve practice); 20 (professionalism, integrity)				
GNP 4.7	Undertakes appropriate training and maintains competence in the use of medical devices	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively -** 13.5 (complete necessary training before new				

						role); 6.2 (maintain knowledge & skills)				
GNP 4.8	Able to safely prepare and administer medication via required route, and recognises the signs of adverse medicine reactions, taking appropriate actions.	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c15-fea-0010?resultNumber=1&totalResults=285&start=0&q=medication+&resultsPageSize=10&rows=10 [18]	**Preserve safety / Practise effectively -** 18 (advise/prescribe/supply/dispense/administer medicines within limits of training, law and guidance); 13.1 (accurately identify/assess signs of health changes)				
GNP 4.9	Administers essential medications including	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety –**				

	analgesia and antibiotics in a timely manner, and understands the urgency associated with safety critical medications					6.1 (use best evidence); 18 (medicines within training/law/ guidance); 1.4 (deliver care without undue delay)				
GNP 4.10	Demonstrates an understanding of local policies and procedures relating to medication administration and storage: Controlled drug policy Medication errors Safe storage Refrigeration and fluids	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively / Promote professionalism -** 18 (medicines within law/guidance/policy); 10.2 (document risks & actions); 20 (professional conduct)				

GNP 4.11	Is aware of the local policy for dispensing medications out of hours.	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively / Promote professionalism -** 18 (medicines within law/guidance/policy); 10.2 (document risks & actions); 20 (professional conduct)				
GNP 4.12	Has been deemed competent to conduct venepuncture and cannulation following local training or imported	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c13-fea-0003?resultNumber=0&totalResults=40&start=0&q=venepuncture&results	**Preserve safety / Practise effectively** - **13 (recognise/work within limits of competence				

	competency document.				PageSize=10 &rows=10 [18] 	; seek help/refer); **13.5** (complete necessary training before new role)				
GNP 4.13	Can identify signs of phlebitis or extravasation and takes appropriate actions.	N, AB, C, P, E	Competent			**Preserve safety-** 13.1 (identify/assess signs of worsening health); 16 (act without delay if risk); 19 (reduce potential for harm)				
		GNP 5- Courage								
		Demonstrate the knowledge, skills and behaviour to project a high standard of professional nursing.								
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**

GNP 5.1	Understands the process for raising concerns and the role of a freedom to speak up guardian.	N, AB, C, P ,E	Competent		https://www.england.nhs.uk/ourwork/freedom-to-speak-up/	**Preserve safety / Promote professionalism & trust -** 16 (Act without delay if there is a risk to safety) – 16.1–16.6 (raise/escalate; use available channels; protect those who speak up)				
GNP 5.2	Understands their responsibilities under Duty of Candour legislation.	N, AB, C, P, E	Competent		https://www.rcn.org.uk/Get-Help/RCN-advice/duty-of-candour [25]	**Preserve safety -** 14 (Be open and candid) – 14.1–14.3 (put right, explain fully and promptly, apologise,				

						document and escalate)				
GNP5.3	Understands the role of incident reporting in ensuring patient safety and contributing to service development.	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively** - 16 (raise/escalate risks immediately); 10.2 (identify risks/problems and the steps taken); 19 (reduce potential for harm)				
GNP5.4	Appropriately advocates for patients among the MDT.	N, AB,C,P,E	Competent			**Prioritise people / Practise effectively -** 3 (Assess & respond to needs) incl. 3.4 (act as an advocate for				

						the vulnerable, challenge poor/discriminatory practice); 2 (listen & respond; involve people)				
GNP 5.5	Appropriately advocates for self and others.	N, AB,C,P,E	Competent			**Promote professionalism & trust / Practise effectively / Preserve safety -** 20 (uphold professionalism, leadership, integrity); 8.7 (support colleagues with health/performance issues without compromisi				

						ng safety); 16.5–16.6 (do not obstruct or victimise those who raise concerns; protect those you manage after concerns are raised)				
GNP5.6	Reflects on experiences where care could have been improved and takes measures to develop as a result of these.	N, AB, C, P, E	Competent			**Practise effectively / Promote professionalism & trust –** 9.2 (gather & reflect on feedback to improve practice); 9.1 (provide honest, constructive feedback);				

						6.2 (maintain knowledge & skills); 20 (role-model professionalism)				
		GNP 6 – Commitment								
		Demonstrate the knowledge, skills and behaviour to project a high standard of professional nursing.								
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
GNP 6.1	Understands the importance of the role of the nurse within the Acute Medical workforce	N, AB, C, P ,E	Competent		https://www.acutemedicine.org.uk/nursing/ [26]	**Practise effectively / Promote professionalism & trust –** 8 (Work co-operatively); 25 (Provide leadership to protect wellbeing				

						and improve experiences)				
GNP6.2	Understands the role of acute medicine within the wider organisation	N, AB, C, P, E	Competent		https://www.acutemedicine.org.uk/our-history/ [27] 	**Practise effectively / Promote professionalism & trust** - 8 (Work co-operatively); 25 (Provide leadership)				
GNP 6.3	Consistently displays a professional image in behaviour and appearance in accordance with local Trust policy	N, AB, C, P, E	Competent			**Promote professionalism & trust** – 20 (Uphold the reputation of your profession at all times)				
GNP6.4	Has an awareness of how own	N, AB, C, P, E	Competent			**Promote professionalism & trust /**				

	values beliefs , emotions, health and wellbeing impacts on clinical practice					**Preserve safety / Practise effectively -** 20 (Model integrity and professionalism); 13.4 (take account of your own safety as well as the safety of people in your care); 6.2 (maintain the knowledge and skills you need)				
GNP 6.5	Is sympathetic to the impact of human factors on members of the MDT and patients.	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety / Promote professionalism & trust** - 8.4–8.6 (work with colleagues to evaluate				

						quality and preserve safety; share information to reduce risk); 16 (act without delay if there's risk; acknowledge and act on concerns); 20 (professional behaviours that sustain trust)				

Acute Medicine capabilities (Cross Cutting Themes (CCT))- Acute Medicine

		CCT 1- Patient Assessment/ Admission								
		Holistically and systematically , assess patients								
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
CCT 1.1	Understand the patient's pathway into acute medicine and how this influences the current priorities and actions (For example, GP (General Practitioner), ED (Emergency Department), ambulance service)	N, AB, C, P, E	Competent			**Practise effectively / Prioritise people -** 8 (work co-operatively); 7 (communicate clearly); 3 (assess & respond to needs)				

CCT 1.2	Can conduct a thorough systematic A-E (ABCDE) assessment, and interpret these vital signs	N, AB, C, P ,E	Competent		https://learninghub.nhs.uk/catalogue/ABCDE-Approach [28]	**Preserve safety / Practise effectively** – 13.1 (accurately identify, observe, assess signs of normal/worsening health); 15 (act appropriately in emergencies); 10 (records)				

CCT 1.3	Assesses and prioritises care according to clinical need	N, AB, C, P, E	Competent		https://portal.e-lfh.org.uk/Component/Details/391012 [29]	**Prioritise people / Practise effectively / Preserve safety –** 3 (assess & respond to needs); 1.4 (deliver care without undue delay); 16 (act without delay if risk**)**				
CCT 1.4	Able to complete an acute medical admission and document this appropriately	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c02-sec-0008#c02-sec-0008 [18]	**Practise effectively -** 10 (keep clear and accurate records) – 10.1–10.4				

CCT 1.5	Understands the importance of commencing discharge planning at the point of admission	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c03-sec-0005 [18] 	**Practise effectively / Prioritise people** - 8.3 (keep colleagues informed when sharing care); 2 (work in partnership; involve people); 3.1 (promote wellbeing; meet changing needs)				
CCT 1.6	Undertakes an assessment of mental capacity, documents and actions this.	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c05-sec-0196?resultNumber=0&totalResults=42&start=0&q=mental+capa	Prioritise people / Practise effectively - 4.3 (keep to all relevant mental capacity laws); 4.2				

					city&resultsPageSize=10&rows=10 [18] 	(properly informed consent & document it); 10 (records)				
CCT 1.7	Understands the rationale for MUST (Malnutrition Universal Screening Tool) score assessment and how to action this appropriately	N, AB, C, P, E	Competent		https://www.bapen.org.uk/pdfs/must/must_full.pdf [30] 	**Practise effectively / Prioritise people –** 6.1 (use best available evidence); 1.2 (fundamentals of care incl. nutrition & hydration); 3 (assess & respond to needs)				
CCT 1.8	Demonstrates an awareness of swallowing	N, AB, C, P, E	Competent			**Preserve safety /**				

	difficulties and how to escalate as per local Trust policy					**Practise effectively -** 13.2 (make timely referral when required); 3 (assess & respond to physical needs); 16 (act without delay if risk)				
CCT 1.9	Demonstrates understanding of RED TRAY system, food and fluid charts and when to implement these	N, AB, C, P, E	Competent			**Prioritise people / Practise effectively -** 1.2 (fundamentals: nutrition & hydration); 10 (records)				
CCT 1.10	Demonstrates practical knowledge of food	N, AB, C, P, E	Competent			**Preserve safety / Prioritise**				

	allergens and awareness of 'Natasha's Law' and identifies these on admission					**people / Practise effectively -** 3 (assess & respond to needs); 19 (reduce potential for harm); 1.2 (nutrition & hydration)				
CCT 1.11	Demonstrates understanding of individual dietary needs, how to order them, and implements them on admission	N, AB, C, P, E	Competent			**Prioritise people / Practise effectively** - 2 (listen & respond to preferences); 3 (assess & respond to needs); 1.2 (fundamentals: nutrition)				

CCT 1.12	Understand the International Dysphagia, Diet Standardisation Initiative (IDDSI) guidance for texture modification	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety** - 6.1 (best available evidence); 3 (assess & respond to needs); 13.2 (timely referral where required)				
CCT 1.13	Recognizes the importance of patient weight and how this affects clinical care and outcomes	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c08-fea-0011?resultNumber=0&totalResults=114&start=0&q=weight&resultsPageSize=10&rows=10 [18]	**Practise effectively / Prioritise people** - 3 (assess & respond to physical needs); 6.1 (use evidence); 10 (records)				

										
CCT 1.14	Understands the process to refer to: - Physiotherapy/ Occupational Therapy - Social services - - Homeless services - Complex discharge teams - District nurses	N, AB, C, P, E	Competent		https://learninghub.nhs.uk/catalogue/GPH/about [33]  https://learninghub.nhs.uk/resource/57179 [34] 	**Practise effectively / Preserve safety -** 13.2 (make timely referral); 8 (work co-operatively; share information to reduce risk)				
CCT 1.15	Detects and initiates measures to manage infection control at the point of	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c04-sec-0004?resultN	**Preserve safety / Prioritise people-**				

	admission as per local Trust				umber=0&totalResults=280&start=0&q=infection+control&resultsPageSize=10&rows=10 [18] 	19 (reduce potential for harm); 1.2 (fundamentals: clean & hygienic conditions); 16 (act without delay if risk)				
CCT 1.16	Understands how to complete infection control screens	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively-** 19 (reduce harm); 10 (records)				
CCT 1.17	Understands their responsibilities under the Mental Capacity Act 2005	N, AB, C, P, E	Competent		https://www.e-lfh.org.uk/programmes/mental-capacity-act/ [35]	**Prioritise people-** 4.3 (keep to all relevant mental capacity laws)				

										
CCT 1.18	Can independently ensure patient medication including controlled drugs are handled and stored in accordance with local Trust policy	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively-** 18 (medicines within limits of training; law; guidance; policies); 10.2 (identify risks & actions)				
CCT 1.19	Understands the importance of the nurse's role in identifying potential carer crises on admission (Care Act 2014)	N, AB, C, P, E	Competent			**Prioritise people / Practise effectively –** 2 (listen & respond; involve				

						people/families); 3.4 (act as an advocate for the vulnerable; challenge poor practice)				
CCT 1.20	Able to perform, interpret and escalate a physical assessment to establish a NEWS 2 score	N, AB, C, P, E	Competent		https://learninghub.nhs.uk/Resource/63325/Item [37]	**Preserve safety / Practise effectively-** 13.1 (identify/assess signs); 16 (act without delay if risk); 10 (records)				
CCT 1.21	Aware of local IPC (Infections Prevention and Control) guidance for patients who are immunocompromis	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively-** 19 (reduce potential for harm); 6.2				

	ed and adheres to this.					(maintain knowledge/ skills)				
CCT 1.22	Understands the importance of ascertaining patients recent travel history.	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively –** 3 (assess & respond to needs); 19 (reduce harm); 16 (act without delay if risk)				
	CCT 2- Acute Medicine Special Circumstances									
	Holistically and systematically, assess patients who present to Acute Medicine with special circumstances for treatment									
		CCT 2.1 Acute Alcohol Withdrawal								
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**

CCT 2.1. 1	Can recognise and describe acute alcohol withdrawal	N, AB, C, P ,E	Competent		https://www.nice.org.uk/guidance/cg100 [38]	**Preserve safety / Practise effectively -** 13.1 (accurately identify, observe, assess signs of normal/worsening health); 16 (act without delay if risk)				
CCT 2.1. 2	Can confidently assess patient's use of alcohol on admission	N, AB, C, P, E	Competent			**Practise effectively / Prioritise people-** 3 (assess & respond to physical, social, psychological needs); 7				

						(communicate clearly); 10 (records)				
CCT 2.1.3	Is aware of how to refer to alcohol treatment services as per local Trust policy	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety-** 13.2 (make timely referral to another practitioner when required); 8 (work cooperatively; share info to reduce risk)				
CCT 2.1.4	Can conduct an initial assessment of a patient presenting with acute alcohol withdrawal:	N, AB, C, P, E	Competent			Practise effectively / Preserve safety / Prioritise people –				

	• Nutrition support • Bloods: U&Es (Urea and Electrolytes), magnesium, LFT's (Liver Function Tests), FBC (Full Blood Count) • Fluid balance charts • Monitoring of bowel movements • Delerium • Falls risk					3 (assess & respond to needs; promote wellbeing); 13.1 (accurate clinical assessment); 10 (records); 16 (act without delay if risk)				
CCT 2.1.5	Has awareness of the stigma associated with alcohol misuse	N, AB, C, P, E	Competent			Prioritise people / Promote professionalism & trust - 1.3 (recognise diversity & individual choice;				

						avoid assumptions); 3.4 (act as an advocate; challenge discriminatory attitudes/poor practice); 20 (professional conduct)				
CCT 2.1.6	Has empathy supporting care with • Nausea and vomiting • Incontinence • Confusion and agitation • Delirium	N, AB, C, P, E	Competent		https://learninghub.nhs.uk/catalogue/Continence-and-Catheter-Care?nodeId=7160 [39]	Prioritise people / Practise effectively - 1.1 (kindness, respect, compassion); 2 (listen & respond to preferences/concerns); 3 (assess				

						& respond to needs)				
CCT 2.1.7	Is competent in assessing and monitoring patients in acute alcohol withdrawal such as CIWA - AR (Clinical Institute Withdrawal Assessment for Alcohol Revised)- or GMAWs (Glasgow Modified Alcohol Withdrawal Scale) scoring in line with local Trust policy	N, AB, C, P, E	Competent		https://www.mdcalc.com/calc/1736/ciwa-ar-alcohol-withdrawal [40]	**Practise effectively / Preserve safety** - 6.1 (use best available evidence); 13.5 (complete necessary training before new role); 13 (work within competence); 10 (records)				
CCT 2.1.8	Is aware of the use of common medication in the management of acute alcohol withdrawal in	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively** -				

	accordance with Trust protocol					18 (advise/prescribe/supply/dispense/administer medicines within training, law, guidance and policy); 6.1 (evidence-based information/advice)				
CCT 2.1.9	Can identify the signs and symptoms of delirium tremens and escalate appropriately	N, AB, C, P, E	Competent			**Preserve safety-** 13.1 (identify/assess signs); 16 (act without delay if risk; raise/escalate				

						concerns); 15 (offer help in emergencies)				
CCT 2.1.10	Has an awareness of how to manage alcohol related seizures and escalate appropriately	N, AB, C, P, E	Competent			**Preserve safety –** 15 (emergency response within competence; asccess care promptly); 16 (act without delay if risk); 13.3 (ask for help beyond limits of competence)				
CCT 2.1.11	Has an awareness of the care of Wernicke's	N, AB, C, P, E	Advanced beginner			**Preserve safety / Practise effectively**				

	encephalopathy (WE)					- 13.1 (accurate assessment); 16 (act without delay if risk); 6.1 (best evidence)				
CCT 2.1. 12	Understands the different definitions of • Alcohol dependence • Harmful drinking • Hazardous drinking	N, AB, C, P, E	Advance beginner			**Practise effectively / Promote professionalism & trust** - 6.1 (best available evidence); 7 (communicate clearly)				
CCT 2.1. 13	Has an understanding of the care for Alcohol-related liver disease (ALD)	N, AB, C, P, E	Advanced beginner			**Practise effectively / Preserve safety** -				

						6.1 (evidencebased care); 3 (assess/respond to needs); 13.2 (timely referral)				
CCT 2.1. 14	Has an understanding of the care for Alcohol- related pancreatitis	N, AB, C, P, E	Advanced beginner			**Preserve safety / Practise effectively** - 13.1 (recognise clinical deteriorati on); 16 (act without delay); 6.1 (best evidence)				
CCT 2.1. 15	Has an awareness of variceal haemorrhage in	N, AB, C, P, E	Advanced beginner			**Preserve safety –**				

	relation to alcohol misuse and the potential of rapid deteriorating					13.1 (identify/assess signs); 15 (emergency help); 16 (act without delay)				
CCT 2.1. 16	Understand the importance and statutory requirement to complete a children's safeguarding referral	N, AB, C, P, E	Advanced beginner		https://www.rmmonline.co.uk/manual/c05-sec-0163?resultNumber=0&totalResults=34&start=0&q=SAFEGUARDING&resultsPageSize=10&rows=10 [18]	**Preserve safety / Prioritise people / Promote professionalism & trust** - 17 (raise concerns immediately for vulnerable people needing extra support and protection)				

						; 16 (use available channels; raise/escalate concerns; protect those who speak up); 5.4 (share necessary information when patient/public protection overrides confidentiality)				
		CCT 2.2 Overdose and Poisoning								
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
CCT 2.2.1	Understands the definition of poisoning and overdose	N, AB, C, P, E	Competent			**Practise effectively** -				

						6.1 (use best available evidence)				
CCT 2.2.2	Understands assessments for patients presenting with overdose including: A-E Neurological observations ECG (Electrocardiogram) changes ABG (Arterial Blood Gas) /VBG (Venous Blood Gas) abnormalities Bloods- FBC, U&Es, LFT's, CK (Creatine Kinase), INR (International Normalised Ratio), medication levels	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively** - 13.1 (accurately identify, observe, assess signs); 15 (offer help in emergencies); 10 (records)				

CCT 2.2. 3	Has an understanding of monitoring for pyrexia in patients who have overdosed	N, AB, C, P, E	Competent			**Preserve safety -** 13.1 (recognise signs of worsening health); 16 (act without delay if risk)				
CCT 2.2. 4	Has an understanding of the importance of assessing the persons emotional and mental state, the risk of psychological harm and risk for further self-harm or suicide	N, AB, C, P, E	Competent			**Prioritise people / Preserve safety –** 3 (assess & respond to psychological needs); 17 (raise concerns for vulnerable people)				

CCT 2.2.5	Understands local Trust policy on safeguarding	N, AB, C, P, E	Competent		Adults: https://www.e-lfh.org.uk/programmes/safeguarding-adults/ [42]	Preserve safety / Promote professionalism – 16 (raise concerns immediately); 17 (extra support for vulnerable); 5.4 (share info when protection overrides confidentiality)				
CCT 2.2.6	Has an awareness of how to access ToxBase	N, AB, C, P, E	Competent		https://www.toxbase.org/about-toxbase/toxlearning-e-learning-resource/ [43]	**Practise effectively / Preserve safety –** 6.1 (use best available evidence); 13.3 (seek help beyond				

						competence)				
CCT 2.2.7	Understand the importance and statuary requirement to complete a children's safeguarding referral	N, AB, C, P, E	Advanced beginner		https://www.e-lfh.org.uk/programmes/safeguarding-children/ [44]	**Preserve safety / Prioritise people –** 17 (raise concerns immediately); 16.5–16.6 (use channels; protect those who speak up)				
CCT 2.2.8	Has an awareness of common antidotes, their dosages and care of the patient presenting with overdose of: • Opiates • Paracetamol • Tricyclics	N, AB, C, P, E	Advanced beginner		https://www.toxbase.org/login/?ReturnUrl=/ [43]	**Preserve safety / Practise effectively -** 18 (administer medicines within law, guidance, competenc				

						e); 6.1 (best evidence)				
		CCT2.3 Acute Eating Disorders								
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
CCT 2.3.1	Has an understanding of the signs and symptoms of common eating disorders: • Anorexia nervosa • Binge eating disorder • Bulimia nervosa • Other specified feeding and eating disorders	N, AB, C, P, E	Competent		https://www.nice.org.uk/guidance/ng69 [45]	**Practise effectively / Preserve safety** - 6.1 (use best available evidence); 13.1 (accurately identify, observe, assess signs)				

CCT 2.3. 2	Can competently monitor fluid balance and food diary in people with eating disorders	N, AB, C, P, E	Competent		https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2022-college-reports/cr233 [46] 	**Practise effectively** - 10 (keep clear and accurate records); 3 (assess & respond to needs)				
CCT 2.3. 3	Understands the impact of compensatory behaviours such as vomiting, taking laxatives or diuretics, or water loading	N, AB, C, P, E	Competent		Eating disorders: Eating disorders in acute medical settings: https://portal.e-lfh.org.uk/Component/Details/825070 [47] 	**Preserve safety / Practise effectively** - 13.1 (recognise signs of worsening health); 16 (act without delay if risk)				

CCT 2.3. 4	The importance of ECG monitoring in an acute presentation of eating disorders	N, AB, C, P, E	Competent			**Preserve safety -** 13.1 (identify signs); 16 (act without delay)				
CCT 2.3. 5	Has an awareness of the importance of monitoring the following in patients admitted with acute eating disorders: • BMI (Body Mass Index) • Blood tests- U&E's, phosphate, transaminase, glucose, HbA1C • ECG (esp. HR <40bpm, prolonged QT interval)	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety-** 13.1 (accurate assessment); 10 (records); 6.1 (best evidence)				

	• Urine SG<1.010									
CCT 2.3. 6	Has an awareness of Mental Health capacity	N, AB, C, P, E	Competent		See mental health section	**Prioritise people** - 4.3 (keep to all relevant mental capacity laws)				
CCT 2.3. 7	Has understanding of the importance of joint care in complex cases with Gastro and endocrine specialists	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety** - 8 (work co-operatively); 13.2 (make timely referral**)**				
CCT 2.3. 8	Understands how to refer to dietician as per local Trust policy and as per MUST assessments	N, AB, C, P, E	Competent			**Practise effectively** - 13.2 (timely referral);				

						6.1 (best evidence)				
CCT 2.3. 9	Has an awareness of situations where NG (Naso Gastric) tube insertions may be required and the legal complexities surrounding this.	N, AB, C, P, E	Advanced beginner			**Preserve safety / Prioritise people –** 4.3 (mental capacity law); 13.3 (seek help beyond competence)				
CCT 2.3. 10	Understands the role of the nurse in encouraging people with eating disorders who are vomiting to: • Have regular dental and medical reviews • Avoid brushing teeth immediately after vomiting	N, AB, C, P, E	Advanced beginner			**Prioritise people / Practise effectively -** 1.1 (kindness, respect, compassion); 3 (promote wellbeing)				

	• Rinse with non-acid mouthwash after vomiting • Avoid high acidic foods and drink									
CCT 2.3. 11	Has an awareness of complications to acute presentations of eating disorders such as: • Rhabdomyolysis • Re-feeding syndrome	N, AB, C, P, E	Advanced beginner			**Preserve safety / Practise effectively -** 13.1 (recognise signs); 16 (act without delay); 6.1 (best evidence)				
		CCT2.4 Maternity, Gynaecological and Peri Partum Care								

	Knowledge, Skills and Behaviour	Self – Assessment (circle as appropriate)	Minimum standard for achievement	Expected date of achievement	Link to online education	NMC Code	Evidence submitted	Date of completion	Level achieved	Mentor sign off (print and sign)
CCT 2.4.1	Understands of MEOWs (Modified early Obstetirc Warning Score) in peri partum care	N, AB,C,P,E	Competent		https://wisdom.nhs.wales/health-board-guidelines/cwm-taf-maternity-file/modified-early-obstetric-warning-score-meows-cwm-taf-maternity-guideline-2022-pdf/ [48]	**Preserve safety / Practise effectively** - 13.1 (accurately identify, observe, assess signs of normal/worsening health); 6.1 (use best available evidence); 10 (records)				
CCT 2.4.2	Has an awareness of how to access local Trust policy on caring for pregnant women in Acute Medicine	N, AB, C, P, E	Competent		Acute Medical Podcast: The Pregnant Patient Part 1 - Society for Acute Medicine	**Practise effectively / Promote professionalism & trust**				

					Acute Medical Podcast: The Pregnant Patient Part 2 - Society for Acute Medicine	- 6.2 (maintain knowledge and skills); 20 (uphold professional standards)				
CCT 2.4.3	Describe how Female Genital Mutilation (FGM) presents and understands the safeguarding actions which are required upon detecting this	N, AB, C, P, E	Advanced beginner		https://www.england.nhs.uk/wp-content/uploads/2016/12/fgm-pocket-guide-v5-final.pdf [50]	**Preserve safety / Prioritise people / Promote professionalism & trust** - 17 (raise concerns immediately for vulnerable people); 16				

						(act without delay if risk); 5.4 (share necessary information when protection overrides confidentiality)				
		CCT 2.5 Palliative care								
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
CCT 2.5.1	Understands the meaning of palliative and end of life care	N, AB, C, P, E	Competent		https://www.e-lfh.org.uk/programmes/end-of-life-care/	**Prioritise people / Practise effectively -** 3.2 (respond compassionately at end of life); 6.1 (use				

						best available evidence)				
CCT 2.5. 2	Shows empathy and understanding of the patients' current emotional states, acknowledging their feelings and validating their experience	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c28-sec-0002#c28-sec-0002	**Prioritise people** - 1.1 (kindness, respect, compassion); 2 (listen & respond)				
CCT 2.5. 3	Ensure patient and those important to them are kept up to date through regular updates	N, AB, C, P, E	Competent			**Practise effectively / Prioritise people** - 7 (communicate clearly); 2 (involve people in decisions)				
CCT 2.5. 4	Offers support and guidance to patient's relatives	N, AB, C, P, E	Competent			**Prioritise people** -				

	and significant others					2 (listen & respond); 3 (promote wellbeing)				
CCT 2.5.5	Has an awareness of how to make appropriate referrals as per local Trust policy to: Palliative care team Pain management team -Physiotherapy -Occupational Therapy -Chaplaincy	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety** - 13.2 (make timely referral); 8 (work co-operatively)				
CCT 2.5.6	Support patients to meet hydration and nutritional needs appropriate to their needs and wishes	N, AB, C, P, E	Competent		https://www.nice.org.uk/guidance/ng31	**Prioritise people** - 1.2 (fundamentals: nutrition& hydration); 3(assess & respond)				

CCT 2.5. 7	Understands and demonstrates the appropriate use of anticipatory medication management to manage common symptoms: • analgesia • anti-emetics • benzodiazepine • oxygen therapy • antipsychotics	N, AB, C, P, E	Competent		https://www.nice.org.uk/Guidance/CG140 	**Preserve safety / Practise effectively** - 18 (administer medicines within law, guidance, competence); 6.1 (best evidence)				
CCT 2.5. 8	Competent in the use of syringe drivers as per local Trust policy	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively** - 13.5 (complete necessary training before new role); 18 (medicines competence)				

CCT 2.5. 9	Understands the use of the following supporting documents: • DNACPR • RESPECT • Treatment escalation plans and ceilings of care • Advance decision making • Power of attorney for health and welfare	N, AB, C, P, E	Competent		https://www.resus.org.uk/respect 	**Prioritise people / Practise effectively** - 4.1–4.3 (consent, best interests, mental capacity law); 7 (communicate clearly)				
CCT .2.5. 10	Understands and recognises spiritual distress and respond appropriately such as: • Last rights • Therapeutic conversation • refer to chaplaincy or	N, AB, C, P, E	Competent			**Prioritise people** - 1.1 (kindness, respect, compassion); 3 (promote wellbeing)				

	spiritual care co Ordinator • refer to psychological medicine									
CCT 2.5. 11	Support the patient in their spiritual and/or religious practice	N, AB, C, P, E	Competent			**Prioritise people -** 1.3 (recognise diversity and individual choice)				
CCT 2.5. 12	Recognising own emotional state in caring for patients at the end of life and responding appropriately: • Team 'hot' and 'cold' debrief • Know where to get additional support if required e.g. chaplaincy, counselling	N, AB, C, P, E	Competent			**Promote professionalism & trust / Preserve safety** - 13.4 (take account of your own safety as well as people in your care); 20				

	• Practice self-care in caring for patients at the end of life.					(professional conduct)				
CCT 2.5.13	Utilise spiritual assessment tools such as HOPE or FICA	N, AB, C, P, E	Competent		https://www.rcpsych.ac.uk/docs/default-source/mental-health/treatments-and-wellbeing/spirituality-and-mental-health/spirituality-and-mental-health-a-guide-to-the-assessment-of-spiritual-concerns-in-mental-healthcare.pdf?sfvrsn=2a344130_2	**Practise effectively / Prioritise people** - 6.1 (use best evidence); 3 (assess & respond to needs)				

CCT 2.5. 14	Has an awareness of how to offer support to young carers	N, AB, C, P, E	Advanced beginner		https://www.legislation.gov.uk/ukpga/2014/23/section/63 	**Prioritise people / Preserve safety** - 17 (raise concerns for vulnerable people); 2 (listen & respond)				
CCT 2.5. 15	Has an awareness of how to facilitate discharge to preferred place of death	N, AB, C, P, E	Advanced beginner		Acute Medical Podcast: Palliative Care on the AMU - Society for Acute Medicine 	**Prioritise people / Practise effectively** - 2 (involve people in decisions); 3 (promote wellbeing)				
		CCT2.6 -Care of 16-18 year-olds in Acute Medicine								

	Knowledge, Skills and Behaviour	Self – Assessment (circle as appropriate)	Minimum standard for achievement	Expected date of achievement	Link to online education	NMC Code	Evidence submitted	Date of completion	Level achieved	Mentor sign off (print and sign)
CCT 2.6.1	Awareness of local Trust policy In relation to the care of 16-18 year olds and any assessments required on admission	N, AB, C, P, E	Advanced beginner			**Prioritise people / Practise effectively** - 3 (assess & respond to physical, social, psychological needs); 6.2 (maintain knowledge and skills); 20 (uphold professional standards)				
CCT 2.6.2	Awareness of special circumstances for visiting for this patient group	N, AB, C, P, E	Advanced beginner			**Prioritise people** - 1.3 (recognise diversity				

						and individual choice); 2 (listen & respond to preferences)				
CCT 2.6.3	Awareness of local Trust policy in relation to escalating safeguarding issues	N, AB, C, P, E	Advanced beginner			**Preserve safety / Promote professionalism & trust** - 16 (act without delay if risk); 17 (raise concerns for vulnerable people); 5.4 (share necessary information when protection overrides				

						confidentiality)				
		CCT2.7 Acute Oncology- In collaboration with UKONS UKONS - AOS passport resources. Use of level 1 Acute Oncology competence passport (core)								
	Knowledge skills and behaviour	**Self assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**level achieved**	**Mentor sign off (print and sign)**
CCT 2.7.1	Demonstrate an understanding of the relevant hospital's Acute Oncology Services and their role within the Acute Care Pathway	N, AB, C, P, E	Competent		Level 1 Acute Oncology with competence passport - Promotion page - Macmillan	**Practise effectively / Preserve safety** - 8 (share information to reduce risk); 16 (act without delay if risk)				
CCT 2.7.2	Awareness of how to contact the local Acute Oncology Service?	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety** -				

						8 (work co-operatively) ; 16 (act promptly when risk identified)				
CCT 2.7. 3	Demonstrate an understanding of the 24/7 Patient Advice Line service	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety** - 8 (work co-operatively) ; 16 (act promptly when risk identified)				
CCT 2.7. 4	Demonstrate knowledge of the 24/7 Consultant Oncologist On Call Service	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety** - 13.2 (make timely referral); 8 (collaborate effectively)				

CCT 2.7.5	Demonstrate knowledge of the relevant hospital's Acute Oncology Guidelines and content • Awareness of 'Red Flags' and use of patient alert cards • The pathway and process for urgent referral •Awareness of the initial care and management of patients with suspected spinal metastases or	N, AB, C, P, E	Competent			**Practise effectively / Promote professionalism / Preserve safety-** 13.1 (recognise signs of worsening health); 16 (act without delay) 16 (act promptly if risk); 13.2 (timely referral)				

	MSCC, e.g. spinal stability and safety									
CCT 2.7.6	Demonstrate knowledge of the spinal metastases and Metastatic Spinal Cord Compression Pathway (MSCC) Pathway. •Awareness of 'Red Flags' and use of patient alert cards • The pathway and process for urgent referral •Awareness of the initial care and management of patients with suspected spinal metastases or MSCC, e.g. spinal stability and safety	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety-** 6.1 (best evidence); 13.2 (timely referral)				

CCT 2.7.7	Demonstrate knowledge of the Suspected (Neutropenic) Sepsis Care Pathway •Awareness of the sepsis patient risk tools that can be used to assess patient risk e.g. UKONS Primary Care Risk Assessment Tool and patient alert cards •Recognition of significant signs and symptoms that should prompt urgent referral • Urgent care pathway, e.g. 999	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively –** 13.1 (recognise signs); 16 (act without delay); 6.1 (best evidence)				
CCT 2.7.8	Demonstrate an awareness of other acute oncology indications and the	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c26-	**Practise effectively / Preserve safety -**				

	ability to identify common patient presentations of symptoms with acute cancer or cancer treatment complications •Awareness of the different categories of acute oncology presentations • Ability to take appropriate action within scope of practice after recognition of potential emergency symptoms •Awareness of signs and symptoms of novel SACT toxicities, and the importance of early recognition and referral, e.g.				sec-0002#c26-sec-0002	6.1 (best evidence); 13.1 (accurate assessment)				

	immunotherapy side effects									
CCT 2.7. 9	Demonstrate importance of communicating a patient's presentation and/or admission *Recognition of the role of communication in a safe and efficient patient care pathway. Including: • A description of the appropriate communication pathway • List who should be contacted if applicable. • Provide supportive information and signposting for	N, AB, C, P, E	Competent			**Practise effectively / Promote professionalism -** 7 (communicate clearly); 8 (work co-operatively)				

	people living with cancer within your sphere of responsibility									
CCT 2.7. 10	Demonstrate importance of comprehensive documentation and reporting • Recognition of the importance of correct documentation, e.g. legal and professional responsibilities	N, AB, C, P, E	Competent			**Practise effectively / Promote professionalism** - 10 (keep clear and accurate records); 20 (professional conduct)				
		CCT 2.8 Frailty								
	Knowledge, skills and behaviour	Self-assessment (circle as appropriate)	Minimum standard of achievement	Expected date of achievement	Link to online education	NMC Code	Evidence submitted	Date of completion	Level achieved	Mentor sign off (print

										and sign)
CCT 2.8. 1	Able to define the term 'frailty', and utilize tools such as the Clinical Frailty Scale (CFS) to assess people aged over 65 in secondary care for frailty.	N, AB, C, P ,E	Competent		https://www.e-lfh.org.uk/programmes/frailty/	**Practise effectively / Preserve safety** - 6.1 (use best available evidence); 13.1 (accurately identify, observe, assess signs)				
CCT 2.8. 2	Understands the rationale for performing a lying and standing blood pressure, and can undertake this accurately	N, AB, C, P ,E	Competent			**Practise effectively / Preserve safety** - 13.1 (accurate assessment); 6.1 (best evidence)				
CCT 2.8. 3	Awareness and knowledge of local	N, AB, C, P ,E	Competent		https://www.nice.org.uk/guidance/ng249	**Preserve safety /**				

	falls risk assessment					**Practise effectively** - 13.1 (recognise signs of risk); 16 (act without delay if risk)				
CCT 2.8. 4	Responds to inpatient falls safely in accordance to Trust policy	N, AB, C, P ,E	Competent			Preserve safety - 15 (Offer help in emergenci es); 16 (act propmtly if risk)				
CCT 2.8. 5	Can identify and implement strategies to reduce risk of falls	N, AB, C, P ,E	Competent			**Preserve safety / Practise effectively** - 19 (reduce potential for harm); 6.1 (best evidence)				

CCT 2.8. 6	Awareness of referral to appropriate in-patient services such as physiotherapy, an older adult frailty team, or frailty intervention support team.	N, AB, C, P ,E	Competent		Society for Acute Medicine Educational Evening, 28 November 2024, Frailty for the Acute Physician - Society for Acute Medicine	**Practise effectively / Preserve safety –** 13.2 (make timely referral); 8 (work co-operatively)				
CCT 2.8. 7	Able to assess urinary and bowel continence on admission, including changes to the person's usual baseline.	N, AB, C, P ,E	Competent		https://www.rmmonline.co.uk/manual/c06-sec-0004#c06-sec-0004	**Prioritise people / Practise effectively -** 3 (assess & respond to needs); 10 (records)				
CCT 2.8. 8	Implement initial strategies for early	N, AB, C, P ,E	Competent		https://www.rmmonline.co.uk/manual/c07-	**Practise effectively**				

	mobilisation in hospital.				sec-0004#c07-sec-0004 	**/ Preserve safety** - 3 (promote wellbeing); 19 (reduce harm)				
CCT 2.8. 9	Utilizes non-pharmacological measures to support a person experiencing delirium, with pharmacological measures used as a last resort.	N, AB, C, P ,E	Competent			**Prioritise people / Practise effectively** - 6.1 (best evidence); 3 (assess & respond)				
CCT 2.8. 10	Develop an individualised care and support plan for people admitted to hospital who live with dementia:	N, AB, C, P ,E	Advanced beginner		https://www.alzheimers.org.uk/get-support/publications-factsheets/this-is-me	Prioritise people / Practise effectively - 2 (involve people in decisions); 4 (consent & capacity				

	- Use of 'This is Me' hospital passports (or local equivalent) - Advance care and support plans - Lasting Power of Attorney for Health and Welfare - Family/ carers input					lax); 3 (promote wellbeing)				
CCT 2.8. 11	Understands the causes of delirium – addresses reversible causes which may exacerbate it.	N, AB, C, P ,E	Advanced beginner			**Preserve safety / Practise effectively -** 13.1 (recognise signs); 6.1 (best evidence)				
CCT 2.8. 12	Awareness of the four 'Geriatric Giants':	N, AB, C, P ,E	Advanced beginner		https://www.bgs.org.uk/frailty-elearning-free-to-all	**Practise effectively / Preserve safety -**				

	- Falls - Dementia/ Delirium - Incontinence - Immobility					3 (assess & respond); 13.1 (accurate assessment)				

		CCT 3-Enhanced Care – High acuity								
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
CCT 3.1	Can independently identify a deteriorating patient and escalate concerns appropriately, utilizing local channels.	N, AB, C, P ,E	Competent		https://www.acutemedicine.org.uk/enhanced-care/	**Preserve safety / Practise effectively** - 13.1 (accurately identify/assess signs); 16.1–16.4 (raise & escalate concerns using available channels)				
CCT 3.2	Demonstrates an awareness of the sepsis 6 and the nursing roles associated with	N, AB, C, P ,E	Competent		Sepsis in Acute Care settings https://learninghub.nhs.uk/catalogue/sepsis-in-acute-	**Preserve safety / Practise effectively** -				

	treating a patient who may have sepsis				care?nodeId=10340  Blood culture pathway https://portal.e-lfh.org.uk/Component/Details/713079 	13.1 (recognise deterioration), 16 (act without delay), 6.1 (best evidence), 10 (document)				
CCT 3.3	Can confidently check the resus/ emergency equipment trolley including defibrillator	N, AB,C,P,E	Competent			**Preserve safety** - 19 (reduce potential for harm), 13.5 (complete necessary training				

						before new role)				
CCT 3.4	Is deemed clinically competent in ensuring safe inter-departmental transfer of unstable patients as per local Trust policy.	N, AB,C,P,E	Competent			**Preserve safety / Practise effectively -** 16 (act to protect safety; raise concerns), 8.3 (keep colleagues informed when sharing care), 13.4 (consider own & others' safety)				
CCT 3.5	Correctly identifies cardiac arrest and calls for help as per local Trust policy	N, AB,C,P,E	Competent			**Preserve safety -** 15.1–15.3 (offer help in				

						emergencies within competence; access care promptly), 16				
CCT 3.6	Can confidently identify emergency drugs in cardiac arrest and where to find them locally	N, AB,C,P,E	Competent			**Preserve safety / Practise effectively -** 18 (medicines within training, law, guidance, policies), 13.5 (training				
CCT 3.7	Recognises the signs of anaphylaxis and confidently initiates treatment in accordance with	N, AB,C,P,E	Competent			**Preserve safety -** 13.1 (recognise signs), 16 (act				

	local policies and procedures.					without delay), 18 (medicines competence)				
CCT 3.8	Recognises the signs and symptoms of life-threatening anaphylaxis and escalates appropriately	N, AB, C, P, E	Competent			**Preserve safety-** 15 (emergency help), 16 (urgent escalation				
CCT 3.9	Can define the terms: -Anaphylaxis -Allergy -Hypersensitivity -Adverse reaction -Side effects -Biphasic reaction	N, AB, C, P, E	Competent			**Practise effectively -** 6.1 (best evidence), 7 (communicate clearly)				
CCT 3.10	The initial management of the patient in anaphylaxis: -Call for help -Remove trigger	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively –** 15 (emergency				

	-Lie patient flat (adjust for pregnancy) -IM adrenaline -A-E assessment and treatment					actions); 16 (act without delay); 18 (medicines within competence); 13.1 (systematic assessment)				
CCT 3.11	Confident in knowing common doses of IM adrenaline in accordance with Resus UK guidelines	N, AB, C, P, E	Competent		https://www.resus.org.uk/library/additional-guidance/guidance-anaphylaxis	**Preserve safety / Practise effectively** – 18 (medicines within law/guidance/policy); 6.1 (best evidence)				
CCT 3.12	An awareness and understanding of the pathophysiology of anaphylaxis	N, AB, C, P, E	Competent			**Practise effectively** – 6.1 (best evidence)				

CCT 3.13	Has an awareness of the signs and symptoms of Transfusion Related Acute Lung Injury (TRALI) and Transfusion Associated Circulatory Overload (TACO)	N, AB, C, P, E	Competent			**Preserve safety-** 13.1 (recognise deterioration), 16 (act without delay)				
CCT 3.14	Know how to obtain a blood sample for transfusion	N, AB,C,P,E	Competent			**Preserve safety / Practise effectively -** 13.5 (training before new role), 13 (work within competence), 10 (records)				
CCT 3.15	Understand the different types of blood products	N, AB,C,P,E	Competent			**Preserve safety / Practise**				

	used as part of a MHP: - Red Blood Cells - Fresh Frozen Plasma - Platelets - Cryoprecipitate					**effectively -** 18 (medicines /products within law/policy/ competence), 6.1 (best evidence)				
CCT 3.16	Is competent in administering Blood products as per local Trust policy	N, AB, C, P, E	Competent			Preserve safety- 18; 13.5				
CCT 3.17	Can define the term 'major haemorrhage, and knows how to activated the major haemorrhage protocol (MHP).	N, AB,C,P,E	Competent			**Preserve safety / Practise effectively -** 16 (act/escale without delay), 15 (emergency actions), 8 (co-operate)				

CCT 3.18	Has an awareness of and can refer to 'Martha's rule' as per local Trust Policy	N, AB,C,P,E	Competent		https://www.england.nhs.uk/patient-safety/marthas-rule/	**Preserve safety / Practise effectively -** 16 (use available channels to raise concerns), 8.3 (inform colleagues when sharing care)				
CCT 3.19	Evaluates the effect of interventions and communicates in a timely manner to responsible clinician/s.	N, AB,C,P,E	Competent			**Practise effectively -** 8.4 (evaluate team quality), 7(communicate clearly), 10.2(record risk & actions)				

CCT 3.20	Escalates emergency concerns appropriately.	N, AB, C, P, E	Competent			**Preserve safety**- 16.1-16.4				
CCT 3.21	Ensures detailed documentation of clinical deterioration and emergency situations, including action taken, treatment given and outcome.	N, AB,C,P,E	Competent			**Practise effectively / Promote professionalism** - 10.1–10.4 (timely, accurate, attributable records); 20				
CCT 3.22	Demonstrates an awareness of reversible causes of cardiac arrest	N, AB, C, P ,E	Advanced beginner			**Preserve safety-** 13.1 (recognise signs), 16 (act without delay)				
CCT 3.23	Demonstrates an awareness of the classifications, treatments and	N, AB,C,P,E	Advanced beginner			**Practise effectively / Preserve safety-**				

	symptoms of shock -					6.1 (best evidence), 13.1 (accurate assessment)				
CCT 3.24	Is aware of appropriate transfer pathways for deteriorating patients as per local guidelines	N, AB,C,P,E	Advanced beginner			**Preserve safety / Practise effectively -** 16 (urgent referral/escalation), 13.2 (timely referral), 8 (cooperate; share info)				
CCT 3.25	Undertakes training in immediate life support (ILS)	N, AB,C,P,E	Advanced beginner			**Preserve safety / Promote professionalism** - 13.5 (complete necessary training				

						before new role), 20				
CCT 3.26	Recognition and initial management of emergency presentations within acute medicine, to include -Syncope/ collapse -Seizures -Respiratory distress - Hypoglycaemia - Peri-arrest/ cardiopulmonary arrest - Haemorrhage - DKA - Life threatening asthma - Stroke - Metastatic spinal cord compression - STEMI	N, AB,C,P,E	Advanced beginner			**Preserve safety / Practise effectively -** 15 (emergency actions), 16 (act/escalate), 13.1 (recognise signs), 6.1 (best evidence)				

CCT 3.27	Demonstrates appropriate communication with families/ patient representatives, including pre/post and during emergency situations.	N, AB,C,P,E	Advanced beginner			**Practise effectively / Prioritise people-** 7 (communicate clearly), 2 (involve people in decisions), 5.5 (share information sensitively within the law)				
CCT 3.28	Understands the titration of medication to achieve targets (e.g. blood pressure and blood glucose control)	N, AB, C, P, E	Advanced beginner			**Practise effectively / Preserve safety-** 18 (medicines within competence/law/guidance), 6.1 (best evidence)				

CCT 3.29	Has an awareness of common causes of major haemorrhage in Acute Medicine : -AAA -GI Haemorrhage - Head and Neck oncology patients	N, AB, C, P, E	Advanced beginner			**Preserve safety-** 13.1 (recognise deterioration), 16 (act without delay), 15 (emergency help)				
CCT 3.30	Has an awareness of different risk factors in Acute Medicine: - Anticoagulation - Antiplatelet therapy - Novel Oral Anticoagulants (NOACs) - Pre-existing comorbidities such as stroke, heart failure,	N, AB, C, P, E	Advanced beginner			**Preserve safety / Practise effectively -** 13.1 (identify risks), 6.1 (best evidence), 18 (medicines within guidance)				

	impaired renal function									
CCT 3.31	An awareness of the refractory anaphylaxis guidelines	N, AB, C, P, E	Advanced beginner			**Preserve safety / Practise effectively -** 6.1 (best evidence), 18 (medicines within guidance/policy)				
CCT 3.32	An awareness of the need for coroner's involvement in the event of fatal anaphylaxis	N, AB, C, P, E	Novice			**Promote professionalism & trust / Practise effectively -** 20 (uphold professional standards; cooperate with investigatio				

						ns), 10 (records)				
CCT 3.33	Has an awareness of the 'Triad of Death' in hypovolaemic shock and how to minimise these: -Coagulopathy -Hypothermia -Acidosis	N, AB, C, P, E	Novice			**Preserve safety / Practise effectively -** 6.1 (best evidence), 13.1 (recognise & address risks), 16 (act without delay)				
CCT 3.34	An awareness of the Yellow Card Scheme with the Medicine and Healthcare products Regulatory Authority (MHRA)	N, AB, C, P, E	Novice			**Promote professionalism & trust / Preserve safety** - 18 (medicines within law/guidance), 16				

						(raise concerns), 19 (reduce harm)				
CCT 3.35	Has an awareness of hot and cold debrief and accessing appropriate support when required.	N, AB, C, P, E	Novice			**Practise effectively / Promote professionalism & trust –** 8.4 (evaluate team quality), 8.7 (support colleagues with health/performance problems—without compromising safety), 13.4 (own safety)				

			CCT 4- Caring for the acutely unwell							
			Holistically and systematically , assess patients who have become acutely unwell							
			CCT 4.1Acute Problems affecting the Respiratory system							
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
CCT 4.1.1	Demonstrates ability to observe, monitor and accurately document a respiratory assessment to inform ongoing care, escalating abnormalities as required.	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c14-fea-0008	**Practise effectively / Preserve safety** - 13.1 (accurately identify, observe, assess signs); 10 (clear and accurate records); 16 (act without delay if risk)				

CCT 4.1.2	Recognises the differences between moderate, severe, and life-threatening asthma exacerbations, and demonstrates an understanding of the appropriate management strategies for each situation.	N, AB, C, P ,E	Competent			**Preserve safety / Practise effectively-** 13.1 (recognise deterioration); 6.1 (use best evidence); 15 (offer help in emergencies)				
CCT 4.1.3	Has an understanding of appropriate titration of oxygen therapies	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively-** 18 (administer				

						medicines /therapies within competence and guidance) ; 6.1 (best evidence)				
CCT 4.1.4	Has an awareness and basic understanding of ABG analysis, including Type 1 and Type 2 respiratory failure.	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety** - 6.1 (best evidence); 13.1 (accurate assessment)				
CCT 4.1.5	Discusses the pathophysiology associated with the common respiratory presentations,	N, AB,C,P,E	Competent		https://www.brit-thoracic.org.uk/quality-improvement/guidelines/	**Practise effectively** - 6.1 (best evidence)				

	including asthma, COPD, pneumonia, aspiration, haemoptysis, pneumothorax and pulmonary embolism.									
CCT 4.1.6	Understands the risks associated with hypercapnia and COPD.	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively** - 13.1 (recognise signs); 16 (act without delay)				
CCT 4.1.7	Demonstrates an understanding of the indications for chest drain	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c12-fea-0008	**Preserve safety / Practise effectively** -				

	insertion.				 https://www.rmmonline.co.uk/manual/c12-fea-0010  https://www.rmmonline.co.uk/manual/c12-fea-0011 	13.3 (seek help beyond competence); 6.1 (best evidence)				
CCT 4.1.8	Demonstrate an	N, AB, C, P, E	Competent			**Preserve safety /**				

	understanding of common respiratory medications such as steroids, bronchodilators/ nebulisers, antibiotics and magnesium, including their uses, actions and side effect					**Practise effectively** - 18 (medicines within law, guidance, competence); 6.1 (best evidence)				
CCT 4.1.9	Understands indications and relative contraindications for oxygen therapy and indications for various methods of oxygen delivery, including the	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively** - 18 (medicines/therapies within competence); 6.1 (best evidence)				

	role and use of humidification.									
CCT 4.1.10	Recognises and responds appropriately to signs of respiratory distress, depression or failure	N, AB, C, P, E	Competent			**Preserve safety** - 13.1 (recognise deterioration); 16 (act without delay); 15 (emergency help)				
CCT 4.1.11	Demonstrates ability to optimise respiratory function through interventions including repositioning, deep breathing exercises, encouraging effective cough	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety** - 3 (promote wellbeing); 13.2 (timely referral); 6.1 (best evidence)				

	to aid secretion clearance, adequate pain management, and identifying need for further support from services such as respiratory management and critical care outreach									
CCT 4.1.12	Demonstrates knowledge and skills in the safe care of altered airways, in accordance with local policy.	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively-** 13.5 (complete training before new role); 18 (therapies within				

						competence)				
CCT 4.1.13	Performs peak expiratory flow rate (PEFR) accurately and appropriately (pre and post neb) when clinically indicated.	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c14-fea-0009	**Practise effectively / Preserve safety** - 13.1 (accurate assessment); 10 (records)				
CCT 4.1.14	Provides patient education on respiratory management, including inhaler technique and smoking	N, AB, C, P, E	Competent		https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/	**Prioritise people / Practise effectively-** 2 (listen & respond); 7 (communicate clearly);				

	cessation advice.					6.1 (best evidence)				
CCT 4.1.15	Demonstrates safe and effective suctioning using Yankeur and deep suction via airway adjunct or altered airway.	N, AB, C, P, E	Advanced beginner			**Preserve safety / Practise effectively** - 13.5 (training before new role); 18 (therapies within competence)				
			CCT 4.2 Acute problems affecting the cardiovascular problems							
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**

CCT 4.2.1	Discuss the structure and function of the heart including identifying major blood vessels and understand the flow of blood through the heart.	N, AB, C, P, E	Competent			**Practise effectively-** 6.1 (use best available evidence)				
CCT 4.2.2	Understands the basic pathophysiology and common treatments for cardiac presentations such as heart failure, hypertension, valve disease, peripheral vascular disease.	N, AB, C, P, E	Competent		**Cardiovascular diseases toolkit:** https://learninghub.nhs.uk/resource/48074	**Practise effectively / Preserve safety -** 6.1 (best evidence); 13.1 (accurate assessment)				
CCT 4.2.3	Understands the basic pathophysiology and initial management	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively-**				

	of Acute Coronary Syndromes, including all patients with new presentations of chest pain. -					13.1 (recognise deterioration); 16 (act without delay); 6.1 (best evidence)				
CCT 4.2.4	Demonstrates an awareness of the initial assessment of a patient with chest pain, including indications for ECG monitoring.	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c14-fea-0004	**Preserve safety / Practise effectively-** 13.1 (accurate assessment); 10 (records); 16 (act promptly)				
CCT 4.2.5	Provides examples of common risk factors associated with	N, AB, C, P, E	Competent			**Practise effectively-** 6.1 (best evidence)				

	cardiovascular disease -									
CCT 4.2.6	Can describe the principles of fluid resuscitation	N, AB, C, P ,E	Competent		https://www.nice.org.uk/guidance/cg174/resources/intravenous-fluid-therapy-in-adults-in-hospital-algorithm-poster-set-191627821	**Practise effectively / Preserve safety** - 6.1 (best evidence); 18 (therapies within competence)				
CCT 4.2.7	Understands the differences between crystalloids and colloids	N, AB, C, P ,E	Competent			**Practise effectively-** 6.1 (best evidence)				
CCT 4.2.8	Can demonstrate the determinants of the normal cardiac cycle -	N, AB, C, P, E	Competent			**Practise effectively-** 6.1 (best evidence)				

CCT 4.2.9	Can explain the equation for Blood pressure	N, AB, C, P, E	Competent			**Practise effectively-** 6.1 (best evidence)				
CCT 4.2.10	Can explain the normal conduction pathway of electrical activity in the heart	N, AB, C, P, E	Competent			**Practise effectively-** 6.1 (best evidence)				
CCT 4.2.11	Complete a thorough and full assessment of circulation. – central and peripheral refill time -	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively** - 13.1 (accurate assessment); 10 (records)				
CCT 4.2.12	Can identify and understand the causes of deranged blood results	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety**				

	pertaining to the vascular system and the significance of each					- 6.1 (best evidence); 13.1 (recognise abnormal findings)				
CCT 4.2.13	Can discuss and identify - Severe and life threatening cardiac bradyarrhythmia's and Tachyarrhythmias	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively** - 13.1 (recognise deterioration); 16 (act without delay)				
CCT 4.2.14	- Can identify the shockable and non-shockable	N, AB, C, P, E	Competent			Preserve safety - **15 (offer help in emergencies)**; **13.1**				

	rhythms seen in cardiac arrest.					**(recognise signs)**				
			CCT 4.3 Acute problems affecting neurological system							
	Knowledge , Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
CCT 4.3.1	Demonstrate ability to accurately monitor and trend neurological observations and to detect subtle changes, including accurate assessment of ACVPU	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c14-fea-0013	**Preserve safety / Practise effectively-** 13.1 (accurately identify, observe, assess signs); 10 (clear and accurate records); 16 (act without delay if risk)				

CCT 4.3.2	Demonstrates awareness of common neurological presentations to include headache, stroke, seizures, delirium, head injury, meningitis and encephalitis.	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety-** 6.1 (use best available evidence); 13.1 (recognise deterioration **)**				
CCT 4.3.3	Demonstrates an ability to complete an assessment of neurological function, including level of consciousness , pupil size, shape and function, speech, motor strength and sensation.	N, AB, C, P, E	Advanced beginner			**Practise effectively / Preserve safety-** 13.1 (accurate assessment); 10 (records**)**				

CCT 4.3.4	Demonstrates a basic understanding of basic neuroanatomy and physiology including the central and peripheral nervous systems	N, AB, C, P, E	Advanced beginner			**Practise effectively** - 6.1 (best evidence)				
CCT 4.3.5	Demonstrates understanding of non-neurological causes for deterioration in neurological function, including hypoxia, hypoglycaemia, metabolic disturbance, delirium.	N, AB, C, P, E	Advanced beginner			**Preserve safety / Practise effectively -** 13.1 (recognise signs); 6.1 (best evidence)				
CCT 4.3.6	Demonstrates understanding of common pharmacologic	N, AB, C, P, E	Advanced beginner			**Preserve safety / Practise effectively**				

	al management for acute neurological conditions including antiepileptic medication, local procedure for thrombolysis, steroid use, benzodiazepines and opioids and their reversal agents.					**-** 18 (administer medicines within law, guidance, competence); 6.1 (best evidence)				
CCT 4.3.7	Demonstrates ability to safely manage the patient with altered mental status in terms of airway, breathing and circulation.	N, AB, C, P, E	Advanced beginner			**Preserve safety** **-** 15 (offer help in emergencies); 16 (act without delay)				
CCT 4.3.8	Demonstrate awareness of	N, AB, C, P, E	Novice			**Preserve safety /**				

	local protocols and escalation pathways in relation to neurological emergencies, including seizures, acute stroke and reduced level of consciousness .					**Practise effectively** - 16 (use available channels to escalate); 13.2 (timely referral); 8 (work co-operatively)				
			CCT 4.4 Acute problems affecting the Gastrointestinal system							
	Knowledge , Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
CCT 4.4.1	Shows an understanding of local Trust endoscopy policy and procedures	N, AB, C, P, E	Competent			**Practise effectively / Promote professionalism-** 6.2 (maintain knowledge and skills); 20 (uphold professional standards)				

CCT 4.4.2	Shows an understanding of infection control concerns and adhered to local Trust policy in regards to isolation of patients.	N, AB, C, P, E	Competent			**Preserve safety / Prioritise people-** 19 (reduce potential for harm); 1.2 (maintain clean and hygienic conditions)				
CCT 4.4.3	Investigates and takes appropriate measures for constipation and diarrhoea	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety-** 3 (assess & respond to needs); 6.1 (best evidence)				
CCT 4.4.4	Can identify and manage the practical care of patients bowel function using appropriate assessments and recording	N, AB, C, P, E	Competent			**Practise effectively -** 10 (clear and accurate records); 3 (promote wellbeing)				

	tools (Bowel chart)									
CCT 4.4.5	Adhered to local Trust policy and consider care plans for infections such as C-Difficile and norovirus.	N, AB, C, P, E	Competent		https://www.england.nhs.uk/long-read/infection-prevention-and-control-education-framework/ 	**Preserve safety / Practise effectively-** 19 (reduce harm); 16 (act without delay if risk)				
CCT 4.4.6	Inserts and manages the care of patients with a nasogastric feeding tube according to local Trust policy	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively-** 13.5 (complete training before new role); 18 (therapies within competence)				
CCT 4.4.7	Demonstrates an	N, AB, C, P, E	Competent			**Practise effectively /**				

	understanding of different routes for feeding and the indications for use in accordance with local Trust policy: • Oral • - Nasogastric/ NJ tube • - Gastrostomy (PEG/RIG)					**Preserve safety-** 6.1 (best evidence); 18 (therapies within competence)				
CCT 4.4.8	Is competent in recognising potential abnormal appearance and content of stomach/ intestinal fluid depending on the individual presenting	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively-** 13.1 (recognise signs); 16 (act without delay)				

	medical conditions									
CCT 4.4.9	Has an awareness of local emergency management of misplaces/ dislodges feeding tube in accordance with local Trust policy	N, AB, C, P, E	Advanced beginner			**Preserve safety** - 16 (act promptly if risk); 13.3 (seek help beyond competence)				
CCT 4.4.10	Has an awareness of indications for Ryles tube	N, AB, C, P, E	Advanced beginner			**Practise effectively / Preserve safety –** 6.1 (best evidence); 13.3 (seek help beyond competence)				
CCT 4.4.11	Can describe the basic anatomy and physiology of the liver and gastrointestinal system.	N, AB, C, P, E	Advanced beginner			**Practise effectively** - 6.1 (best evidence)				

CCT 4.4.12	Has an awareness of the basic causes and treatments for common liver/ GI presentations to acute medicine, including upper GI bleeding, inflammatory bowel disease, carcinoma, constipation, infection, acute hepatitis, alcoholic liver disease	N, AB,C,P,E	Advanced beginner			**Practise effectively / Preserve safety** -6.1 (best evidence); 13.1 (recognise deterioration)				
CCT 4.4.13	Recognises emergency abdominal pathology which may	N, AB,C,P,E	Advanced beginner							

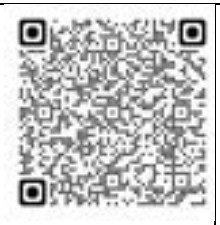
	occur in inpatients such as bowel obstruction or perforation.									
CCT 4.4.14	Can describe the function of the pancreas and reasons why this may be impaired.	N, AB,C,P,E	Advanced beginner			**Practise effectively-** 6.1 (best evidence)				
CCT 4.4.15	Can explain the indications for an oesophagus-gastro-duodenoscopy (OGD)	N, AB,C,P,E	Advanced beginner			**Practise effectively / Preserve safety -** 6.1 (best evidence); 13.3 (seek help beyond competence)				
CCT 4.4.16	Discuss commonly used GI drugs, their intended effects and	N, AB, C, P, E	Advanced beginner			**Preserve safety / Practise effectively -**				

	possible side effects.					18 (medicines within law/guidance/competence); 6.1 (best evidence)				
CCT 4.4.17	Shows an understanding of investigations related to liver and GI medicine, including clotting factors, liver function tests, urea and electrolytes, blood glucose, full blood count, amylase and lactate.	N, AB, C, P, E	Advanced beginner			**Practise effectively / Preserve safety -** 13.1 (accurate assessment); 6.1 (best evidence)				
CCT 4.4.18	Shows an understanding of how and why to complete	N, AB, C, P, E	Advanced beginner			**Practise effectively / Preserve safety**				

	other relevant investigations including -Stool specimens, non-invasive liver screen, blood borne virus screen, toxicology tests, Viral tests					- 6.1 (best evidence); 13.1 (recognise abnormal findings)				
CCT 4.4.19	Demonstrates an understanding of different routes for feeding and the indications for use in accordance with local Trust policy: - Parenteral nutrition	N, AB, C, P, E	Novice			**Practise effectively / Preserve safety-** 6.1 (use best available evidence); 18 (administer medicines/therapies within law, guidance, competence); 13.5 (complete necessary training before new role)				

	CCT	4.5	Acute problems affecting the Renal and Urology Systems							
	Knowledge , Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
CCT 4.5.1	Can describe the pathophysiology and suggest possible causes of urinary retention	N, AB, C, P, E	Competent			**Practise effectively-** Use best available evidence				
CCT 4.5.2	Can perform an accurate bladder scan	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety** - 13.1 (accurate assessment); 13.5 (complete training before new role); 10 (records)				

CCT 4.5.3	Can explain the risks of urinary catheterisation, and perform this procedure on male and female patients	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively- 18 (therapies within law, guidance, competence);** 13.5 (training before new role); 19 (reduce potential for harm)				
CCT 4.5.4	Demonstrates understanding of the basic anatomy and physiology of the renal system.	N, AB, C, P, E	Advance beginner			**Practise effectively -** 6.1 (best evidence)				
CCT 4.5.5	Demonstrates understanding of causes of kidney dysfunction, differentiating	N, AB, C, P, E	Advanced beginner		SAM Webinars - Society for Acute Medicin	**Practise effectively / Preserve safety -**				

	between types of Acute Kidney Injury (pre, intra and post renal) and chronic kidney disease.					6.1 (best evidence); 13.1 (recognise deterioration)				
CCT 4.5.6	Can describe the pathophysiology of pyelonephritis	N, AB, C, P, E	Advanced beginner			**Practise effectively -** 6.1 (best evidence)				
CCT 4.5.7	Demonstrates understanding of reasons for fluid restriction and the potential applications	N, AB, C, P, E	Advanced beginner			**Practise effectively / Preserve safety-** 6.1 (best evidence); 18 (therapies within competence)				
CCT 4.5.8	Demonstrates awareness of nephrotoxic drugs.	N, AB, C, P, E	Advanced beginner			**Preserve safety / Practise effectively -**				

						18 (medicines within law/guidance); 6.1 (best evidence)				
CCT 4.5.9	Demonstrates understanding of dietary restrictions for the renal patient and the psychological impact on their wellbeing.	N, AB, C, P, E	Advanced beginner			**Prioritise people / Practise effectively** - 3 (assess & respond to needs); 1.1 (kindness, respect, compassion); 6.1 (best evidence)				
	CCT 4.6	Acute Problems affecting the endocrine system								

	Knowledge, skills and behaviour	Self assessment	Minimum standard for achievement	Expected date for achievement	Link to online education	NMC Code	Evidence submitted	Date of completion	Level achieved	Mentor sign off (print and sign)
CCT 4.6.1	Demonstrates an understanding of the complications associated with diabetes.	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety** - 6.1 (use best available evidence); 13.1 (recognise deterioration)				
CCT 4.6.2	Understands the local Trust policy for monitoring blood glucose levels	N, AB, C, P, E	Competent			**Practise effectively / Promote professionalism** - 6.2 (maintain knowledge and skills); 20 (uphold				

						professional standards)				
CCT 4.6.3	Understands when to check for ketones and how to interpret these results	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety** - 13.1 (accurate assessment); 6.1 (best evidence)				
CCT 4.6.4	Can recognise endocrine emergencies , including Diabetic ketoacidosis	N, AB, C, P, E	Competent		https://www.diabetes.org.uk/sites/default/files/2023-01/Nursing%20management%20for%20Diabetic%20Ketoacidosis_V1.0%2020.12.22.pdf	**Preserve safety** - 13.1 (recognise signs); 16 (act without delay); 15 (offer help in emergencies)				
CCT 4.6.5	Can complete a capillary bloods glucose test	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c14-fea-0012	Practise effectively / Preserve safety - 13.1 (accurate assessment				

						); 10 (records); 13.5 (training before new role)				
CCT 4.6.6	Can implement emergency management for patients experiencing hypoglycaemia as per local Trust policy	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively -** 16 (act promptly if risk); 18 (medicines within competence)				
CCT 4.6.7	Shows an understanding of how to safely switch from fixed rate insulin infusion to variable insulin infusion	N, AB, C, P, E	Competent			**Preserve safety / Practise effectively -** 18 (medicines within law/guidance); 6.1 (best evidence)				
CCT 4.6.8	Shows an understanding of	N, AB, C, P, E	Competent			**Preserve safety /**				

	how to safely stop Variable insulin infusions					**Practise effectively** - 18 (medicines within competence); 6.1 (best evidence)				
CCT 4.6.9	Confidently escalate endocrine concerns professionally to the MDT	N, AB, C, P, E	Competent			**Practise effectively / Preserve safety** - 8 (work co-operatively); 16 (act without delay)				
CCT 4.6.10	Can recognise endocrine emergencies including HHS and Addisonian crisis	N, AB, C, P, E	Advanced beginner		- Society for Acute Medicine Educational Evening, 18 March 2025: Acute Endocrinology - Society for Acute	**Preserve safety** - 13.1 (recognise deterioration); 16 (act promptly); 15 (emergency help)				

					Medicine 					

	CCT 5- Medical Same Day Emergency Care (MSDEC)									
	Show the knowledge, skills and behaviour to work effectively within the MSDEC									
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
CCT 5.1.1	Signed off to administer locally agreed PGD's (local setting permitting)	N, AB, C, P ,E	Competent			**Preserve safety / Practise effectively** - 18 (advise/prescribe/administer medicines within law, guidance, competence); 13.5 (complete necessary training before new role)				
CCT 5.1.2	Can prioritise patients based on	N, AB, C, P, E	Competent		Acute Medical Podcast 18:	**Prioritise people / Practise effectively**				

	clinical need.				SDEC/Ambulatory Care - Society for Acute Medicine	**/ Preserve safety** - 3 (assess & respond to needs); 1.4 (deliver care without undue delay); 16 (act without delay if risk)				
CCT 5.1.3	Confident in the initial triage and assessment of patients (using locally approved tools if appropriate to clinical setting)	N, AB,C,P,E	Novice			**Practise effectively / Preserve safety** - 13.1 (accurately identify, observe, assess signs); 6.1 (use best available evidence); 10 (clear and accurate records)				

	CCT 6- Caring for patients with acute mental health needs									
	Holistically and systematically , assess and care for adults with mental health problems									
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
CCT 6.1.	Describe local Trust policy for reporting and escalating concerns of a 'missing/absconded patient'	N, AB, C, P, E	Competent			**Preserve safety**, **Practise effectively** -16.1–16.4 (raise/escalate concerns), 15.2–15.3 (arrange emergency care), 8.6 (share info to reduce risk), 10.2 (record risks and steps taken)				
CCT 6.2.	Understand how acute mental illness may impair the	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c05-sec-	**Prioritise people**, **Preserve safety**				

	ability of patients to care adequately for dependents, escalate to safeguarding if appropriate.				0162?resultNumber=0&totalResults=74&start=0&q=mental+health&resultsPageSize=10&rows=10 	-3.1–3.4 (assess needs; act as advocate), 4.3 (mental capacity law and best interests), 16.1 (raise concerns for safety)				
CCT 6.3	Can escalate concerns appropriately if presented with unfamiliar paperwork/ section Understands where to seek advice and guidance	N, AB, C, P, E	Competent			**Practise effectively, Promote professionalism and trust** - 8.1 (refer to colleagues with expertise), 16.1–16.2 (raise concerns; asked to				

	when caring for patients with concurrent mental and physical health needs.					practise beyond role), 11.1–11.3 (accountable delegation)				
CCT 6.4	Ability to document an accurate patient description in Medical Record, and to update when this changes.	N, AB, C, P, E	Competent			**Practise effectively**, **Preserve safety** - 10.1–10.5 (clear, accurate, timely records), 5.5 (share info appropriately)				
CCT 6.5	Ensure senior clinicians are alerted to patients requiring immediate	N, AB, C, P, E	Competent		Society for Acute Medicine Educational Evening: 16 May 2023:	**Preserve safety**, **Practise effectively** - 15.2 (arrange				

	treatment for injury or self-poisoning				Managing Mental Health Patients on an AMU - Society for Acute Medicine 	emergency care promptly), 16.1 (escalate safety concerns), 13.1–13.2 (recognise deteriorati on; timely referral), 7.1 (clear communic ation)				
CCT 6.6	Use local Trust policy for missing persons who are vulnerable	N, AB, C, P, E	Competent			**Preserve safety**, **Prioritise people** - 16.1–16.3 (raise/esca late), 3.3–3.4 (enable access to support; advocacy), 4.3 (capacity/b				

						est interests)				
CCT 6.7	Can confidently escalate emergency situations where patients are at immediate risk	N, AB, C, P, E	Competent			**Preserve safety** - 15.1–15.3 (offer help in emergencies; arrange care), 16.1–16.4 (escalate concerns)				
CCT 68	Is aware of procedure to implement Deprivation of Liberty for Safeguarding (DOLS)	N, AB, C, P, E	Competent		https://www.rmmonline.co.uk/manual/c05-sec-0212?resultNumber=0&totalResults=14&start=0&q=deprivation+of+liberty&resultsPageSi	**Preserve safety**, **Promote professionalism and trust** - 4.3 (mental capacity laws; best interests), 4.1–4.2 (consent document				

					ze=10&rows=10 	ation), 5.4 (share info for safety/public protection)				
CCT 6.9	Understands the role of the nurse involved in decision making on behalf of adults who lack capacity (DOLS) Participates in both 'hot' and 'cold' debriefing following situations which may be distressing to the individual or	N, AB, C, P, E	Competent			**Prioritise people, Promote professionalism and trust** -4.1–4.4 (best interests; MCA (Mental Capacity Act) compliance), 3.3–3.4 (advocacy)				

	their colleagues.									
CCT 6.10	Has an awareness of the role and principles nurses play as advocates for patients	N, AB, C, P, E	Competent			**Promote professionalism and trust**, **Practise effectively** - 9.1–9.4 (share skills/feedback), 8.4 (evaluate team quality), 14.1–14.3 (duty of candour)				
CCT 6.11	Understands local Trust policy tools used to record mental capacity	N, AB, C, P, E	Competent			**Practise effectively** , **Promote professionalism and trust** - 10.1–10.4 (accurate records),				

						4.3 (MCA documentation)				
CCT 6.12	Has an awareness of factors that influence mental health and psychological wellbeing	N, AB, C, P ,E	Advanced beginner			**Prioritise people** - 3.1 (promote wellbeing), 2.6 (respond to distress compassionately)				
CCT 6.13	Understand how mental illness may impair a patient's ability to safeguard themselves	N, AB, C, P, E	Advanced beginner			**Preserve safety**, **Prioritise people** - 13.1 (assess mental health changes), 3.1–3.4 (holistic needs; advocacy),				

						16.1 (raise concerns)				
CCT 6.14	Evaluate patient behaviour in relationship to actual and/or potential risk of harm to self or others and take action to mitigate the risk.	N, AB, C, P, E	Advanced beginner			**Preserve safety**, **Practise effectively** - 13.1–13.4 (risk assessment; timely referral), 8.5–8.6 (work with colleagues; share info to reduce risk)				
CCT 6.15	Has an awareness of different sections of the Mental Health Act: - Section 2 - Section 3	N, AB, C, P, E	Advanced beginner		https://www.nhs.uk/mental-health/social-care-and-your-rights/mental-health-and-the-law/mental	**Promote professionalism and trust**, **Preserve safety** - 4.3 (comply with law),				

	- Section 5.2 - Section 136 - Section 17				-health-act/ 	16.1 (escalate concerns), 5.4 (share info for safety)				
CCT 6.16	Ensure environment is safe and free from risks of potential harm. E.g. Ligature risk Ensure local Trust ligature training is completed and where emergency equipment is located	N, AB, C, P, E	Advanced beginner			**Preserve safety** - 8.5 (work with colleagues to preserve safety), 16.1–16.3 (raise environmental risks), 13.4 (consider safety)				
CCT 6.17	Understand how emotional distress may	N, AB, C, P, E	Advanced beginner			**Preserve safety**, **Practise effectively**				

	result in verbal and/or physical violence. Describe principles of de-escalation and safety					- 13.1–13.4 (recognise & mitigate risks), 7.1–7.4 (communication)				
CCT 6.18	Can competently escalate concerns when patient requires continual observations to maintain safety. Document this in patient notes	N, AB, C, P, E	Advanced beginner			**Practise effectively**, **Preserve safety** - 16.1–16.4 (raise concerns), 10.1–10.3 (accurate records), 13.2–13.3 (timely referral)				
CCT 6.19	Demonstrates an understandin	N, AB, C, P, E	Advanced beginner		https://portal.e-lfh.org.uk/	**Practise effectively**				

	g and implements de-escalation techniques				Component/Details/750233 	, **Preserve safety** - 7.1–7.4 (communication), 13.1–13.4 (risk mitigation)				
CCT 6.20	Understands the behavioural and psychological symptoms that may be experiences by patients with mental health issues	N, AB, C, P, E	Novice			**Practise effectively** , **Prioritise people** - 3.1 (promote wellbeing), 13.1 (assess mental health changes)				
CCT 6.2	Discuss how mental health problems may impact on the	N, AB, C, P, E	Novice			**Practise effectively** , **Prioritise people** -				

	individuals ability to communicate effectively and how this may impair mental capacity					7.1–7.4 (communication), 4.3 (MCA compliance)				
CCT 6.22	Has an awareness of local assessment frameworks and tools used to support emergency mental health assessments	N, AB, C, P, E	Novice			**Practise effectively**, **Preserve safety** - 8.1–8.5 (work cooperatively), 13.2–13.3 (referral), 10.2 (record risks)				
CCT 6.23	Describe the signs and symptoms of common mental	N, AB, C, P, E	Novice		https://learninghub.nhs.uk/catalogue/NHS-Talking-Therapies-	**Practise effectively** - 6.2 (maintain knowledge),				

	health illness including : • Depression • Anxiety • Eating disorders • bipolar disorder • schizophrenia				for-Anxiety-and-Depression-Positive-Practice-Guides 	13.1 (identify mental health changes)				
CCT 6.24	Can discuss the correlation between mental health conditions and physiological conditions, appreciating how one may manifest as the other	N, AB, C, P, E	Novice			**Practise effectively , Preserve safety** -6.1–6.2 (evidence-based practice), 13.1–13.2 (recognise changes; timely referral)				
CCT 6.25	Shows an understanding of signs and symptoms of	N, AB,C,P,E	Novice			**Preserve safety** - 13.1 (recognise				

	mental illness that requires immediate or urgent interventions					deteriorati on), 15.2 (arrange emergency care), 16.1 (escalate concerns)				
CCT 6.26	Has an awareness of the legal implications in caring for patients under section who die within the AMU	N, AB, C, P, E	Novice			**Promote profession alism and trust**, **Preserve safety** - 14.1–14.3 (duty of candour), 5.3 (privacy after death), 16.1 (escalate), 10.1–10.3 (records)				
CCT 6.27	Engage with empathy and dignity to patients who	N, AB, C, P, E	Novice			**Prioritise people**, **Promote profession**				

	have self-harmed (and their families)					**alism and trust** - 1.1 (kindness, respect, compassion), 2.6 (respond to distress), 2.1–2.5 (involve families appropriately)				

	CCT 7- Clinical Skills									
	Show knowledge, skills and behaviours that show an understanding of clinical skills within Acute Medicine									
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**

CCT 7.1.1	Is competent in phlebotomy, peripheral venous cannulation insertion and care	N, AB, C, P ,E	Competent		https://www.rmmonline.co.uk/manual/c13-sec-0050	**Practise effectively**, **Preserve safety** - 6.2 (maintain knowledge and skills), 13.1–13.3 (recognise and respond to changing needs), 15.1–15.3 (offer help in emergencies; arrange care)				
CCT 7.1.2	Uses local Trust policy to become competent in dysphagia/ safer	N, AB, C, P, E	Competent			**Practise effectively**, **Prioritise people** - 6.2 (keep skills up to date), 3.1				

	swallow training					(promote wellbeing), 2.6 (respond to distress compassionately)				
CCT 7.1.3	Understands the principles of wound healing and can identify and differentiate between categories of wounds: • Lacerations • Abrasions • Pressure Ulcers • Moisture lesions	N, AB, C, P ,E	Competent		https://www.nhs.uk/conditions/pressure-sores/ 	**Practise effectively , Preserve safety** - 6.2 (maintain knowledge) , 13.1 (assess changes in physical health), 10.2 (record risks and actions)				
CCT 7.1.4	Demonstrates a good understandin	N, AB, C, P ,E	Competent		https://www.rmmonline.co.uk/m	**Practise effectively**				

	g of most appropriate dressings for common wound presentations.				anual/c18-fea-0001 	, **Preserve safety** - 6.2 (evidence-based care), 13.1–13.2 (recognise and respond to needs), 10.1–10.3 (accurate documentation)				
CCT 7.1.5	Can care for patients with urostomy, ileostomy and colostomy	N, AB, C, P, E	Competent			Practise effectively, Prioritise people - 3.1 (holistic care), 6.2 (maintain competence), 13.1 (assess and				

						respond to needs)				
CCT 7.1.6	Can demonstrate recording an accurate fluid balance charts and describe normal urine output	N, AB, C, P ,E	Competent		https://www.rmmonline.co.uk/manual/c08-fea-0003#  https://www.rmmonline.co.uk/manual/c08-fea-0004 	**Practise effectively , Preserve safety** - 10.1–10.5 (accurate records), 13.1–13.2 (monitor and respond to changes), 6.2 (knowledge of normal parameters)				
CCT 7.1.7	Confident in caring for patients with chest drains, including post	N, AB, C, P ,E	Advanced beginner		https://clinicalguidelines.scot.nhs.uk/ggc-paediatric-guidelines/ggc-	**Preserve safety**, **Practise effectively** - 13.1–13.4 (risk				

	insertion management, indications for clamping of chest drain and basic problem-solving strategies				paediatric-guidelines/intensive-and-critical-care/chest-drains-nurse-management-maintenance-and-removal-rhc/ 	assessment and response), 15.2 (arrange emergency care promptly), 6.2 (maintain skills)				
CCT 7.1.8	Is competent in the care and management of long and short term central venous access lines	N, AB, C, P ,E	Advanced beginner		https://www.rmmonline.co.uk/manual/c17-fea-0004 	**Preserve safety**, **Practise effectively** - 13.1–13.4 (prevent infection and complications), 6.2				

					https://www.rmmonline.co.uk/manual/c17-fea-0006  https://www.rmmonline.co.uk/manual/c13-fea-0004 	(skills maintenance), 10.2 (document interventions)				
CCT 7.1.9	Can competently complete and suggest basic interpretation of ECG's in accordance with local Trust policy	N, AB, C, P ,E	Advanced beginner			**Practise effectively**, **Preserve safety** - 6.2 (knowledge and skills), 13.1–13.2 (recognise				

						deterioration), 10.1–10.3 (accurate documentation)				
	CCT 8- Patient Flow									
	Show the knowledge, skills and behaviour to understand patient flow for medical patients									
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
CCT 8.1.1	Demonstrates an understanding of patient flow within unit to include -Clinical pathways -Referral pathways -Patient journey	N, AB, C, P ,E	Competent			**Practise effectively, Preserve safety** - 8.1–8.5 (work cooperatively, preserve safety and share care), 6.1–6.2 (best-evidence, maintain				

						knowledge/ skills), 13.2 (timely referral to another practitioner)				
CCT 8.1.2	Aware of process to escalate concerns within and outside of normal working hours for patients requiring speciality specific care.	N, AB, C, P ,E	Competent			**Preserve safety**, **Practise effectively** - 16.1–16.4 (raise/escalate concerns; acknowledge and act on concerns), 15.2–15.3 (arrange emergency care promptly; consider safety), 8.5 (work with colleagues to preserve safety)				

CCT 8.1.3	Has an awareness of the importance of flow throughout the organisation and Operational escalation levels	N, AB, C, P, E	Competent			**Practise effectively** , **Promote professionalism and trust** - 8.4–8.6 (evaluate team quality; share information to reduce risk), 9.1–9.3 (feedback and professional behaviour to support service effectiveness				
CCT 8.1.4	Can complete a timely	N, AB, C, P ,E	Competent			**Practise effectively**				

	structured handover to facilitate transfer and support patient flow					, **Preserve safety** - 7.1–7.4 (clear communication; check understanding), 8.3 (keep colleagues informed when sharing care), 10.1–10.3 (clear, accurate, timely records)				
CCT 8.1.5	Understands the role of and utilises patient flow co-ordinators and navigators	N, AB, C, P, E	Competent			**Practise effectively** - 8.1–8.3 (respect colleagues' skills; effective communic				

						ation; share care), 11.1–11.3 (accountable delegation and supervision)[1]				
CCT 8.1.6	Understands the potential for deterioration of patients during transfer and how to escalate concerns	N, AB, C, P, E	Competent			Preserve safety - 13.1 (recognise changes/worsening physical and mental health), 16.1–16.4 (raise/escalate concerns), 15.2 (arrange emergency care promptly)				

CCT 8.1.7	Understands the importance of considering the patients communication difficulties/ differences in relation to transfers	N, AB, C, P, E	Competent			**Prioritise people**, **Practise effectively** - 7.2–7.4 (meet language/communication needs; check understanding), 2.1–2.5 (work in partnership; respect preferences/rights)				
CCT 8.1.8	Has an understanding of the importance of keeping the patient and/or family informed and offer	N, AB, C, P, E	Competent			**Prioritise people**, **Promote professionalism and trust** - 2.1–2.6 (listen/respond;				

	reassurance about relevant patient flow/pathway plans Including discharges					involve people in decisions; respond to distress), 5.5 (share information sensitively and in ways people can understand), 14.2 (explain promptly when things have happened/ changed — duty of candour context)				
CCT 8.1.9	Aware of local discharge support services, how to access these and	N, AB, C, P, E	Competent			**Prioritise people**, **Practise effectively** - 3.3 (help people				

	ensures referrals are made in a timely manner to aid discharge – for example, homeless teams, food banks					access relevant health and social care, information and support), 8.1 (refer to colleagues /services appropriately), 13.2 (timely referral)				
CCT 8.1.10	Ensures safe and timely discharges	N, AB, C, P, E	Competent			**Preserve safety, Practice effectively -** 16.1–16.3 (raise/escalate if safety compromised or barriers to safe discharge), 10.1–10.2 (timely,				

						accurate documentation of risks and actions), 8.5 (teamworking to preserve safety)				
CCT 8.1.11	Can competently provide information to patients on discharge in regard to wound care, and can refer to District Nurses if required	N, AB, C, P, E	Competent			**Practise effectively**, **Prioritise people** - 6.1–6.2 (evidence-based advice; maintain skills), 8.1 (refer to appropriate colleagues), 2.1–2.5 (support shared decisions				

						and understanding)				
CCT 8.1.12	Ensures that all equipment for use on discharge is available .	N, AB, C, P, E	Competent			**Preserve safety**, **Practise effectively** - 8.5 (work with colleagues to preserve safety), 16.1–16.3 (act without delay if risk to safety), 11.2 (ensure adequate supervision /support when delegating tasks related to equipment provision)				

CCT 8.1.13	Understands the importance of a full medication review against discharge summary prior to discharge	N, AB, C, P, E	Competent			Preserve safety, Practise effectively - 6.1 (evidence-based information about medicines) , 16.1–16.3 (act if risks identified), 10.1–10.3 (accurate documentation)				
CCT 8.1.14	Facilitates and provides information to patients regarding medications to be taken on discharge	N, AB, C, P, E	Competent			**Practise effectively** , **Prioritise people** - 6.1 (evidence-based medicines information				

						), 7.1–7.4 (clear communication; check understanding), 2.1–2.5 (support shared decisions/ understanding)				
CCT 8.1.15	Ensures discharge summary reflects episode of care	N, AB, C, P, E	Competent			**Practise effectively** - 10.1–10.4 (complete, accurate, attributable records; identify risks and steps taken)				
CCT 8.1.16	Ensures RESPECT/DNACPR form	N, AB, C, P, E	Competent		**ReSPECT Training:** https://learninghub.nhs.uk	**Promote professionalism and**				

	is returned/ provided to patients if required				/Resource/17232/Item 	**trust**, **Prioritise people** - 4.1–4.2 (best interests; informed consent/documentation), 5.5 (share information sensitively), 14.1–14.3 (duty of candour/document and escalate where relevant)				
CCT 8.1.17	Ensures handover to residential/ care home is completed and care is coordinated.	N, AB, C, P, E	Competent			**Practise effectively**, **Preserve safety** - 8.3 (keep colleagues				

						informed when sharing care), 7.1–7.4 (clear communication), 10.2 (record risks and actions taken)				
CCT 8.1.18	Ensures package of care is in place/ restarted if required	N, AB, C, P, E	Competent			**Prioritise people**, **Practise effectively** - 3.3 (enable access to support/services), 8.1–8.3 (refer, communicate, share care), 16.1 (act without delay if risk to safety or				

						care continuity)				
CCT 8.1.19	Is competent in supporting safe discharges by arranging transport in accordance with local Trust policy	N, AB, C, P, E	Competent			**Preserve safety**, **Practise effectively** - 8.5 (team safety), 16.1–16.3 (raise/escalate if transport risks), 10.2 (document arrangements/risks)				
CCT 8.1.20	Has an awareness of process for out of hours discharges including how to facilitate access to	N, AB, C, P, E	Competent			**Preserve safety**, **Practise effectively** - 16.1–16.4 (raise/escalate concerns; act on barriers),				

	medications.					15.2–15.3 (arrange prompt care; consider safety), 6.1 (accurate, evidence-based medicines information)				
CCT 8.1.21	Ensures a mental capacity act assessment has been completed and is clearly documented on patients who wish to self-discharge – escalates accordingly if patient	N, AB, C, P, E	Competent			**Preserve safety**, **Promote professionalism and trust** - 4.3 (keep to mental capacity law; rights/best interests central), 10.1–10.3 (clear documenta				

	lacks capacity					tion), 16.1–16.2 (escalate concerns; asked to practise beyond role)				
CCT 8.1.22	Has an understanding of the local Trust policy and legal implications for patients who self-discharge and escalate appropriately	N, AB, C, P,	Competent			**Promote professionalism and trust**, **Preserve safety** - 4.3 (MCA/legal compliance), 16.1–16.4 (raise/escalate concerns), 5.4–5.5 (share necessary information for safety; communic				

						ate with people/families appropriately)				
CCT 8.1.23	For patients who wish to self discharge- supports with reasonable adjustments and facilitate safest discharge and immediate care needs such as walking aids or essential medications as per local Trust policy	N, AB, C, P, E	Competent			**Prioritise people**, **Preserve safety** - 1.1 (kindness, respect, compassion), 3.3 (help access support/equipment), 6.1 (accurate advice on medicines/ equipment), 16.1 (act if risk to safety)				

CCT 8.1.24	Has an awareness of nurse-led discharge protocols as per local Trust, including procedure to be followed out of hours	N, AB, C, P, E	Advanced beginner			**Practise effectively**, **Promote professionalism and trust** - 11.1–11.3 (delegation/accountability), 6.2 (maintain knowledge/skills to undertake protocol), 10.1–10.3 (accurate documentation of nurse-led decisions)				
	Has an awareness of the role of acute medicine within a	N, AB, C, P, E	Novice			**Preserve safety**, **Promote professionalism and trust** -				

	major incident plan.					15.1–15.3 (offer help in emergencies within competence; arrange care; consider safety), 8.5–8.6 (team safety; share information to reduce risk), 13.5 (complete necessary training before new role)				

Pillars of Nursing (PN)- Acute Medicine

		PN 1- Research								
		Engaging with and incorporating research into the registered nurse role								
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
PN1.1	Locate evidence from databases to locate relevant article	N, AB,C,P,E	Competent			**Practise effectively, Promote professionalism and trust** - 6.1 (make sure any information or advice given is evidence-based), 6.2 (maintain knowledge and skills), 9.1–9.3 (share skills and knowledge to improve care)				

PN 1.2	Awareness of the evidence base in Acute Medicine in relation to nursing	N, AB, C, P ,E	Advanced beginner			**Practise effectively**, **Promote professionalism and trust** - 6.1–6.2 (use best available evidence; maintain competence), 9.1 (share knowledge to improve care), 8.4 (evaluate quality of care and services)				
PN 1.3	Critically appraise the evidence using CASP(Critical Appraisal Skills Programme), to determine	N, AB,C,P,E	Advanced beginner			**Practise effectively**, **Promote professionalism and trust** - 6.1 (ensure advice is evidence-based), 9.1–9.4 (reflect and share learning),				

	relevance to practice					10.2 (record risks and actions taken when implementing evidence)				
PN 1.4	Share and discuss the evidence to put into practice	N, AB,C,P,E	Advanced beginner			**Practise effectively**, **Promote professionalism and trust** - 9.1–9.4 (share skills and knowledge; support learning), 8.1–8.5 (work cooperatively with colleagues), 6.1 (use evidence-based information)				

		PN 2- Leadership								
		Demonstrating and recognising areas of leadership as a registered professional								
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
PN 2.1	Recognise scope of practice and self limitations as well as others and offer peer support	N, AB, C, P ,E	Competent			**Promote professionalism and trust, Practise effectively** - 11.1–11.3 (only delegate within competence; provide supervision), 13.3 (ask for help when needed), 6.2 (maintain knowledge and skills				
PN 2.2	Set own achievable SMART goals to self develop	N, AB, C, P, E	Competent			**Promote professionalism and trust, Practise effectively**				

						- 6.2 (maintain and develop knowledge and skills), 9.1–9.4 (reflect and share learning), 20.4 (keep skills up to date)				
PN 2.3	Understands the local Trust appraisal process	N, AB,C,P,E	Competent			**Promote professionalism and trust**, **Practise effectively** - 9.1–9.4 (reflect and share learning), 20.4 (maintain competence), 8.4 (evaluate quality of care and services)				
PN 2.4	Prioritise tasks to effectively fulfil role	N, AB,C,P,E	Competent			**Practise effectively**, **Preserve safety** -				

						8.1–8.5 (work cooperatively; share care), 13.1–13.4 (recognise and respond to changing needs), 16.1 (act without delay if safety compromised)				
PN 2.5	Ensure tasks delegated are within the other persons scope of competence and they fully understand your instructions	N, AB,C,P,E	Competent			**Promote professionalism and trust**, **Practise effectively** - 11.1–11.3 (delegation and accountability), 7.1–7.4 (clear communication), 8.3 (keep colleagues informed when sharing care)				
PN 2.6	Managing self and	N, AB, C, P, E	Competent			Promote professionalism and trust				

	acting with integrity					- 20.1–20.4 (uphold reputation; maintain professionalism), 1.1 (kindness, respect, compassion), 14.1–14.3 (duty of candour)				
PN 2.7	Understands own leadership style and how that impacts practice and interaction with others.	N, AB,C,P,E	Novice			**Promote professionalism and trust**, **Practise effectively** - 9.1–9.4 (reflect and share learning), 8.4 (evaluate team quality), 20.4 (maintain competence and professionalism)				
PN 2.8	Provide honest , accurate	N, AB,C,P,E	Novice			**Promote professionalism and trust**,				

	and constructive feedback to colleague					**Practise effectively** - 9.1–9.4 (share skills and knowledge; support learning), 14.2 (explain and document concerns honestly), 8.4 (evaluate quality of care)				
PN 2.9	Shows self awareness. Can identify personal strengths and weaknesses and reflect on these	N, AB, C, P, E	Novice			**Promote professionalism and trust**, **Practise effectively** -9.1–9.4 (reflect and share learning), 20.4 (maintain competence), 6.2 (develop knowledge and skills)				
PN 2.10	Apply ethical issues,	N, AB, C, P, E	Novice			**Promote professionalism**				

	debates and principles to your practice whilst recognising that they may conflict with own personal views.					**and trust**, **Prioritise people** - 4.1–4.4 (best interests; informed consent; conscientious objection), 1.1 (respect and compassion), 20.1–20.4 (uphold reputation and professionalism)				

		PN 3- Clinical Practice								
		Understanding and acknowledging the importance of clinical practice as a registered practitioner								
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
PN 3.1	Articulates the rationale for common blood tests undertaken within local setting, for example, Full Blood Count (FBC), renal profile, liver profile, venous blood gases, C-Reactive Protein (CRP), D-Dimer and troponin.	N, AB, C, P ,E	Competent			**Practise effectively, Preserve safety** - 6.1 (ensure advice and decisions are evidence-based), 6.2 (maintain knowledge and skills), 13.1–13.2 (recognise and respond to changes in health)				
PN 3.2	Awareness of normal parameters for	N, AB, C, P ,E	Advanced beginner			**Practise effectively, Preserve safety**				

	blood tests taken within setting.					- 6.2 (maintain competence), 13.1 (assess changes in physical health), 10.2 (record risks and actions taken)				
PN 3.3	Awareness of indications for common investigations: - Plain X-ray films chest and abdomen - CT Pulmonary Angiogram (CTPA) - CT Head	N, AB, C, P ,E	Advanced beginner			**Practise effectively**, **Preserve safety** - 6.1–6.2 (use best available evidence; maintain skills), 13.1–13.2 (recognise deterioration; timely referral), 8.1 (refer appropriately)				
PN 3.4	Demonstrates and understanding of the importance of	N, AB, C, P ,E	Novice			**Practise effectively**, **Preserve safety** -				

	looking at trends in results and identifying a patient's baseline.					13.1–13.4 (monitor and respond to changes), 10.1–10.3 (accurate documentation), 6.1 (evidence-based interpretation)				

			PN 4- Education							
			Maintaining and supporting education with Acute Medicine							
	Knowledge, Skills and Behaviour	**Self – Assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Link to online education**	**NMC Code**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Mentor sign off (print and sign)**
PN 4.1	Ensures maintains own CPD , competence and skills	N, AB, C, P ,E	Competent		https://www.nmc.org.uk/revalidation/requirements/cpd/#	**Practise effectively** , **Preserve safety** - 6.1 (ensure advice and decisions are evidence-based), 6.2 (maintain knowledge and skills). 13.1-13.2(recognise and respond to changes in health)				
PN 4.2	Identifies opportunities	N, AB,C,P,E	Competent			**Practise effectively**				

	for personal and professional development					, **Preserve safety** - 6.2 (maintain competence), 13.1 (assess changes in physical health), 10.2 (record risks and actions taken)				
PN 4.	Cascades relevant knowledge to others	N, AB,C,P,E	Advanced beginner			**Practise effectively** , **Preserve safety** - 6.1–6.2 (use best available evidence; maintain skills), 13.1–13.2 (recognise				

						deterioration; timely referral), 8.1 (refer appropriately)				
PN 4.4	Has demonstrated the ability to coach pre registered nurses within the department, and completed SSSA (Standards for Student Supervision and Assessment) training.	N, AB,C,P,E	Advanced beginner			**Practise effectively**, **Preserve safety** - 13.1–13.4 (monitor and respond to changes), 10.1–10.3 (accurate documentation), 6.1 (evidence-based interpretation)				
PN 4.5	Self-awareness of own clinical skills acquisition	N, AB,C,P,E	Advanced beginner			**Promote professionalism and trust,**				

	to underpin teaching					**Practise effectively** - 6.2 (maintain and develop knowledge and skills), 9.1–9.4 (reflect and share learning), 20.4 (keep skills up to date and act professionally)				
PN 4.5	Demonstrates bedside teaching ability (one to one)	N, AB,C,P,E	Novice			**Practise effectively** , **Promote professionalism and trust** - 9.1–9.4 (share skills and				

						knowledge to improve care; support learning), 8.1–8.3 (work cooperatively with colleagues), 11.1–11.3 (delegation and supervision accountability)				

Self care and wellbeing of others - Useful resources

https://learninghub.nhs.uk/catalogue/emotional-wellbeing-training

Flourishing on the Frontline - Society for Acute Medicine

Reflection:

Please use this space to reflect on your practices and to log your personal reflections.

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