



Credential Rural and Remote Health (Unscheduled and Urgent Care)

Credential Specific Guidance (CSG)

This guidance is to help doctors who are applying to the recognition route for a Credential in Rural and Remote Health (Unscheduled and Urgent Care). You must also read the Credential Curriculum.

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Recognition Route for Rural and Remote Credential (Unscheduled and Urgent Care)

Introduction

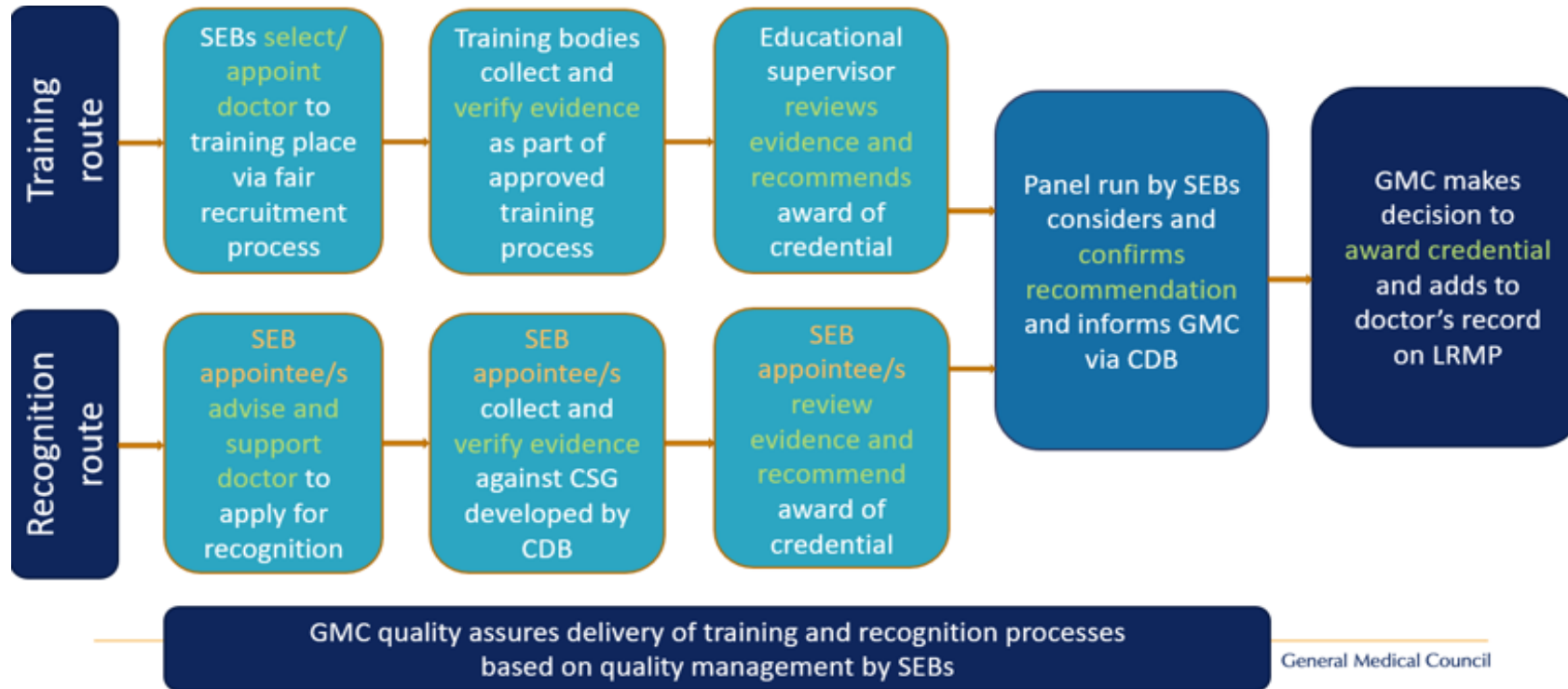
This is not a standalone document and should be read in conjunction with the curriculum.

The **recognition route** is an entirely new process for acknowledging a doctor's knowledge, skills and experience against a number of credential specific capabilities in practice (CiPs) and procedural skills. Doctors who can demonstrate they meet the outcomes of a GMC (General Medical Council) credential can be awarded the credential by providing evidence instead of completing the credential training pathway. The figure below outlines the two routes to an award of the GMC credential.

In order to ensure that consistent standards are applied for doctors gaining the credential via either the training or recognition route:

1. The recognition route is aligned with the learner route.
2. An e-portfolio will be used to collate evidence, which will be linked to each Capability in Practice (CiP) and procedural skill.
3. The same signoff panels will be used for both training and recognition route.

Routes to award of GMC credential



Key:
 SEB – Statutory Education Body
 CDB – Credential Development Body
 LRMP – List of Registered Medical Practitioners
 CSG – Credential Specific Guidance

Credential Curriculum

The Credential Curriculum, 2023 (in line with GMC requirements for all medical specialities' curricula):

- Aligns fully with the key principles of [UK Shape of Training](#) and is underpinned by [Good Medical Practice](#)
- Is structured around a number of learning outcomes – three Generic and nine Clinical capabilities in Practice (CiPs) as well as a range of procedural skills
- Capabilities in Practice have been mapped to the [Generic Professional Capability framework](#) and reflect the generic professional capabilities (GPCs) required to undertake the clinical tasks required by the curriculum.

The curriculum is structured into high-level learning outcomes, known as Capabilities in Practice (CiPs). The CiPs are split into generic and clinical capabilities, as outlined below. Acquiring the credential via the recognition route depends upon the provision of verifiable evidence that you are working at the level (Level 3) of being entrusted to perform safely and independently for each CiP and procedural skill – see tables 1,2 and 3.

Capabilities in Practice (CiPs)

Generic CiPs

1. Able to work as a rural and remote practitioner within the NHS system
2. Adapting practice to Urgent Care Setting
3. Facilitate effective handover of patient to specialist services

Clinical CiPs

1. Recognise and appropriately manage acute paediatric presentations
2. Management of time-critical presentations/conditions (Medical and Surgical)
3. Assessment and initial management of the trauma patient
4. Ability to assess and appropriately manage core Ear, Nose, and Throat (ENT) presentations
5. Ability to evaluate and appropriately manage the patient presenting with eye problems
6. Ability to assess and manage appropriately core obstetric and gynaecology presentations
7. Evaluate and appropriately manage the patient with acute psychiatric presentation including overdose
8. Evaluation and management of the older person
9. Management of patients requiring palliative and end of life care.

Table 1: Capabilities in Practice (CiPs)

Procedural Skills

Procedure	Competency
Advanced cardiopulmonary resuscitation (CPR)	<ul style="list-style-type: none">• Lead the management of cardiac arrest and peri-arrest in adults and children• Lead trauma resuscitation
Airway	<ul style="list-style-type: none">• Treat airway obstruction secondary to reduced consciousness following foreign body inhalation• Basic airway management including bag mask ventilation• Advanced airway management• Management and care of Tracheostomy tube
Breathing	<ul style="list-style-type: none">• Arterial blood gas sampling and delivery of appropriate oxygen therapy• Bag mask ventilation• Set up non-invasive ventilation or CPAP and deal with complications• Intercostal drain insertion
Circulation	<ul style="list-style-type: none">• Intraosseous access• Pacing – pharmacological, external and internal

Disability	<ul style="list-style-type: none"> • Spinal immobilisation • Log roll • Lumbar puncture
Exposure	<ul style="list-style-type: none"> • Apply recognised common splints in the management of both pelvic and long bone fractures • Joint dislocation reduction techniques alongside appropriate analgesia and sedation techniques • Wound management • Local anaesthetic techniques • Plaster cast application • Demonstration of the management of both medical and traumatic epistaxis using recognised techniques and equipment in both upright patient and supine patient • Removal of foreign body from ear/nose/eye • Peripheral nerve blocks

Table 2: Procedural Skills

Level descriptors for the CiPs and practical procedures

Level	Descriptors	
1	Entrusted to act with direct supervision	The supervising doctor is physically present and immediately available to provide direct supervision
2	Entrusted to act with indirect/minimal supervision	The supervising doctor is not physically present within department but is available to provide advice and can attend physically if required to provide direct supervision
3	Entrusted to act unsupervised	The learner is working independently

Table 3: Level descriptors

Application process

Doctors working within the scope of the credential and wishing to be acknowledged as credential holders will be asked to submit evidence. Further training in the workplace is not a prerequisite for application unless clear training or development needs are identified by the Credential Development Body (CDB) or remote and rural credential signoff panel. In order to make an application for the recognition route the applicant must:

1. Be currently employed as a doctor in the UK.
2. Have the backing of their current employer (see appendix 1 – Endorsement by employer).
3. Have no GMC restrictions on their practice.
4. Complete the application form (see appendix 2) and submit this to nes.ruralremotecredential@nhs.scot

On receipt of the application form the CDB will contact the doctor's current employer to ensure that they are in support of the application and can confirm eligibility for the recognition route.

Upon verification of the application the applicant will be invited to submit evidence to the CDB, via the credential e-portfolio platform. Access to and support with the e-portfolio will be provided by the CDB. The applicant will be asked to:

1. Provide an authenticated copy of any specialist medical qualifications – evidence of Certificate of Completion of Training (CCT).
2. Summarise previous training and experience e.g., Curriculum Vitae (CV) with supporting statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.
3. Provide evidence of alternative qualification that demonstrates achieving the outcomes of the credential – applicant may have completed alternative training or fellowship in UK with equivalent learning outcomes or completed similar training outside the UK with equivalent learning outcomes.
4. Undertake a self-assessment rating against the capabilities in practice (CiPs) and procedural skills, verified or alongside other evidence.
5. Provide structured references from at least two referees who can attest to the applicant's current roles and scope of practice. See appendix 3.¹

¹Appendix 3 (The referee must have first-hand experience of the individual and can attest to current roles and scope of practice and provide assurance of the applicant's skills. A lead referee could provide an oversight role, with input from people involved in a process of onward care).

6. Provide a letter of corroboration from a responsible officer (RO) confirming engagement with appraisal and revalidation and up-to-date experience.
7. Where appropriate undertake a structured interview with members of the UK Rural and Remote Credential Panel to seek clarification on scope of practice.

Tips for a successful application

Although certain aspects of the recognition route may resemble the Certificate of Eligibility for Specialist Registration (CESR) route, the recognition route is intended to be proportionate and does not rely on set definitions or number of pieces of evidence required against each CiP or practical procedure.

Evidence must:

- Demonstrate current or recent competence in the area of practice of the credential
- Be aligned to the curriculum and high-level outcomes, and show the applicant has achieved the capabilities in practice (CiPs) by experience gained in practice
- Be reliable and verifiable.

There are a few principles that may help the applicant prepare evidence:

- Before applying, the applicant should review the credential curriculum in conjunction with this document. A strong recognition route application will provide evidence to demonstrate that knowledge, skills and experience are equivalent in both the breadth and level of capability, to those set out in the curriculum
- Be able to provide evidence of current capability in all areas of the curriculum. This includes the maintenance of CiPs and key skills over the last five years – all evidence should be clearly linked to the CiPs
- Ensure referees can provide detailed support for key skills across areas of the curriculum and understand the requirements for specialist training and registration in the UK
- Provide evidence of managing a broad range of patients
- Ensure evidence demonstrates entrustment to act unsupervised (level 3) across CiPs and procedural skills.

How your evidence can be used to demonstrate key capabilities in different CiPs

A remote and rural practitioner, working in unscheduled and urgent care settings, will be expected to deal with a wide range of unselected acute presentations. The practice of medicine in rural and remote acute contexts requires the generic and specialty knowledge, skills, behaviours and procedural skills to manage patients presenting with a wide range of unselected symptoms and conditions. It involves particular emphasis on diagnostic reasoning, managing uncertainty, dealing with comorbidities, and recognising when another specialty opinion or care is required.

This credential focuses on the capabilities, knowledge, skills and behaviours required for a rural and remote doctor to be able to:

- Resuscitate, stabilise, and treat acutely unwell patients for up to 24 hours if evacuation is necessary, liaising with specialist as required
- Recognise, investigate, initiate, and continue the management of common acute health problems presenting to rural and remote small hospitals, drawing upon the expertise of specialists and other professions, as necessary
- Provide ongoing inpatient care to an appropriate cohort of cases.

There are three generic and nine clinical CiPs. The approach taken is to match each clinical CiP to key clinical presentations and conditions with a general descriptor of the knowledge, skill and behaviours required for each capability. Please see the credential curriculum for more details.

For those wishing to obtain the credential via the [recognition route](#) evidence of competency against the three generic and nine clinical CiPs must be demonstrated. The key skills of each CiP are detailed below alongside suggested evidence that could be used to demonstrate competency.

Below is a list of evidence that is relevant to most CiPs – it is by no means exhaustive, and you are encouraged to submit a variety of evidence.

Patient Survey (PS)	Formal patient feedback provides robust evidence as it's an anonymous feedback exercise. Feedback should be from a minimum of ten patients	Completed in last 12 months
Multi Source Feedback (MSF)	MSF is another anonymous feedback exercise providing strong evidence.	Completed in last 12 months
Portfolio of evidence	<ul style="list-style-type: none"> • Evidence of annual appraisal – Have a letter of collaboration from relevant Responsible Officer confirming engagement with appraisal and revalidation processes • Relevant recent training events (courses, study days, meetings) • Evidence of seeing patients covering a range of settings, referral contexts, conditions, stages of illness, ages - Provide referees who can attest to current roles and scope of practice • Management activities – outlined in CV 	
Continuing Professional Development (CPD)	Relevant courses to consider include: <ul style="list-style-type: none"> • Life support courses • E-learning for health modules • Practical skills courses • Teaching • Simulation • Management 	
Departmental/ Unit annual caseload statistics	Departmental and unit caseload statistics, activity data, range and scope of work undertaken in a placement from the last three years.	
Other relevant qualifications and certificates	Relevant postgraduate qualifications. Please provide copies of certificates validated by employer.	

e-portfolio

Each successful applicant will be provided with access to a credential e-portfolio. The applicant should upload evidence under the relevant heading within the section entitled achievements and link each piece of evidence to the relevant CiP or practical procedure. Support with the e-portfolio will be provided by the CDB. Use of the e-portfolio for collation and verification of evidence allows for consistency across the recognition and learner route for obtaining the credential and aligns with quality management and assurance processes for NHS Education for Scotland.

Once the applicant has uploaded and linked the evidence this will be reviewed by the CDB prior to recommendation for submission to the rural and remote credential panel.

Review of evidence outcomes

In accordance with GMC requirements, the Academy of Medical Royal Colleges, Colleges and Faculties have developed assessment strategies that are blueprinted against the curricula approved by the GMC and the requirements of the GMC's standards in [Good Medical Practice](#).

It is up to the applicant to ensure that the documentary evidence that is submitted is complete.

The purpose of the rural and remote credential panel is to review the evidence and to assess competence and acquisition of required capabilities that inform a judgement of meeting credential specific requirements, which is captured as an outcome. The credential panel upon review of evidence submitted by the applicant for recognition can award the following outcomes:

Outcomes	
Acceptance of evidence	Evidence meets requirements of the curriculum and GMC credential award recommended
Provisional acceptance with requirements	Resubmission of additional evidence (normally within 6 months)
Recognition route is not appropriate for applicant	A meeting will be arranged between the applicant and CDB to discuss potential next steps; this may include a recommendation for application to proceed via the learner route

Awarding GMC credential

Awarding of GMC credentials will be modelled on processes used for awarding CCTs where the GMC receives recommendations from the credential panel via the CDB and then ask doctors to apply as confirmation they wish to have the credential recorded on the list of medical registered practitioners (LRMP).

As part of regulatory processes, the GMC will carry out appropriate checks before making the decision to award the credential to the doctor and subsequently updating the LRMP. If there is any fitness to practice concern, then the GMC may postpone a decision on award of the credential until this is resolved. The GMC also has a process for reviewing and correcting any errors that might arise around any decisions. If doctors wish to appeal a decision based on a panel recommendation, this will be managed by the SEBs.

Appeals

If an applicant wishes to appeal against the decision of the credential panel, an independent credential panel will be convened by NES to review the evidence. The appeal panel will have a similar constitution to the review panel, but different individuals will be involved. The decision of the Appeal panel is final.

Curriculum and evidence that can be linked

Generic CiPs

Generic CiP 1: Able to work as a rural and remote practitioner within the NHS system

Key skills:

- Demonstrate the ability to undertake the role of the generalist outside the scope of specialist supervision
- Utilise the expertise of the whole multi-disciplinary team as appropriate, ensuring when delegating responsibility appropriate supervision is maintained
- Apply knowledge of the locality-based emergency and specialist service options in the planning of treatment for patients seen in the rural and remote setting
- Be able to access remote specialist advice making use of digital technology including ECG and common x-ray interpretation

- Communicate accurately, clearly, promptly and comprehensively with relevant colleagues by means appropriate to the urgency of the situation, especially when responsibility for the patient care is being transferred.

Suggested evidence:

<ul style="list-style-type: none"> • Reference from employer to verify role as rural and remote practitioner
<ul style="list-style-type: none"> • Reference from colleagues e.g. another specialist who you refer patients to for advice or onward care who can attest to scope of practice
<ul style="list-style-type: none"> • Evidence of completing training or fellowship with this CiP as a learning outcome
<ul style="list-style-type: none"> • Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Generic CiP 2: Adapting practice to Urgent Care Setting

Key skills:

- Identify the presence of life-threatening illness and the appropriate pathway for the management of the acutely unwell patient
- Formulate a strategy for monitoring patients in an urgent care setting
- Use and develop risk stratification tools to identify the best place for initial and ongoing management of patients
- Assess, stabilise and manage an acutely unwell medical patient
- Interpret and act on common investigations relevant to urgent care:
 - Radiology (interpretation of CXR, abdominal, spinal and limb radiographs)
 - Blood results (haematology, biochemistry, d-dimer, troponin, arterial blood gases)
 - ECG (ability to recognise and interpret abnormal rhythms/ ST changes)
 - Capnography (ability to interpret and act on abnormal capnography trace)
- Determine the most appropriate place for ongoing patient management
- Identify patients who are in the terminal phase of their life on presentation to prevent unnecessary harm to the patient and unnecessary use of resources
- Prescribe pain medication in the urgent care setting (adult and paediatric)
- Assess fluid balance and prescribe fluids and blood products appropriately
- Demonstrate appropriate use of vasoactive and inotropic drugs
- Recognise the patient whose care needs are best met in a specialist care setting with dialogue and onward referral of patients, involving retrieval services as appropriate

Suggested evidence:

• Reference from employer to verify role as rural and remote practitioner and attest to current role and scope of practice
• Reference from colleagues who can attest to current role and scope of practice
• Feedback from a variety of clinical colleagues with whom you have directly worked with such as the Multisource Feedback (MSF)
• Training events such as life support courses
• Evidence of completing training or fellowship with this CiP as a learning outcome
• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Generic CiP 3: Facilitate effective handover of patient to specialist services

Key skills:

- Recognise the critically unwell patient and early referral to emergency retrieval service
- Demonstrate effective handover to another healthcare provider
- Work with retrieval teams in the stabilisation of the patient for transfer for specialist care
- Recognise that effective communication and handover plays a significant role in patient safety

Suggested evidence:

• Reference from employer to verify role as rural and remote practitioner who can attest to current role and scope of practice
• Reference from colleagues from retrieval service and/or referral centre
• Training events such as life support courses
• Evidence of completing training or fellowship with this CiP as a learning outcome
• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CiPs

Clinical CiP 1: Recognise and appropriately manage acute paediatric presentations

Key skills:

- Demonstrate a structured approach to examination of a child
- Demonstrate that the approach to managing a child differs from that of an adult
- Demonstrate an ability to alter consultation practice for children presenting in an urgent care setting
- Be able to prescribe drugs and fluids safely for children

- Identify presentations that require safeguarding assessments
- Recognise the patient whose care needs are best met in a specialist care setting with dialogue and onward referral of patients, involving retrieval services as appropriate

Suggested evidence:

<ul style="list-style-type: none"> • Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
<ul style="list-style-type: none"> • Training events such as life support courses
<ul style="list-style-type: none"> • Certificate of Completion of Training (CCT) and Postgraduate qualifications
<ul style="list-style-type: none"> • Evidence of completing training or fellowship with this CiP as a learning outcome
<ul style="list-style-type: none"> • Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CiP 2: Management of time-critical presentations/conditions (medical and surgical)

Key skills:

- Manage an acutely unwell patient with respect to ABCDE approach
- Apply a triage tool in order to prioritise patient care
- Demonstrate leadership in a complex clinical setting
- Understand the limitations of providing care in rural and remote settings and the need for early dialogue and/or referral to specialist centres

Suggested evidence:

<ul style="list-style-type: none"> • Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
<ul style="list-style-type: none"> • Feedback from a variety of clinical colleagues with whom you have directly worked with such as the Multisource Feedback (MSF)
<ul style="list-style-type: none"> • Training events such as life support courses
<ul style="list-style-type: none"> • Certificate of Completion of Training (CCT) and relevant postgraduate qualifications
<ul style="list-style-type: none"> • Evidence of completing training or fellowship with this CiP as a learning outcome
<ul style="list-style-type: none"> • Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CiP 3: Assessment and initial management of the trauma patient

Key skills:

- Demonstrate a structured approach in the initial assessment and management of a trauma patient
- Demonstrate a structured approach in the assessment and management of a neck injury, including cervical spine immobilisation and log roll
- Demonstrate a structured approach in the assessment and management of soft tissue injuries
- Demonstrate a structured approach in the assessment and management of fractures
- Assess the severity of inhalation of noxious substances
- Assess the need for urgent referral to trauma centre for specialist care

Suggested evidence:

<ul style="list-style-type: none">• Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
<ul style="list-style-type: none">• Training events such trauma courses
<ul style="list-style-type: none">• Certificate of Completion of Training (CCT) and postgraduate qualifications
<ul style="list-style-type: none">• Evidence of completing training or fellowship with this CiP as a learning outcome
<ul style="list-style-type: none">• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CiP 4: Ability to assess and appropriately manage Ear, Nose and Throat (ENT) presentations

Key skills:

- Undertake a full ear examination
- Perform a full examination of neck and throat, recognising when the airway is at risk
- Assess the severity of stridor and croup
- Manage epistaxis
- Know when antibiotics are indicated
- Remove readily accessible foreign bodies from nasal cavities and external ear canals and know when to refer for specialist care
- Recognise ENT emergencies, including airway compromise ensuring early dialogue/referral to ENT specialists
- Know when to refer to ENT for continued care

Suggested evidence:

<ul style="list-style-type: none">• Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
<ul style="list-style-type: none">• Training events/courses
<ul style="list-style-type: none">• Certificate of Completion of Training (CCT) and postgraduate qualifications
<ul style="list-style-type: none">• Evidence of completing training or fellowship with this CiP as a learning outcome
<ul style="list-style-type: none">• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CiP 5: Ability to evaluate and appropriately manage the patient presenting with acute eye problems

Key skills:

- Perform full examination including visual acuity, ocular movements, visual fields and related cranial nerves
- Demonstrate the use of a slit lamp, fundoscopy and lid eversion
- Demonstrate the removal of a foreign body
- Demonstrate the indications for and application of fluorescein
- Know when to refer a patient with an eye problem for a specialist ophthalmology opinion
- Be able to assess and manage common causes of an acute red eye

Suggested evidence:

<ul style="list-style-type: none">• Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
<ul style="list-style-type: none">• Training events/courses
<ul style="list-style-type: none">• Certificate of Completion of Training (CCT) and postgraduate qualifications
<ul style="list-style-type: none">• Evidence of completing training or fellowship with this CiP as a learning outcome
<ul style="list-style-type: none">• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CiP 6: Ability to assess and manage appropriately core obstetrics and gynaecology problems

Key skills:

- Early identification of ectopic pregnancy
- Discuss the management of a patient who has vaginal bleeding early in pregnancy
- Perform a full pelvic examination and arrange appropriate initial investigations of a patient with acute pelvic pain or make a referral for specialist assessment
- Use chaperones appropriately
- Recognise the need for specialist care

Suggested evidence:

<ul style="list-style-type: none">• Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
<ul style="list-style-type: none">• Feedback from a variety of clinical colleagues with whom you have directly worked with such as the Multisource Feedback (MSF)
<ul style="list-style-type: none">• Training events/courses
<ul style="list-style-type: none">• Certificate of Completion of Training (CCT) and postgraduate qualifications
<ul style="list-style-type: none">• Evidence of completing training or fellowship with this as a learning outcome
<ul style="list-style-type: none">• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CIP 7: Evaluate and appropriately manage the patient with acute psychiatric presentation including overdose

Key skills:

- Take a psychiatric history and be familiar with scoring tools used to assess risk of self-harm
- Assess the acutely poisoned patient and identify those requiring intervention for the management of an overdose
- Recognise and manage aggression appropriately
- Liaise promptly with psychiatric services if in doubt of suicidal risk or high risk of repeat self-harm and suicide
- Know when to contact secondary/tertiary referral centre for ongoing management for the physical manifestations of an overdose
- Recognise when to refer to psychiatric services for a specialist opinion

Suggested evidence:

<ul style="list-style-type: none">• Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
<ul style="list-style-type: none">• Training events /courses
<ul style="list-style-type: none">• Certificate of Completion of Training (CCT) and postgraduate qualifications
<ul style="list-style-type: none">• Evidence of completing training or fellowship with this as a learning outcome
<ul style="list-style-type: none">• Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CiP 8: Evaluation and management of the older person

Key skills: Evaluation of the older patient

- Facilitate treatment escalation planning, especially in the frail population
- Perform an assessment of cognition (including acute, chronic and rapidly deteriorating) and mental capacity
- Recognise, diagnose and manage a state of delirium
- Assess, diagnose and manage older people who present with dementia
- Manage the care of the elderly patient considering the anatomical and physiological changes associated with age
- Identify issues associated with polypharmacy and how this may play a role in the urgent care presentation
- Identify patients with limited reversibility of their medical condition, discuss end of life, undertake advance care planning conversations and determine palliative care needs
- Ensure continuity and coordination of patient care through the appropriate transfer of information demonstrating safe and effective handover
- Ensure that all clinicians involved in the care of complex patients receive adequate communication to ensure safe and effective discharge
- Apply legal and ethical principles to patients lacking mental capacity in an emergency situation

Suggested evidence:

<ul style="list-style-type: none">• Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
<ul style="list-style-type: none">• Feedback from a variety of clinical colleagues with whom you have directly worked with such as the Multisource Feedback (MSF)

<ul style="list-style-type: none"> • Training events/courses
<ul style="list-style-type: none"> • Certificate of Completion of Training (CCT) and postgraduate qualifications
<ul style="list-style-type: none"> • Evidence of completing training or fellowship with this CiP as a learning outcome
<ul style="list-style-type: none"> • Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Clinical CiP 9: Management of patients requiring palliative and end of life care

Key skills:

- Deliver effective control of symptoms including pain, agitation, excessive respiratory secretions, nausea & vomiting, breathlessness and bowel dysfunction
- Communicate honestly and sensitively with the patient (and family/carers) about the benefits and disadvantages of treatment, and appropriate management plan, allowing the patient to guide the conversation
- Lead a discussion about cardiopulmonary resuscitation with patient, carers, family, and colleagues appropriately and sensitively ensuring patients interests are paramount
- Discuss and complete an advanced care plan with the patient, carers and family
- Refers to specialist palliative care services when appropriate

Suggested evidence:

<ul style="list-style-type: none"> • Reference from employer or colleagues in locality /tertiary referral centre who can attest to your current role and scope of practice in relation to this CiP
<ul style="list-style-type: none"> • Training events/courses
<ul style="list-style-type: none"> • Certificate of Completion of Training (CCT) and postgraduate qualifications
<ul style="list-style-type: none"> • Evidence of completing training or fellowship with this as a learning outcome
<ul style="list-style-type: none"> • Statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Practical procedures

Those seeking recognition must undertake a self-rating against each practical procedure detailed below. It is expected that applicants will be level 3 competent in all procedural skills. **Level 3** – Entrusted to act unsupervised (working independently).

Evidence against each procedural skill could include:

- Life support certificate
- Simulation course certificate
- Statement from applicant that these are core skills as part of current role, backed up by referee
- Direct Observation of Procedural Skills (DOPS)

Procedure	Skill	Level of competency required
Advanced cardiopulmonary resuscitation (CPR)	Demonstrate the ability to lead the management of cardiac arrest and peri-arrest in adults and children	3
	Demonstrate the ability to lead trauma resuscitation	3
Airway	Airway obstruction secondary to reduced consciousness of foreign body inhalation	3
	Basic airway management including bag mask ventilation	3
	Advanced airway management	3
	Management and care of Tracheostomy tube	3
Breathing	Arterial blood gas sampling and delivery of appropriate oxygen therapy	3
	Bag mask ventilation	3
	Setting up non-invasive ventilation or CPAP and deal with complications	3
	Ventilation with capnography	3
	Intercostal drain insertion ^a	3
Circulation	Intraosseous access	3
	Pacing – pharmacological and external	3
Disability	Spinal immobilisation	3

	Log roll	3
	Lumbar puncture	3
Exposure	Demonstrate the application of recognised splints in the management of both pelvic and long bone fractures	3
	Joint dislocation reduction techniques alongside appropriate analgesia and sedation techniques	3
	Wound management	3
	Local anaesthetic techniques	3
	Plaster cast application	3
	Demonstration of the management of both medical and traumatic epistaxis using recognised techniques and equipment in both upright patient and supine patient	3
	Removal of foreign body from ear/nose/eye	3
	Peripheral nerve blocks	3

^a Pleural procedures should be undertaken in line with the British Thoracic Society guidelines. These state that thoracic ultrasound guidance is strongly recommended for all pleural procedures for pleural fluid, also that the marking of a site using thoracic ultrasound for subsequent remote aspiration or chest drain insertion is not recommended, except for large effusions. Ultrasound guidance should be provided by an appropriately trained pleural-trained ultrasound practitioner

Appendix 1 - Employers statement of endorsement – Recognition route

Date:

Our Ref:

Enquiries to:

Email:

Dear Dr

Request for a Letter of Good Standing

You have been identified as the employer of who has applied for the Credential in Rural and Remote Health (Urgent and Unscheduled Care) and has given your name as a referee. We would be grateful if you could provide us with responses to the questions detailed below. I have attached a link to the Curriculum for Rural and Remote Health to provide you with further information on the programme.

If you could please send back the attached form via email to nes.ruralremotecredential@nhs.scot

Your sincerely

Dr Pauline Wilson

Dr Marion Slater

Associate Postgraduate Deans Credential in Rural and Remote Health

Request form for Dr - Good Standing reference

In order for Dr to be considered for the Credential in Rural and Remote Health can you please complete the attached form.

Please confirm the applicant's employment details that are covered by this reference:			
Date started:		Date finished:	
Position held by applicant:	Level / grade:		
Board/Trust:			
Your relationship to applicant:	<input type="checkbox"/> Responsible Officer <input type="checkbox"/> Colleague <input type="checkbox"/> Clinical Line Manger <input type="checkbox"/> Other		

Are there any concerns about their fitness to practise?
YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please give details:

Have they been formally cautioned or convicted by the police or a court?
YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please give details:

Has the individual ever been disqualified, suspended, or prohibited from practising medicine?

YES NO If Yes, please give details:

To the best of your knowledge, has he or she completed appropriate Continual Professional Development?

YES NO If Yes, please give details:

Has any investigation or disciplinary action been carried out about them?

YES NO If Yes, please give details:

Is there any reason that you know of why NHS Education for Scotland should not accept the person named above as a learner to the programme?

YES NO If Yes, please give details:

Are you aware of any matters that call into question the applicant's good standing?

YES NO If Yes, please give details:

SIGNATURE		NAME (print in block capitals)	
POSITION HELD		CONTACT TELEPHONE NO.	
Name of hospital or training practice		E-MAIL ADDRESS	
Your UK GMC Number		If NOT registered with the UK GMC: Give name of your registering body & Your Registration Number:	
Full Postal Address		DATE (dd/mm/yyyy)	

Thank you for completing this reference.

Please return the completed form by e-mail to nes.ruralremotecredential@nhs.scot

Appendix 2 - Application form – Recognition Route



Rural and Remote Credentials (Urgent and Unscheduled Care)

Recognition Route Application form

Further information is available on the NHS Education for Scotland Rural and Remote Credential site.

If you wish to discuss the programme or require any additional support with your application, please contact the team through nes.ruralremotecredential@nhs.scot

Your Contact Details

Name		Job Title	
Address			
Email Address			

Your Primary Medical Qualification

You must provide an authenticated copy of any specialist medical qualifications – evidence of Certificate of Completion of Training (CCT) or provide evidence of alternative qualification that demonstrates achieving the outcomes of the credential.

Full title of your primary medical qualification	Name and full address (including country) of the university (and college if appropriate) that awarded your qualification	Date degree started DD/MM/YY	Date degree finished DD/MM/YY	Date qualification awarded DD/MM/YY

Your Current Employer Details

You must confirm if you are currently employed in the UK and provide employer details.

Please confirm if you are currently employed in the United Kingdom. If yes, please provide Employer details.	<input type="checkbox"/> Yes (Please provide Employer details below) <input type="checkbox"/> No
	Name
	Address
	Email address

Details of your previous employment (from the last five years)

Summarise previous training and experience e.g., Curriculum Vitae (CV) with supporting statement of having gained relevant knowledge, skills and experience while working in the area of rural and remote health.

Start date	Finish date	Name and location of hospitals where you have worked or details for when you were not engaged in clinical practice	Engaged in rural and remote medical practice – please provide details	Grade/Title of post
DD/MM/YY	DD/MM/YY			
DD/MM/YY	DD/MM/YY			
DD/MM/YY	DD/MM/YY			
DD/MM/YY	DD/MM/YY			
DD/MM/YY	DD/MM/YY			
DD/MM/YY	DD/MM/YY			
DD/MM/YY	DD/MM/YY			

Statement in Support of Application

Please tell us your personal qualities, skills and attributes, experience and any major achievements and demonstrate with evidence that you are currently working within the scope of the credential and wish to be acknowledged as a credential holder. *(no more than 400 words)*

What impact do you see you being recognised with the credential having on your organisation?

You might consider the impact of urgent and unscheduled rural and remote care on the people your organisation serves (e.g., citizens, patients/service users and colleagues). *(no more than 400 words)*

Final Declaration

I understand that:

1. NES will make any enquiries it considers appropriate to establish my fitness to practice.
2. NES, their representatives, and any other agent NES asks to carry out checks on its behalf, will make any necessary checks to verify the information I have given.
3. NES will contact my current employer to complete a Good Standing Reference.
4. the recipient of any enquires will be required to provide the information requested.
5. my personal data will be given to my referees, government bodies and other third parties as may be reasonably necessary.

The information I have provided in my application is correct and true.

I can confirm that I am currently employed in the UK and have provided my current employer's details for NES to contact and verify my status.

I have discussed this application with my current employer and by providing their details I am providing evidence of employer endorsement for this application.

I understand that if I have made a false declaration or provided false information or documents to support my application, the GMC may withhold or remove my registration and licence to practice and report the matter to the police.

I understand that to protect the public, NES may share my registration and licensing information with UK and international regulators and law enforcement organisations.

I have read the GMC's Good Medical Practice guidance. I understand that I must work in line with the principles and values set out in it and its explanatory guidance and have a duty to tell NES about any criminal or regulatory proceedings.

I acknowledge that serious or persistent failure to follow the Good Medical Practice guidance will put my registration at risk.

I have in place, or will have in place, at the point at which I practise in the UK, insurance and indemnity arrangements appropriate to the areas of my practice.

I confirm I understand and accept the statements in the Final Declaration.

Signature:

Date:

Appendix 3 – Structured Reference form – Recognition route

The doctor to whom this reference refers has applied for the Rural and Remote Health Credential and has given your name as a referee. We would be grateful if you could provide us with the information required below. Please note we can only accept references on this structured reference form. This professional reference should verify factual information only; we do not require you to provide a personal testimonial or an assessment of the candidate. Your responses may be discussed with the applicant.

The referee must have first-hand experience of the individual and can attest to current roles and scope of practice and provide assurance of the applicant’s skills. A lead referee could provide an oversight role, with input from people involved in a process of onward care

This reference form has been developed with the General Medical Council publication “Good Medical Practice” in mind. Your attention is drawn to the following paragraph:

“When providing references for colleagues, your comments must be honest and justifiable; you must include all relevant information which has a bearing on the colleague’s competence, performance, reliability and conduct” (GMC Good Medical Practice, Second Edition, July 1998 – The duties of a doctor registered with the General Medical Council, Item 11 – References.)

Applicant Name:			
Applicant GMC/GDC No		Applicant Ref No	
Programme:			

Please confirm the applicant’s employment details that are covered by this reference:			
Date started:		Date finished:	
Position held by applicant: (level and specialty)	Level / grade: Specialty:		
Board/Trust:			
Your relationship to applicant:	Responsible Officer <input type="checkbox"/> Colleague <input type="checkbox"/> Clinical Line Manager <input type="checkbox"/> Other <input type="checkbox"/>		

Is attendance/timekeeping satisfactory?
YES <input type="checkbox"/> NO <input type="checkbox"/> If No, please give details
Are you aware if the applicant has been subject to any disciplinary procedure, formal or otherwise?
YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please give details:

Are you able to recommend this applicant for Recognition of the Credential?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have any other general comments regarding this applicant and his/her application, please give details here:	

The programme applied for is exempt from the provision of section 4 (2) of the Rehabilitation of Offenders Act 1974 (exceptions order 1975). Under this order are you aware of any criminal convictions or cautions which may affect the applicant's suitability?*
YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please give details:
<i>*It is contrary to the Act for referees not to reveal any information they may have, concerning convictions which may otherwise be considered "spent" in relation to this application which you consider relevant to the applicant's suitability for employment</i>

Level descriptors for the CiPs and practical procedures

Level		
1	Entrusted to act with direct supervision	The supervising doctor is physically present and immediately available to provide direct supervision
2	Entrusted to act with indirect/minimal supervision	The supervising doctor is not physically present within department but is available to provide advice and can attend physically if required to provide direct supervision
3	Entrusted to act unsupervised	The learner is working independently

The curriculum is structured into high-level learning outcomes, known as Capabilities in Practice (CiPs). The CiPs are split into generic and clinical capabilities, as outlined below. Acquiring the credential via the recognition route depends upon the provision of verifiable evidence that the Doctor is working at the level (Level 3) of being entrusted to perform safely and independently for each CiP and procedural skill.

Generic CiP 1: Able to work as a rural and remote practitioner within NHS system

Key skills:

- Demonstrate the ability to undertake the role of the generalist outside the scope of specialist supervision
- Utilise the expertise of the whole multi-disciplinary team as appropriate, ensuring when delegating responsibility appropriate supervision is maintained
- Apply knowledge of the locality-based emergency and specialist service options in the planning of treatment for patients seen in the rural and remote setting
- Be able to access remote specialist advice making use of digital technology including ECG and common x-ray interpretation
- Communicate accurately, clearly, promptly and comprehensively with relevant colleagues by means appropriate to the urgency of the situation, especially when responsibility for the patient care is being transferred.

WORKING AT LEVEL 3 - YES NO Please comment below -

Generic CiP 2: Adapting practice to Urgent Care Setting

Key skills:

- Identify the presence of life-threatening illness and the appropriate pathway for the management of the acutely unwell patient
- Formulate a strategy for monitoring patients in an urgent care setting
- Use and develop risk stratification tools to identify the best place for initial and ongoing management of patients
- Assess, stabilise and manage an acutely unwell medical patient
- Interpret and act on common investigations relevant to urgent care:
 - Radiology (CXR, abdominal, spinal and limb x-rays)
 - Blood results (haematology, biochemistry, d-dimer, troponin, arterial blood gases)
 - ECG (ability to recognise and interpret abnormal rhythms/ ST changes)
 - Capnography (ability to interpret and act on abnormal capnography trace)
- Once the patient has been stabilised, to determine the most appropriate place for the ongoing management
- Identify patients who are in the terminal phase of their life on presentation to prevent unnecessary harm to the patient and unnecessary use of resources
- Prescribe pain medication in the urgent care setting (adult and paediatric)
- Assess fluid balance and prescribe fluids and blood products appropriately
- Demonstrate appropriate use of vasoactive and inotropic
- Early recognition of the patient whose care needs are best met in a specialist care setting with dialogue and onward referral of patients, involving retrieval services as appropriate

WORKING AT LEVEL 3 - YES NO Please comment below -

Generic CiP 3: Facilitate effective handover of patient to specialist services

Key skills:

- Recognise the critically unwell patient and early referral to emergency retrieval service
- Demonstrate effective handover to another healthcare provider
- Work with retrieval teams in the stabilisation of the patient for transfer for specialist
- Recognise that effective communication and handover plays a significant role in patient safety

WORKING AT LEVEL 3 - YES NO Please comment below -

Clinical CiP 1: Recognise and appropriately manage acute paediatric presentations

Key skills:

- Demonstrate a structured approach to examination of a child
- Demonstrate that the approach to managing a child differs from that of an adult
- Demonstrate an ability to alter consultation practice for children presenting in an urgent care setting
- Be able to prescribe drugs and fluids safely for children
- Identify presentations that require safeguarding assessments
- Early recognition of the patient whose care needs are best met in a specialist care setting with dialogue and onward referral of patients, involving retrieval services as appropriate

WORKING AT LEVEL 3 - YES NO Please comment below -

Clinical CiP 2: Management of time critical presentations/conditions (medical and surgical)

Key skills:

- Manage acutely unwell patient with respect to ADCBE approach
- Apply a triage tool in order to prioritise patient care
- Demonstrate leadership in a clinically challenging context
- Understand the limitations of providing care in rural and remote settings and the need for early dialogue and/or referral to specialist centres

WORKING AT LEVEL 3 - YES NO Please comment below -

Clinical CiP 3: Assessment and initial management of the trauma patient

Key skills:

- Demonstrate a structured approach in the initial management of the trauma patient
- Demonstrate a structured approach in the assessment and management of a neck injury including – cervical spine immobilisation and log roll
- Demonstrate a structured approach in the assessment and management of soft tissue injuries
- Demonstrate a structured approach in the assessment and management of fractures
- Assess the severity of inhalation of noxious substances
- Assess the need for urgent referral to trauma centre for specialist care

WORKING AT LEVEL 3 - YES NO Please comment below -

Clinical CiP 4: Ability to assess and appropriately manage care Ear, Nose and Throat (ENT) presentations

Key skills:

- Undertake a full ear examination
- Perform a full examination of neck and throat, recognising when the airway is at risk
- Assess the severity of stridor and croup
- Manage epistaxis
- Know when antibiotics are indicated
- Remove readily accessible foreign bodies from nasal cavities and external ear canals and know when to refer for specialist care
- Recognise ENT emergencies, including airway compromise ensuring early dialogue/referral to ENT specialists
- Know when to refer to ENT for continued care

WORKING AT LEVEL 3 - YES NO Please comment below -

Clinical CiP 5: Ability to evaluate and appropriately manage the patient presenting with eye problems

Key skills:

- Perform full examination including visual acuity, ocular movements, visual fields and related cranial nerves
- Demonstrate the use of a slit Lamp, fundoscopy and lid eversion
- Demonstrate the removal of a foreign body
- Demonstrate the use of fluorescein
- Know when to refer a patient with an eye problem for a specialist ophthalmology opinion

WORKING AT LEVEL 3 - YES NO Please comment below -

Clinical CiP 6: Ability to assess and manage appropriately core obstetric and gynaecology problems

Key skills:

- Early identification of ectopic pregnancy
- Discuss the management of a patient who has vaginal bleeding early in pregnancy
- Perform a full pelvic examination and arrange appropriate investigations of a patient with pelvic pain or make a referral for specialist assessment
- Use chaperones appropriately
- Recognise the need for specialist care

WORKING AT LEVEL 3 - YES NO Please comment below -

Clinical CIP 7: Evaluate and appropriately manage the patient with acute psychiatric presentation including overdose

Key skills:

- Take a psychiatric history and be familiar with scoring tools used to assess risk of self-harm
- Assess the acutely poisoned patient and identify those requiring intervention for the physical management of an overdose
- Recognise and manage aggression appropriately
- Liaise promptly with psychiatric services if in doubt of suicidal risk or high risk of repeat self-harm and suicide
- Know when to contact secondary/tertiary referral centre for ongoing management for the physical manifestations of an overdose

WORKING AT LEVEL 3 - YES NO Please comment below -

Clinical CiP 8: Evaluation and management of the older person

Key skills:

- Facilitate treatment escalation planning, especially in the frail population
- Perform an assessment of cognition (including acute, chronic and rapidly deteriorating) and mental capacity
- Recognise, diagnose and manage a state of delirium
- Assess, diagnose and manage older people who present with dementia
- Manage the care of the elderly patient considering the anatomical and physiological changes associated with age
- Identify issues associated with polypharmacy and how this may play a role in the urgent care presentation
- Identify patients with limited reversibility of their medical condition, discuss end of life, undertake advance care planning conversations and determine palliative care needs
- Ensure continuity and coordination of patient care through the appropriate transfer of information demonstrating safe and effective handover
- Ensure that all clinicians involved in the care of complex patients receive adequate communication to ensure safe and effective discharge
- Apply legal and ethical principles to patients lacking mental capacity in an emergency situation

WORKING AT LEVEL 3 - YES NO Please comment below -

Clinical CiP 9: Management of patients requiring palliative and end of life care

Key skills:

- Delivery of effective pain relief, symptom control (including for agitation, excessive respiratory secretions, nausea & vomiting, breathlessness), spiritual, social, and psychological matter
- Communicate honestly and sensitively with the patient (and family/carers) about the benefits and disadvantages of treatment, and appropriate management plan, allowing the patient to guide the conversation
- Lead a discussion about cardiopulmonary resuscitation with patient, carers, family, and colleagues appropriately and sensitively ensuring patients interests are paramount
- Discuss and complete an advanced care plan with the patient, carers and family
- Refers to specialist palliative care services when recognises that care is complex

WORKING AT LEVEL 3 - YES NO Please comment below -

ABCDE practical procedures

All learners are expected to develop the skill set required to be able to cover an emergency, out of hours rota and to have an in-depth knowledge of the relevant disease processes, potential treatment options and skills to enable comprehensive patient care from referral to completion of the patient episode.

Procedure		Completion of credential
Airway	Airway obstruction secondary to reduced consciousness of foreign body inhalation	Management of adult airways to include basic manoeuvres through to advanced techniques of subglottic airway devices
	Basic airway management including bag mask ventilation	Ability to undertake failed airway drill Ability to perform a surgical airway
	Advanced airway management	Ability to perform airway manoeuvres/use airway adjuncts
	Tracheostomy tube	Ability to correctly introduce a laryngeal mask Awareness/consideration of endotracheal intubation Ability to manage obstruction
Breathing	Arterial blood gas sampling and delivery of appropriate oxygen therapy	Ability to perform ABG sampling and interpret the results in relationship to common pathologies Ability to adjust treatment based on interpretation of results
	Bag mask ventilation	Be able to demonstrate safe techniques in invasive and non-invasive ventilation in the management of acute ventilatory failure with the use of simple devices such as bag valve mask through to acceptable emergency mechanical ventilation strategies
	Setting up non-invasive ventilation or CPAP and deal with complications	Competent to perform unsupervised
	Ventilation with capnography	Ability to set up basic ventilator

	Intercostal drain insertion ^a	Be able to perform surgical or non-surgical techniques in the management of ventilatory failure caused by air or fluid in pleural cavity
Circulation	Intraosseous access to circulation for resuscitation	Competent to perform unsupervised in adults and children
	Pacing -pharmacological -external -internal	Demonstrate procedural skills in management of cardiovascular collapse from arrhythmia through pharmaceutical management, external or internal cardiac pacing intervention depending on the severity and cause
Disability	Spinal immobilisation	Competent to perform unsupervised
	Log roll	Competent to perform unsupervised
	Lumbar puncture	Competent to perform unsupervised
Exposure	Demonstrate the application of recognised splints in the management of both pelvic and long bone fractures	Competent to perform unsupervised
	Joint dislocation reduction techniques alongside appropriate analgesia and sedation techniques	Competent to perform unsupervised Mandible/Shoulder/elbow/digit/hip/patella/ankle dislocation reduction techniques unsupervised
	Wound management	Competent to perform unsupervised
	Local anaesthetic techniques	Competent to perform unsupervised
	Plaster cast application	Competent to perform unsupervised
	Demonstration of the management of both medical and traumatic epistaxis using recognised techniques and equipment in both upright patient and supine patient	Competent to perform unsupervised
	Removal of foreign body from ear/nose/eye	Competent to perform unsupervised
	Peripheral nerve blocks	Competent to perform unsupervised

Can you confirm if the applicant is proficient in procedure or has simulated competencies for the relevant skills?

YES NO If Yes, please give details:

SIGNATURE		NAME (print in block capitals)	
POSITION HELD		CONTACT TELEPHONE NO.	
Name of hospital or training practice		E-MAIL ADDRESS	
Your UK GMC Number		If NOT registered with the UK GMC: Give name of your registering body & Your Registration Number:	
Full Postal Address		DATE (dd/mm/yyyy)	

Thank you for completing this reference.

Please return the completed form by e-mail to nes.ruralremotecredential@nhs.scot

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.



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