

Fit to Care – Key knowledge skills and training for clinicians providing respiratory care – a local experience



Carol Stonham, MBE, Chair, Primary Care Respiratory Society Executive and Queens Nurse, Gloucestershire CCG

There are no mandatory training requirements for healthcare professionals delivering respiratory care. The quality of care and patient pathways are variable throughout the country depending on the knowledge, skills, competence and confidence of those delivering care.

Locally, we have found that using **Fit To Care** has enabled us to undertake a baseline training needs assessment which has highlighted strengths of respiratory services, and gaps in care delivery which could be better supported with appropriate education and training.

The exercise was considered from two perspectives. From a commissioning perspective we considered what services could the acute and community respiratory team provide across the patient pathway. We also reviewed, as we move toward an integrated service, that we have an appropriately skilled workforce to deliver the service and found opportunities to improve the pathway with additional training and education.

From a professional development perspective of the individual team members, each member self-assessed their competency against the framework, then discussed their role within the team highlighting perceived strengths, and weaker areas with their manager with a view to planning training requirements. Our team includes nurses, physiotherapists, pharmacists, and paramedics so it was reassuring that **Fit To Care** is appropriate for all registered healthcare practitioners.

The overall training analysis was presented to the working group with recommendations for the number of places required for relevant training courses. The remit was wider than respiratory education. We were able to recruit to leadership courses, non-medical prescribing, shared decision making, as well as asthma and COPD diploma courses. One area of overall weakness was the non-medical management of breathlessness which we addressed by commissioning training for CBT in Breathlessness for all team members to attend.

We continue to revisit **Fit To Care** at annual appraisal with individual team members and use the document as a baseline for new members of the team.

We have also used **Fit To Care** as a reference document for commissioned service specifications. During the pandemic, to address the backlog and unavailability of spirometry in primary care, we were able to work with a provider organisation to provide diagnostic spirometry from a hub-based model. There was value in providing a diagnostic service rather than simply performing the test and returning the results to the referrer, but it was vital that the provider could staff the hub with appropriately trained, competent practitioners. Had we been simply providing a spirometry service ARTP certification would have been the only requirement but a diagnostic service requires skills and training beyond that yet there are no national standards. As part of the service specification, we were able to state the service provider was trained to at least advanced level with the knowledge and skills to underpin this. The provider was then very clear on what was required and was able to staff the hub appropriately to deliver a quality assured diagnostic service.

Fit To Care has been updated recently and now includes a section on appropriate delegation. Multidisciplinary teams are expanding, there are increasing numbers of non-registered team members who are vital for delivering care but this must not be at the expense of quality and safety. Appropriate delegation needs thought and consideration. In summary, **Fit To Care** has provided us with a tool to assess service delivery, development and the continued professional development of the individuals that are vital to making up our team.



Fit to Care – Key knowledge skills and training for clinicians providing respiratory care



Ren Lawlor, MSc, Advanced Nurse Practitioner, Respiratory Nurse Specialist Primary Care, Chair, PCRS Education Committee

Introduction

People living with respiratory disease require a significant amount of support, guidance and intervention to manage their condition effectively. These interventions should be delivered by clinicians with an appropriate level of expertise in this field. There is currently variation in the standard of respiratory care provided to patients, demonstrated by national reports such as the National Review of Asthma Deaths (NRAD)¹ and the National Asthma and COPD Audit (NACAP).² This variation is affected not only by the services patients are engaged with/referred to but also the level of training, education and experience of the clinicians responsible for the provision of such care.

We recognise that, although there are respiratory specialists working within the UK who have taken a clear focus on respiratory disease, there is a wider community of practitioners who work as generalists but are still heavily involved in the day-to-day management of this patient group. The COVID-19 pandemic has seen primary care take an increased role in vaccination, breathlessness assessment and support for people living with post COVID syndromes that include respiratory symptoms, and may benefit from some therapies usually associated with chronic respiratory disease.

The aim of this document is to provide guidance for commissioners and clinicians about the skills, knowledge and training required by healthcare professionals working with patients with a respiratory condition in a primary or community care setting including:

How to use national evidence-based guidance

- To aid healthcare professionals to assess their own competence to deliver care, and identify and seek appropriate training and ongoing professional development
- To provide a reference for service managers to ensure the provision of appropriate educational support programmes for healthcare professionals. Such programmes should support ongoing professional development, appraisal, revalidation and training to facilitate the delivery of high quality respiratory care, staff retention and also support employee satisfaction
- To ensure all healthcare professionals have an accountability framework and feel assured that they are trained to provide such care to a given standard, thereby reducing variation in care and ensuring patients can expect high-quality evidence-based respiratory care irrespective of who is delivering such care or where in the community that care is being provided.

Delegation and Supervision

As this diversity of healthcare professionals continues to grow in within primary care, it is essential that those who have responsibility for the delegation and supervision of tasks have sufficient knowledge and expertise to do so safely. Clinical supervision is recognised as a professional skill that requires training and CPD. The skills of supervision are often easier for clinicians in your own professional speciality but with many other disciplines working in primary care good supervision requires an understanding of the training and skills of other

Primary Care Respiratory Update

professional groups as well as understanding the experience that each individual brings. It is easy, but dangerous to assume that clinicians have all been trained in and think in similar ways. This multi-disciplinary approach to the provision of patient-centred care requires any person acting as a clinical supervisor to have a knowledge of the clinician that they intend to support

and delegate to. This includes understanding their normal working practice, competency and skill level. It also requires a responsibility of a more senior clinician to oversee, support and provide regular review to ensure all clinicians involved in delegation and supervision maintain their own competence and skills as part of their mandatory appraisal and revalidation.

Key knowledge and skills required for clinicians providing standard respiratory care

Definition of level

For clinicians working with patients with accurately diagnosed chronic respiratory disease or those working as generalists who are in a position to opportunistically consider an underlying or undiagnosed respiratory condition.

Key considerations

A recognition of one's own limitations and competencies is paramount and clinicians require access to an experienced mentor for advice and/or ongoing supervision and reflective learning.

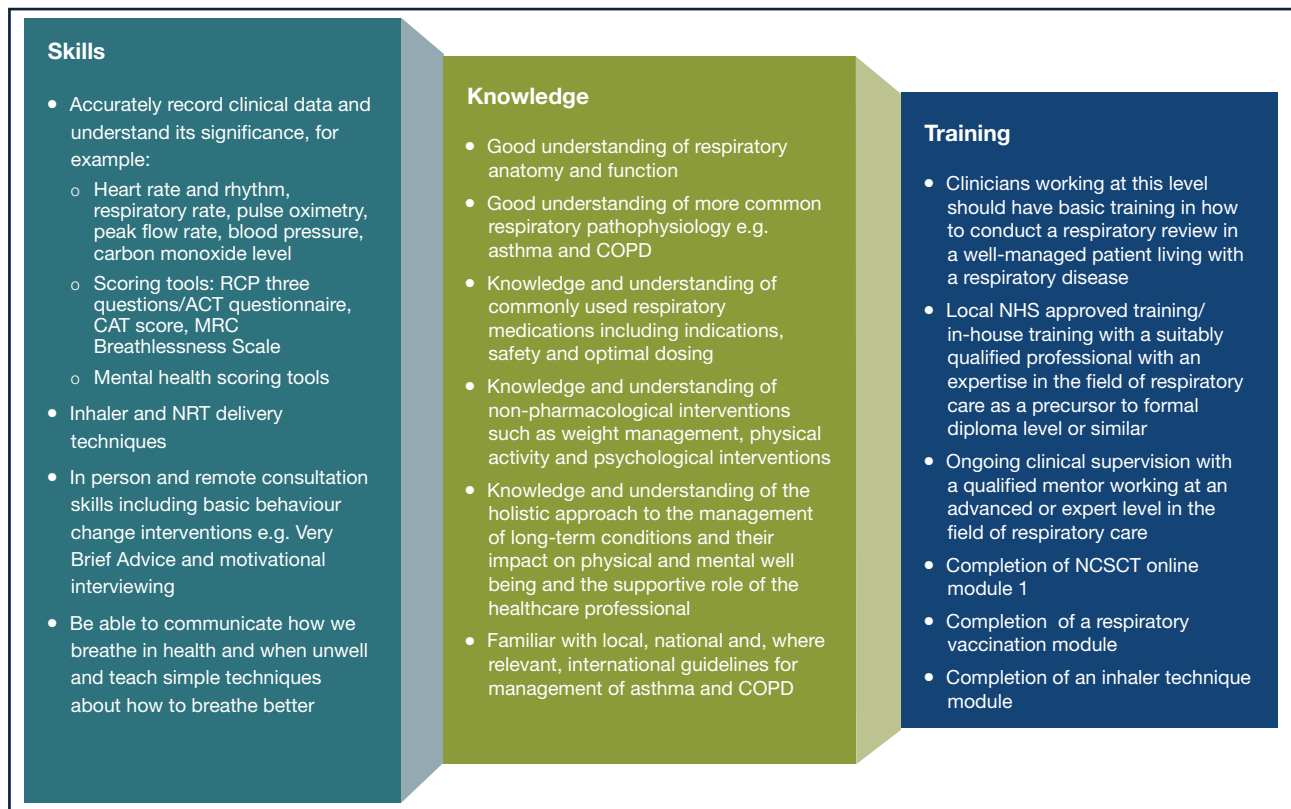
Clinicians should regularly source training updates and consider a reflective CPD journal using real case studies. These can be discussed during clinical supervision to support safe practice and be part of a professional revalidation process where necessary.

Clinicians remain accountable for their own practice and

to their regulating body and must work to local and national protocols and guidelines.

Desirable skills, knowledge and training

- Completion of or working towards completion of respiratory assessment module/s, for example:
 - Diploma module in asthma
 - Diploma module in COPD
 - Module in current respiratory related vaccination
 - Diploma module in child and young persons asthma care
 - Remote consultation methods
 - NCSCT Training and Assessment Programme for Smoking Cessation or equivalent (<https://www.ncsct.co.uk/>)
 - ARTP spirometry certification +/- CYP component



Key knowledge and skills required for clinicians providing advanced respiratory care

Definition of level

Individuals will be able to work autonomously with patients living with respiratory disease (e.g. running chronic respiratory clinics). This includes – but is not limited to – responsibility for assessing, treating, reviewing and providing ongoing management and support including treating tobacco dependency (with support/supervision where necessary).

These clinicians have the ability to diagnose or question a current diagnosis in someone who:

- Presents with respiratory symptoms
- Present with symptoms or treatment responses inconsistent with current diagnosis
- Can recognise, assess and recommend treatment for acute exacerbation or change in status of chronic respiratory diseases

Key considerations

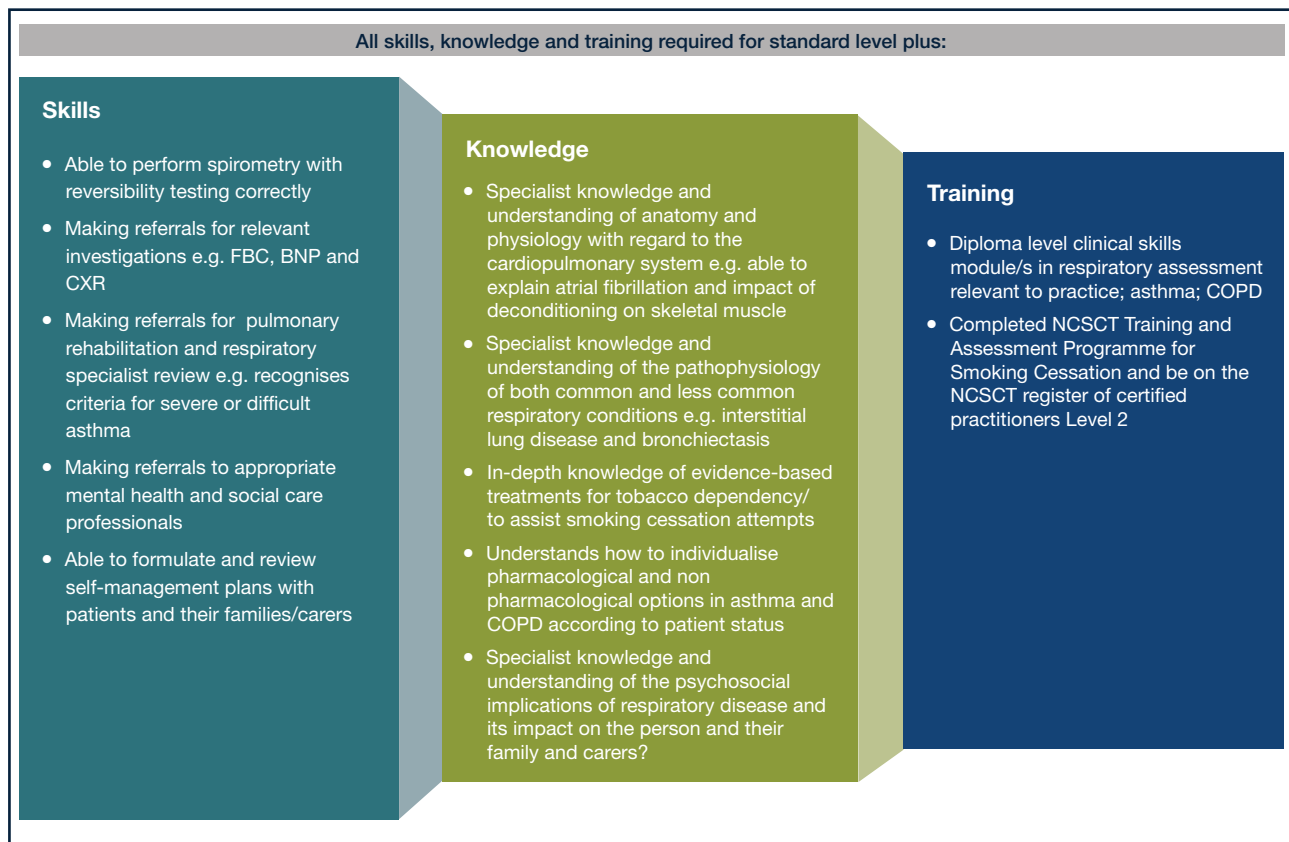
Clinicians working at this level should be competent in the criteria expected for standard level, plus:

- Advanced clinicians are expected to act as the role model

in a team and, as such, provide education and clinical advice to colleagues responsible for the care of patients living with respiratory conditions.

Desirable skills, knowledge and training

- Degree level module in acute and chronic respiratory assessment and/or conditions such as COPD and asthma and acute respiratory infection (including COVID-19) or acute breathlessness
- Clinical examination skills including percussion and auscultation
- Understanding of possible differential diagnoses for respiratory symptoms such as acute and chronic breathlessness, wheeze and cough (e.g. heart failure, gastric reflux, anaemia)
- Nationally recognised spirometry certificate (minimum in performing test and referring to qualified mentor for interpretation)
- Able to mentor and advise clinicians providing standard levels of respiratory care



Key knowledge and skills required for clinicians providing expert respiratory care

Definition of level

For clinicians working at a high level with clinical complexity requiring extensive multifaceted intervention including those:

- With worsening/progressive/poorly managed symptoms
- Living with co-morbidities/multiple diagnoses
- Requiring advanced care planning
- Living with mental health conditions including but not limited to addiction and substance misuse
- Requiring oxygen therapy, biologic medications, surgical interventions

Key considerations

Clinicians working at this level should be competent in the criteria expected for advanced level plus:

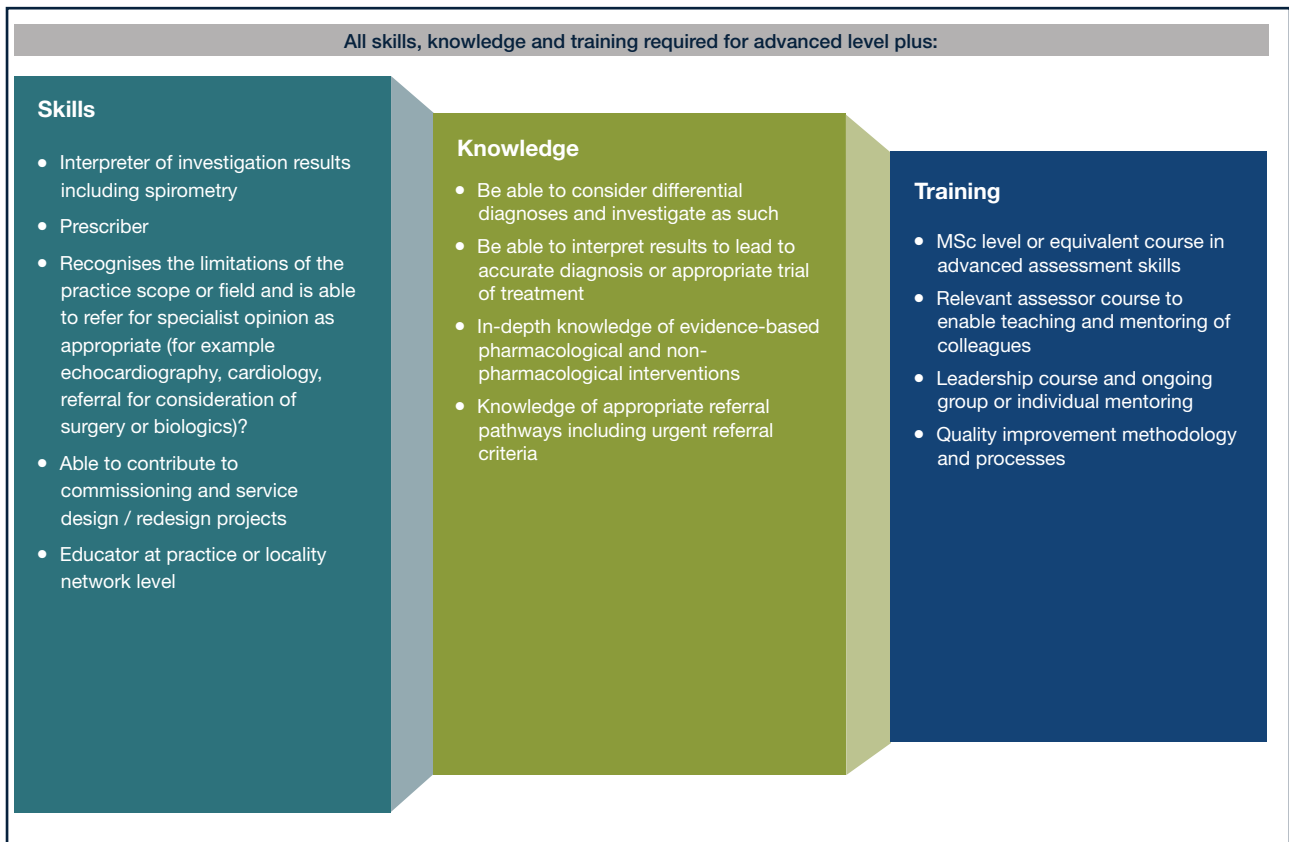
- Have good understanding of the identification and basic management of co-morbidities in patients living with respiratory disease?
- Demonstrate the ability to work with patients living with both respiratory disease and mental health conditions and

liaise closely with members of the MDT to ensure high standards of care and exceptional communication between disciplines.

- Recognises the limitations of the practice scope or field and is able to refer for specialist opinion as appropriate?
- Provides shared care with hospital services

Desirable skills, knowledge and training

- Masters level module/s clinical assessment skills in respiratory assessment/asthma/COPD
- Independent/non-medical prescribing qualification
- Leadership involvement in primary care networks, patient safety, clinical governance
- Understanding audits, risk stratification and quality improvement tools and strategy and their uses.
- Understands and critiques primary research in relevant fields
- Able to interpret tests (including blood, radiology and spirometry) in a clinical context



Training Providers

PCRS-UK does not take responsibility for assessing individual skill levels or competencies.

The following core organisations offer accredited respiratory training programmes:-

- Association of Chartered Physiotherapists in Respiratory Care (<http://www.acprc.org.uk>)
- Association for Respiratory Technology and Physiology (<http://www.artp.org.uk>)
- Education for Health (<https://www.educationforhealth.org>)
- NCSCT (<http://www.ncsct.co.uk>)
- Primary Care Respiratory Training Centre (<http://pcrtc.co.uk/pcrtc/>)
- Rotherham Respiratory (<https://rotherhamrespiratory.com/>)

There are a number of other regional and national organisations, professional bodies, academic universities and charities who offer respiratory training programmes. Individuals can check with their local postgraduate deanery, professional body and employer for information on local and national courses.

References

1. Royal College of Physicians. Why asthma still kills: the National Review of Asthma Deaths (NRAD) Confidential Enquiry report. London: Royal College of Physicians, 2014. <http://www.rcplondon.ac.uk/sites/default/files/why-asthma-still-kills-full-report.pdf>.
2. Royal College of Physicians.: Wales primary care clinical audit report 2020
3. <https://www.rcplondon.ac.uk/projects/outputs/wales-primary-care-clinical-audit-report-2020>