



Capability framework (basic)

Band 6 / 7 & 8a

Framework description

A practitioner is competent when they possess the skills and abilities required for lawful, safe and effective professional practice without direct supervision. These are often described as a combination of knowledge, skills, motives and personal traits. A capability framework is a collection of competencies that are thought to be central to effective performance.

This capability framework can be used to support individual learning, or assist managers in planning training and development activities for the development of nurses who wish to specialise in the area of perioperative medicine. While it focusses on the older patient, it acknowledges that many of the skills acquired can be applied to patients of all ages.

A framework is just that, a foundation guide to highlight the specific skills and knowledge required to be a perioperative nurse. This capability framework is drawn from real experience and learning in POPS@GSTT and can be used as the foundation to the POPS nurse, AHP and PA course, or to develop bespoke learning tailored to your own working environments.

For staff wishing to progress to advanced clinical practice this framework should be used as an addition to the nationally recognised basic clinical core competencies. These are;

- History taking
- Advanced clinical assessment (including - interpretation of results, differential diagnosis and formulation of basic intervention)
- Non-medical prescribing

Capability framework for practitioners working in perioperative medicine – Summary

	Band 5	Band 6	Band 7	Band 8A
Educational requirements / Qualifications	<ul style="list-style-type: none"> Registered practitioner 	<ul style="list-style-type: none"> (band 5 criteria plus) Mentorship 2 years post graduate experience 	<ul style="list-style-type: none"> (all band 5 & 6 criteria plus) Advanced assessment and physical examination skills course Non-medical prescribing 	<ul style="list-style-type: none"> (all band 5-7 criteria plus) Post graduate qualification at MSc level to include evidence of advanced clinical reasoning
Clinical/direct care practice	<ul style="list-style-type: none"> 80-100% of work is patient facing Holistic care of a complex patient group with direct senior supervision Work within scope of practice 	<ul style="list-style-type: none"> 70% of clinical work is patient facing own caseload with supervision from a nominated senior 	<ul style="list-style-type: none"> 70% clinical work / direct patient management Complex patient management with own caseload with support from nominated senior 	<ul style="list-style-type: none"> 70% clinical work / direct patient management Complex patient management with own caseload / autonomous practitioner
Leadership and collaborative practice	<ul style="list-style-type: none"> Act as a role model for junior members of staff to promote quality patient care Manage a team under supervision from a senior Work as a member of and communicate with the MDT 	<ul style="list-style-type: none"> Participate in local leadership initiatives, advocating and disseminating standards to local services 	<ul style="list-style-type: none"> Participation in local and national bodies, advocating and leading on disseminating of standards to local services Acting up and supporting band 8 in their absence. Provides line manager support to junior team 	<ul style="list-style-type: none"> Management of team Seen as expert in specific field. Providing support and guidance to other individuals or teams. Cross cover senior members of MDT / consultant geriatrician Participation in local and national bodies, advocating, contributing and leading on the local dissemination of national standards
Improving quality and developing practice	<ul style="list-style-type: none"> Be aware of local quality improvement projects and highlight areas for potential improvement to seniors Critically appraise own practice 	<ul style="list-style-type: none"> under supervision, leading on local quality improvement audits and programmes implement changes within the department to improve quality and support junior team development 	<ul style="list-style-type: none"> Participating in service development and audit through QIP and research 	<ul style="list-style-type: none"> Leading on service development and audit through QIP and research
Developing self and others.	<ul style="list-style-type: none"> Actively seek development reviews, opportunities and feedback from seniors and teammates Present at a team level Take an active role in student development Promote public health initiatives when interacting with patients and family 	<ul style="list-style-type: none"> Contribute to staff appraisals Presentation at local levels Proactively seek development opportunities for self and team 	<ul style="list-style-type: none"> Contributing to staff appraisals and educational planning for subordinates Presentation at a national and local level 	<ul style="list-style-type: none"> Design and Implementation of Local and national educational materials and programs pertaining to the specialism of POPS Leading on staff appraisal and career planning Presentation at a national and local level

Perioperative nursing / POPS specialty specific competencies – Practitioner band 6 to 8

	Band 5	Band 6	Band 7	Band 8A
Assessment pathways and models of care		<ul style="list-style-type: none"> Experience of or working within perioperative pathway including pre-assessment clinic 	<ul style="list-style-type: none"> Can describe variances in different models of care and perioperative pathways 	<ul style="list-style-type: none"> Lead on pathway and service development Expert knowledge of perioperative pathway.
Theories of ageing		<ul style="list-style-type: none"> Recognises differences of ageing on impact to general health Evolving knowledge of issues that affect health and ageing 	<ul style="list-style-type: none"> Able to articulate both biological and psychosocial theories of ageing 	<ul style="list-style-type: none"> Expert knowledge that is transferred into practice and influences assessment and planning of care.
Comprehensive geriatric assessment		<ul style="list-style-type: none"> Understanding of nursing / ADL holistic assessment and the evidence of CGA in management of older patients 	<ul style="list-style-type: none"> Demonstrates an understanding of the components and theory of comprehensive geriatric assessment. Applies this into practice to develop individualised care plans. 	<ul style="list-style-type: none"> Presenting nationally and locally on perioperative CGA. Contributing and leading on study / research into benefits of CGA in the patient group living with frailty and/or multi morbidity
Cognitive impairment		<ul style="list-style-type: none"> Basic knowledge on delirium and dementia with signposting to relevant guidance and management strategies. Undergone local mandatory training 	<ul style="list-style-type: none"> Recognises impact of deteriorating cognitive function on health, including capacity to consent. Able to employ strategies to assess and reduce resulting risks (delirium, functional decline, worsening cognitive decline Can appropriately assess and apply local guidance for deprivation of liberty safeguarding issues. 	<ul style="list-style-type: none"> Leading on strategies and education programmes to highlight cognitive, capacity and deprivation of liberty issues pertaining to those who access POPS service. Presenting locally and nationally to educate and inform wider audience.
Multimorbidity		<ul style="list-style-type: none"> Recognition of the impact of age on health with an understanding of the interaction how multiple health issues change health management. 	<ul style="list-style-type: none"> Able to assess and manage recognised and unrecognised disease. Understanding the interaction of multi-morbid disease in the perioperative setting and able to plan individual care utilising local and national guidance. 	<ul style="list-style-type: none"> Is an expert in how the accumulation of disease impact on short and long term health of a person accessing perioperative expertise. Leads on education and strategies, linking with national organisations (AAGBI / AAA / RCN to influence the national agenda.
Understanding Frailty		<ul style="list-style-type: none"> Recognition of frailty with use of appropriate scoring and assessment. Able to explain how frailty impacts health trajectory. 	<ul style="list-style-type: none"> Knowledge of the frailty syndromes, assessment tools to highlight frailty and how frailty impacts on mortality and post-operative outcomes. Is able to initiate strategies to influence frailty progression 	<ul style="list-style-type: none"> Expert in frailty syndromes and their impact in the perioperative setting. Able to detail and implement strategies to affect the trajectory of frailty. Taking a lead both nationally and locally on education in frailty within the POPS arena

	Band 5	Band 6	Band 7	Band 8A
Long term condition and post-surgical complication management		<ul style="list-style-type: none"> Knowledge of common post-operative complications and signposting to national / local guidance on their management 	<ul style="list-style-type: none"> Is able to combine comprehensive assessment alongside national and local guidance to predict postoperative issues and produce plans of care tailored to individual patients. Recognition and integration of frailty, functional and cognitive scores to proactively plan / support functional and cognitive recovery. 	<ul style="list-style-type: none"> An expert supporting the complex, multi-morbid patient in the post-operative period. Leading on complex care plan and coordination of MDT in prioritising care and collaborative advanced decision making.
Discharge provision		<ul style="list-style-type: none"> Can obtain a detailed functional and social assessment to predict potential discharge issues and facilitate proactive discharge planning 	<ul style="list-style-type: none"> Leads on co-ordination of MDT post operatively to proactively plan discharge Can recognise functional needs to direct MDT to appropriate rehabilitation services Aware of local resources and limitations of care available. 	<ul style="list-style-type: none"> Proactively leading on complex discharge decision making and advanced discharge care planning. Knowledge of national strategies and drivers that influence discharge planning. Network of links with multi agency service providers

NURSE / ANP / AHP / PA (BAND 6 and 7)

PROGRAMME IN PERIOPERATIVE MEDICINE FOR OLDER PEOPLE - CURRICULUM

To be used in conjunction with / supported by POPS capability framework

Overall aim

To be able to risk assess, optimise and manage the older elective and emergency surgical patient throughout the surgical pathway

Knowledge

- Demographics and political landscape relevant to the older surgical patient
- National reports and policy drivers relevant to the older surgical patient
- Models and pathways of care for older surgical patients
- Risk assessment of perioperative morbidity and mortality (including use of tools e.g. P-POSSUM and investigations, Cardiopulmonary exercise testing)
- Modification of risk including the use of organ specific national and international guidelines (e.g. European Society Cardiology)
- Use of inter-disciplinary and cross-speciality interventions to improve postoperative outcome (e.g. therapy delivered pre-habilitation)
- Understanding of basic detail of common surgical procedures
- Understanding of basic QIP methodology

Skills

- Clinical assessment with appropriate use of investigations and tools to preoperatively risk assess for perioperative morbidity and mortality
- Communication of risk with health professionals and patients/relatives
- Timely medical optimisation of comorbidity and geriatric syndromes
- Recognition of the unwell post-operative patient, appropriate initial management and involvement of senior assistance
- Understand principles of appropriate allocation of postoperative resources (e.g. use of level 2 and 3 care)
- Decision making regards rehabilitation, and timely and effective discharge pertinent to the surgical patient
- Liaison with patients, anaesthetists and surgeons to ensure shared decision making
- Understanding of ethical and biomedical approaches to ensure appropriate ceilings for escalation of care

Behaviours

- Objectively assess the risk-benefit ratio of surgery for older patients without value-laden judgement through the use of appropriate scoring systems and quantification of disease/comorbidity severity
- Appreciate the importance of collaboration between geriatricians, anaesthetists and surgeons in promoting high quality care

- To develop effective team working behaviours to ensure accountability, efficiency and quality care (e.g between surgical foundation doctors, advance nurse practitioners)

Specific learning methods

- Attend clinics where comprehensive geriatric assessment methodology is used to improve outcomes
- Participate in routine nurse led preassessment and high risk anaesthetic led preassessment of older surgical patients
- Liaison work on surgical wards
- Attend surgical ward multidisciplinary team meetings
- Attend surgical subspecialty teaching sessions
- Design, implement and report QIP

Curriculum - PERIOPERATIVE MEDICINE FOR OLDER PEOPLE

Band 8 (Specialist)

To be used in conjunction with / supported by nurse, AHP, PA capability framework

To know how to risk assess, optimise and manage the older elective and emergency surgical patient throughout the surgical pathway

Knowledge

- Demographics and political landscape relevant to the older surgical patient
- National reports and policy drivers relevant to the older surgical patient
- Models and pathways of care for older surgical patients
- Risk assessment of perioperative morbidity and mortality (including use of tools e.g. PPOSSUM and investigations e.g. Cardiopulmonary exercise testing)
- Modification of risk including the use of organ specific national and international guidelines (e.g. European Society Cardiology)
- Use of inter-disciplinary and cross-speciality interventions to improve postoperative outcome (e.g. therapy delivered pre-habilitation)
- Awareness of impact of introducing ANP to established workforce

Skills

- Comprehensive clinical assessment with appropriate use of investigations and tools to preoperatively risk assess for perioperative morbidity and mortality
- Communication of risk with health professionals and patients/relatives
- Timely medical optimisation of comorbidity and geriatric syndromes
- Appropriate allocation of postoperative resources (e.g. use of level 2 and 3 care)
- Decision making regards rehabilitation, and timely and effective discharge pertinent to the surgical patient
- Liaison with patients, anaesthetists and surgeons to ensure shared decision making with leading of case presentation and MDT meeting.
- Application of ethical and biomedical approaches to ensure appropriate ceilings for escalation of treatment
- Involvement/awareness of local and national surgical audit and quality improvement programmes (eg. NHFD, NELA)
- Identify and discuss the need for of postoperative resources (e.g. use of level 2 and 3 care)

Behaviours

- Objectively assess the risk-benefit ratio of surgery for older patients without value-laden judgement
- Develop confidence in the added value of the periop nurse / AHP role in shared decision making
- Appreciate the importance of collaboration between geriatricians, anaesthetists and surgeons in promoting high quality care

Specific learning methods

- Attend clinics where comprehensive geriatric assessment methodology is used to improve outcomes
- Participate in routine nurse led pre-assessment and high risk anaesthetic led pre-assessment of older surgical patients
- Liaison work on surgical wards
- Attend surgical ward multidisciplinary team meetings
- Attend training days and conferences relevant to the older surgical patient (e.g. POPS training day, RCN perioperative forum, BGS AHP / Nurses group Age Anaesthesia Association meetings)
- Simulation
- Online e-learning modules