Level 1

Level 1 (previously referred to as ‘Observation’) The trainee should be signed off at level 1 before moving to level 2 (where the relevant clinical skill/problem will be undertaken under supervision). The trainee should:

- demonstrate a thorough understanding of the principles of the competence/clinical skill/situation, including the indication for the procedure and the common complications
- be aware that before undertaking any clinical skill under direct supervision that they will have observed the procedure on a number of occasions
- use other methodologies (for example, drills, simulation, e-learning and case-based discussion assessments) if direct experience of the procedure or clinical problem is not possible.

Anchor statement:

‘Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation.’

Level 2

Level 2 (previously referred to as ‘Direct supervision’)

Trainees must be observed directly in different clinical situations before being signed off at level 2. The trainee should:

- perform the clinical skill/manage case under supervision
- be aware that the number of times the competence/clinical skill/situation needs to be supervised depends on the complexity of the case and individual aptitude
- be aware there is therefore no limit to the number of times the procedure can be supervised and there is no advantage in having a module signed up until the trainee and trainer are certain that the trainee can safely perform this procedure in a number of different clinical situations and levels of complexity
- be able to manage any unexpected complications but know when to summon senior help.

Anchor statement:
'The trainee is capable of performing the task or managing the clinical problem but with senior support.'

Level 3

Level 3 (previously referred to as ‘Independent practice’)

The progression to independent practice may be the most difficult for trainees. Once trainees have been signed off at Level 2, they should start the process of performing procedures with less and less supervision, as agreed with a trainer. **To be signed off as ready for independent practice, the trainee should demonstrate the following:**

- the ability and confidence to perform the clinical skill/situation competently when senior staff are not immediately available, e.g. out of the hospital
- a willingness to move on to experiential learning with further case exposure
- a willingness to keep a record of the numbers of cases/procedures subsequently managed (including any complications and their resolution).

Once deemed competent at Level 3, if appropriate, trainees must keep a formal record of the numbers of the procedures they subsequently perform and any complications that arise. They will need this information for revalidation. The necessary log of experience forms can be found in Section 8 of the Training Portfolio.

Remember that competency is a baseline level for safe independent practice with further exposure and experience leading to proficiency and subsequently expertise (the latter will generally be developed post-CCT).

**Anchor statement:**

‘To be deemed competent, the majority of cases are managed with no direct supervision or assistance (senior support will be requested in certain complex cases/complications).’

**Achieving competency using other methodologies**

Trainees may find that there are some rarer clinical presentations contained within the curriculum in which it proves difficult to develop competency. Trainees and trainers should be aware that in such circumstances (and only these circumstances), trainees need not be seen to observe or do the relevant procedure in the clinical environment in order to be
successfully assessed and in order to progress through training. Instead, alternative training methods may be used (drills, simulation, e learning) together with case-based discussion assessments, which should be continued until all requirements at the specific assessment level are met.

When signing off a trainee using the above approach, trainers must mark ‘OM’ i.e other methodology alongside their signature. As a guide for trainees and clinical supervisors, the logbooks are annotated with 'OM' and this highlights examples of competences in which this approach might be reasonably considered. However these are examples and not necessarily the only situations in which the use of other methodologies may be relevant.