

## Advanced Provider Course Regulations

<b>Version:</b>	<b>1.7</b>
<b>Effective date</b>	<b>01 February 2025</b>
<b>Review date</b>	<b>01 November 2029</b>

### Scope

These regulations apply to the courses below and replace all existing regulations for their respective courses. They also cover the different delivery modalities for these courses (e.g. e-courses, modular, and recertification courses):

- ALS – Advanced Life Support Course
- OH-ALS – Out-of-Hospital Advanced Life Support
- ARNI – Advanced Resuscitation of the Newborn Infant Course
- EPALS – European Paediatric Advanced Life Support Course
- NLS – Newborn Life Support Course
- OH-NLS – Out-of-Hospital Newborn Life Support Course.

These regulations **do not** apply to:

- ILS – Immediate Life Support Courses
- PILS – Paediatric Immediate Life Support Courses
- ILSi – Immediate Life Support Instructor Course
- FEEL – Focused Echocardiography in Emergency Life Support Course
- GIC – Generic Instructor Course.

### Purpose

To provide course centres, course centre administrators, course/medical directors and all faculty requirements for running Resuscitation Council UK (RCUK) advanced courses. **The course regulations must be read in conjunction with the advanced course centre contract terms and conditions**, which will have additional responsibilities for the centre and Resuscitation Council UK, e.g. GDPR and data protection law.

### Contact information

Please contact us via our [support system](#) for any queries about these regulations or your course. If your course is within the week, please call us on **020 7388 4678**. Our phone lines are open 10:00-16:00 Monday-Friday (excluding bank holidays).

## **Revisions and updates from the previous version**

- ✓ Merged and revised ALS (May 2021 V1.4), ARNI (May 2022 V2), EPALS (Apr 2021 V1) and NLS (Jul 2021 V1.3) regulations.
- ✓ April 2025 – Updated to reflect new course centre contracts
- ✓ May 2025 – Wording update for clarity to sections: 4.2.1; 6.1.13; 6.2.10; 7.1; 8.1.4-6; 8.3.4; 9.2; 10.2.3
- ✓ May 2025 – OH-ALS added to the scope course list.

## **1 General**

- 1.1 **These regulations must be read in conjunction with your Advanced Course Centre contract terms and conditions.**
- 1.2 All Educators, Course/Medical Directors, instructors and instructor candidates must abide by the [Resuscitation Council UK Code of Conduct](#).
- 1.3 Any profit made from Resuscitation Council UK (RCUK) provider courses should be used only for purposes directly related to resuscitation education and practice.
- 1.4 Instructors must be aware of and follow the recommendations in the [Equal Opportunities policy](#).
- 1.5 Resuscitation Council UK is committed to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards anyone involved in RCUK's courses. RCUK is committed to following the principles and actions as set out in the "[Sexual Safety in Healthcare – Organisational Charter](#)".
- 1.6 Instructors must be aware of and follow the recommendations in "Guidance for managing a candidate whose performance raises serious concerns for patient safety" (available on the Learning Management System (LMS)). This provides guidance on how to assist Course/Medical Directors and faculty where there are concerns about a candidate's clinical safety to the extent that there may be patient safety issues.

## **2 Course centres**

- 2.1 Only approved course centres may run RCUK courses.

## **3 New course centres**

- 3.1 Centres planning their first course must submit a full faculty list (via the LMS) and programme at least six weeks before the course's start date.
- 3.2 The first course run by any course centre must be assessed.
  - 3.2.1 **ALS only:** This first course will have an onsite assessment by an ALS Regional Representative who will be present for the entire course. The course date must be set in liaison with the Regional Representative.
- 3.3 ALS Regional Representatives may teach on the course but must not be counted within the final faculty numbers.
  - 3.3.1 **EPALS, NLS and ARNI only:** The first course will be assessed by the relevant subcommittee during the following subcommittee meeting.

## 4 Course organisation

Throughout these regulations, references to NLS also include references to OH-NLS unless specifically stated.

### 4.1 Pre-course organisation

4.1.1 The maximum/minimum number of candidates permitted on a provider course are:

Course type	Maximum candidate numbers	Minimum candidate numbers
ALS – 2-day, eALS, modular	30	6
ALS – Recertification course	24	NA
ALS – Recertification short course	20 (max 4 candidates per group)	4
ARNI	16	12
EPALS – 2-day course	30 (increase to 34 if accepting recertifying candidates on day two)	6
EPALS – recertification course	30	6
NLS	32	12

- 4.1.2 Course administrators must only create new accounts after checking there are no existing profiles for the candidate. Course administrators are responsible for correctly entering all candidate information when creating their LMS accounts.
- 4.1.3 Candidates with e-learning will receive instant access to their course modules once enrolled.
- 4.1.4 **At least four weeks** before the course start date, candidates must also be given the following:
- ✓ the course assessment forms (ALS and EPALS only)
  - ✓ the course manual
  - ✓ local centre information and provisional programme.
- 4.1.5 Candidates will receive automatic notifications one week before the face-to-face course to remind them that they must access all the e-learning modules (if applicable) and complete the pre-course MCQ (if applicable) before attending the face-to-face course.
- 4.1.6 The LMS will send automatic notifications and reminders to candidates regarding their enrolment, course reminders, course evaluation and certification.
- 4.1.7 Course centres may accept candidates onto their courses within a four-week window. However, centres must ensure that candidates are informed they will have less time to

prepare than other candidates. Candidates must confirm in writing that they are willing to attend on short notice.

- 4.1.8 **NLS only:** If human umbilical cords are to be used, the Course Director must ensure that written consent has been obtained from the parent(s)/those with parental responsibility. For further guidance, please see the sample 'Parental Consent' letter, 'Requirements for the use of umbilical cords' document and 'Cord audit trail' form (optional) on the LMS.
- 4.1.9 **ARNI only:** The course requires the use of medical meat; the Trust/organisation's 'Use of animal tissue in training' and 'Sharps policy' must be followed.
- 4.1.10 **NLS and ARNI only:** Any person attending the course can choose not to handle animal/human tissue, and suitable alternatives should be offered.

## 4.2 Candidate eligibility

- 4.2.1 The course is designed for healthcare professionals who would be expected to apply the skills taught as part of their clinical duties or to teach them on a regular basis.

ALS 2-day course, e-ALS, Modular ALS	Healthcare professionals working in acute care areas (e.g. ED, CCU, ICU, HDU, operating theatres, acute medical admissions units) or on resuscitation/medical emergency/ICU outreach teams. All applicants must hold a professional healthcare qualification or be in training for a professional healthcare qualification. Medical students in their final year of training can be accepted as candidates if this is an established local arrangement.
ALS Recertification course	Individuals must hold an in-date ALS provider course certificate or be within one year after its expiry.
ALS Recertification short course	This course is aimed at experienced clinicians who have previously completed an ALS course and are realistically expected to attend to critically ill patients and manage cardiac arrests regularly. Individuals must hold an in-date ALS provider course certificate or be within one year after its expiry.
Out-of-Hospital ALS (OH-ALS)	The OH-ALS course is designed for healthcare professionals working in the out-of-hospital environment; this includes paramedics, pre-hospital medical staff, and pre-hospital nursing staff expected to deliver advanced life support. All applicants must hold a professional healthcare qualification or be in training for a professional healthcare qualification. Paramedic students in their final year of training can be accepted on this course. Medical students in their final year of training can be accepted as candidates if this is an established local arrangement.

EPALS course	<p>The EPALS course is designed for healthcare professionals who need skills in managing deteriorating paediatric patients and paediatric cardiac arrests. It is for individuals who use skills in advanced paediatric life support as part of their clinical duties, as well as those who teach on a regular basis.</p> <p>All applicants must hold a professional healthcare qualification or be in training for a professional healthcare qualification. Medical students in their final year of training can be accepted as candidates if this is an established local arrangement.</p>
EPALS Recertification course	<p>Individuals must hold an in-date EPALS provider course certificate or be within one year after its expiry.</p>
NLS	<p>The NLS course is designed for healthcare professionals involved in the delivery and care of newborn infants in the out-of-hospital setting. This includes junior/senior medical and nursing staff, midwives, paramedics, resuscitation practitioners, maternity support workers and student midwives. Medical students in their final year of training can be accepted as candidates if this is an established local arrangement.</p>
Out-of-Hospital NLS (OH-NLS)	<p>The OH-NLS course is designed for healthcare professionals involved in the delivery and care of newborn infants. This includes junior/senior medical staff, midwives, paramedics, and nursing staff.</p> <p>All applicants must hold a professional healthcare qualification or be in training for a professional healthcare qualification. Medical students are unable to attend the NLS course.</p>
ARNI	<p>The ARNI course is designed for healthcare professionals involved in the delivery and care of newborn infants in a role more advanced than that of first responder. <b>All candidates must hold a current Resuscitation Council UK NLS provider certificate and should be involved in caring for preterm and sick newborn infants.</b></p> <p>Medical ARNI candidates should be working on tier 2 or 3 (middle grade or consultant) in a post or training programme that may require them to lead a neonatal resuscitation and stabilisation or deal with a neonate receiving intensive care (including operating theatre or transport).</p> <p>Nursing ARNI candidates should be qualified in speciality or Advanced Neonatal Nurse Practitioners.</p> <p>The ARNI course will also be appropriate for others such as experienced paramedics working with newborn transfer teams, senior midwives in charge of a labour ward that regularly deals with complex or extremely preterm pregnancies, resuscitation officers with a significant regular newborn workload and anaesthetists with a newborn or PICU practice.</p>

- 4.2.2 Doctors undertaking clinical attachments who wish to apply for hospital posts where they might be expected to lead a resuscitation team are suitable candidates.
- 4.2.3 A candidate must attend the entire face-to-face element of the provider course to be awarded a certificate. However, if a candidate misses a course element for a legitimate reason but has passed all the assessment components, they may either be allowed to complete the missed element on another course within three months or, at the discretion of the Course/Medical Director, be permitted to pass the course without repeating the missed element. For further guidance or extenuating circumstances, please contact the RCUK Clinical Leads at [courses@resus.org.uk](mailto:courses@resus.org.uk).
- 4.2.4 Alternatively, a candidate may be permitted to complete a missed element on the existing course at the Course Director's discretion. However, this must not detract from their engagement with other elements or from teaching provided to the other candidates.
- 4.2.5 Candidates who have attended the entire course and completed all the assessments will receive the RCUK provider certificate, valid for four years.
- 4.2.6 Candidates with a disability are eligible to undertake RCUK provider courses. Please refer to the [Equal Opportunities Policy](#) for further guidance.
- 4.2.7 Candidates must inform the course centre of any required reasonable adjustments before the start of the course. Course centres should make every effort to accommodate reasonable adjustment requests, where possible. If a candidate requests an adjustment during the course, they must be made aware that it may not be possible to accommodate this request. Please contact an RCUK Clinical Lead for further advice.  
Retrospective adjustments cannot be made after the course.

## **5 Candidate preparation**

### **Course centres must provide the following advice to candidates concerning pre-course preparation:**

- 5.1 Candidates must bring photo identification along to the course/retests to verify their identity; this can include passports, identity cards, a photo-ID driving licence, or a photo-ID work identification badge.
- 5.2 Candidates are expected to have prepared for the course by reading the manual and accessing any associated e-learning modules.
- 5.3 Candidates have a professional responsibility to act with probity. For example, where candidates are given study leave to attend a course and/or have their costs paid by their

employer/educational provider, employers and educational providers have a reasonable expectation that those candidates will prepare adequately for attendance at the face-to-face element of the course.

- 5.4 Candidates should not attend courses if they are going onto a night shift, finishing a night shift or between night shifts. Course/Medical Directors must use their discretion to decide if the candidate can remain on the course.
- 5.5 The pre-course MCQ paper should be completed before the start of the course.  
The resulting mark does not contribute to the final course result.
- 5.6 Centres must not refuse candidates' attendance at the course on the basis that they have failed to complete the pre-course MCQ.
  - 5.6.1 **e-learning courses (only)**
  - 5.6.2 There is no set minimum or maximum time that candidates must spend on the e-learning material. Candidates should undertake the e-learning component at their own pace before attending the face-to-face day.
  - 5.6.3 Course centres **must not** refuse candidates' attendance at the course on the basis that they have failed to access all the e-learning modules.
- 5.7 **Course observers**
  - 5.7.1 Individuals can apply to course centres to observe a course; it is a local decision to accept observers. Observers must have a named individual to support them during the course and must not distract from the teaching delivery.

## **6 Faculty**

- 6.1 **Medical/Course Director requirements**
  - 6.1.1 Each course must be led by a Course Director and Medical Director who take responsibility for the course.
  - 6.1.2 In the absence of a Course Director, the Medical Director can also undertake this role.
  - 6.1.3 The Medical Director must be medically qualified and credible to fulfil the position of medical lead on the provider course:



Provider course	Requirement to be a Medical Director
ALS	Four years post-qualification and taught four courses.
EPALS	Minimum of Associate Specialist grade in a speciality allied to acute paediatrics and taught on four courses.
NLS	Five years post-qualification and taught eight courses.
ARNI	Should have completed a minimum of four ARNI courses.

- 6.1.4 The Course Director and Medical Director must have been approved by RCUK and must be present throughout the course.
- 6.1.5 In exceptional circumstances, course centres may apply for a remote Medical Director. This is a last resort after all options have been considered. Prior approval for a remote Medical Director must be sought from an RCUK Clinical Lead.
- 6.1.6 The Course/Medical Director must ensure that records are kept during the course and are responsible for completing the Course Director's report at the end of the course.
- 6.1.7 The Course/Medical Director must ensure that the faculty are familiar with the current course regulations and course materials which will be available on the LMS.
- 6.1.8 Any incident or concerns should be dealt with locally and documented fully in the Course Director's report. Further guidance and support is available from RCUK.
- 6.1.9 The Medical Director has specific additional responsibilities as outlined in "[Guidance for managing a candidate whose performance raises serious concerns for patient safety](#)" (available on the LMS) during RCUK courses.
- 6.1.10 Applications to become an approved Course Director or Medical Director must be made on the Course Director Application form available on the LMS.
- 6.1.11 The Course Director must be supernumerary; however, they may deliver lectures.
- 6.1.12 The course centre must ensure that all faculty are enrolled on the course before the course commencement date. Any faculty who do not attend or withdraw from the course must be unenrolled.
- 6.1.13 Course centres **must not** accept any faculty member to teach on a course unless they can be enrolled as such on the LMS (this includes ICs progressing to full instructor). Centres should contact the RCUK Course Coordinator for further guidance if needed.
- 6.1.14 **ALS Recertification course only:** No Medical Director is required for the ALS Recertification course. The course must be led by an approved Course Director who is supported by at least one other medical instructor.

## 6.2 General faculty

- 6.2.1 Each course must have a multidisciplinary faculty.

- 6.2.2 A minimum of two members of the faculty must be medically qualified, one of whom may be the Medical Director. Both must be present for the entire course. The second medical member must be a full instructor.
- 6.2.3 At least 50% of the faculty should be present throughout the course.
- 6.2.4 The faculty-to-candidate ratio for each provider course is set as below; any exception to this must be discussed with an RCUK Clinical Lead:

Provider Course	Ratio of faculty to candidates
<b>ALS</b>	One faculty to every three candidates. Instructor candidates are unable to teach on ALS recertification courses.
<b>EPALS</b>	One faculty to every three candidates.
<b>NLS</b>	Each station must have at least two instructors (ideally full instructors). For courses with more than 24 candidates, there should be three instructors to each airway station. One instructor in every eight candidates must be medically qualified. All courses must have at least one midwife and one neonatal nurse.
<b>ARNI</b>	Two instructors to every four candidates. One instructor in every eight candidates must be medically qualified. Every teaching station must have a minimum of two full instructors; in exceptional circumstances, this may be one full instructor and one instructor candidate.

- 6.2.5 The number of instructor candidates (IC) on the faculty must not exceed one-third of the total number of full instructors. Any deviation from this must be discussed, and approval must be sought with an RCUK Clinical Lead.
- 6.2.6 There is no limit on the number of recertifying instructors; however, recertifying instructors must be supported by a dedicated full instructor (mentor) and should not impact skills/simulation assessments of other ICs/recertifying instructors.
- 6.2.7 European Resuscitation Council instructors and ICs are eligible to instruct on RCUK courses.
- 6.2.8 It is recommended that instructors should attend at least one RCUK Instructor Day every four years.
- 6.2.9 **ALS only:** Australian Resuscitation Council ALS instructors and ICs are eligible to instruct on RCUK ALS courses.
- 6.2.10 **EPALS only:** Full ALSG APLS instructors may convert to EPALS instructor status by providing RCUK with evidence of their current (in-date) instructor status, observing an

EPALS course, and completing instructor candidate teaching practices. If the instructor also holds APLS course director status, this can be transitioned accordingly. For full details on the conversion process, please contact the RCUK Course Coordinators.

### 6.3 Instructor teaching requirement

6.3.1 To maintain instructor status, instructors should teach on at least:

Provider Course	Teaching requirement
<b>ALS</b>	Four courses over four years; one course in every two years may be a Generic Instructor Course (GIC).
<b>EPALS</b>	Four courses over four years; this may include: 1 x APLS 2 x PILS 1 x GIC.
<b>NLS</b>	Two courses each year; one course in every two years may be a GIC.
<b>ARNI</b>	Individuals must also be NLS instructors. ARNI and NLS instructors must teach on six days over two years; this must include one ARNI and one NLS course over this period. The remaining three days may be a combination of NLS, ARNI and can include one GIC.

6.4.2 It is recommended that one of these courses should be outside of their home centre.

### 6.5 Instructor recertification

6.5.1 Recertification involves being assessed as an instructor candidate during the delivery of a skill station and a simulation/CASTeach.

6.5.2 The skill station and simulation/CASTeach should be assessed formally using the appropriate forms and by a full instructor.

6.5.3 Instructors must be aware that their provider status is only valid as long as their instructor certificate is in date. Once the instructor certificate has expired, their provider status will no longer be valid.

6.5.4 Instructor certificates are valid for four years. Instructors may recertify within the fifth year if necessary. Those who fail to recertify within this period must complete a [Lapsed Instructor form](#).

6.5.5 Instructors may recertify on the European Resuscitation Council (ERC) equivalent course or Australian Resuscitation Council (ARC) (ALS only) provider courses.

- 6.5.6 Instructors wishing to recertify on the ERC or the ARC courses must notify RCUK before their recertification and ensure recertification assessments are forwarded to RCUK following the course.
  - 6.5.7 Instructors cannot recertify while acting as Course Director or Medical Director unless they are assessed by a course assessor or ALS Regional Representative assessing that course.
  - 6.5.8 If an instructor fails their recertification attempt, advice must be sought from an RCUK Clinical Lead.
  - 6.5.9 It is recommended that instructors should keep a professional development record (PDR) of their teaching for their own development. A template form is available on the LMS.
  - 6.5.10 **ALS only:** Instructors wishing to recertify can do so on any ALS course type except the ALS recertification short course.
  - 6.5.11 **NLS only:** Recertifying instructors must complete the “Appraisal form for recertifying instructors” (available on the LMS) to confirm their ongoing exposure to resuscitation at birth and recertification eligibility. This form must be submitted to the course centre for approval before the recertifying instructor is accepted onto the course; additional support and guidance can be sought from RCUK.
  - 6.5.12 **ARNI only:** The recertifying instructor must confirm their ongoing neonatal clinical practice and current NLS instructor status.
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- 6.6 **Lapsed Instructors**
  - 6.6.1 Instructors who have not maintained their instructor status by teaching the required number of courses must complete a [Lapsed Instructor form](#) and submit it to the relevant RCUK Course Coordinator.
  - 6.6.2 Once reviewed and agreed upon, the lapsed instructor will revert to instructor candidate status.
  - 6.6.3 It is rare for lapsed instructors to be asked to attend a GIC; however, in preparation for their teaching practices, they may be given access to the online GIC modules.
  - 6.6.4 Full instructor status will be achieved after completing two teaching practices. Once this has been achieved, their instructor status will be reinstated and valid for four years from the completion date of their second assessment.
  - 6.6.5 If a lapsed instructor chooses to undertake a provider course and is not nominated as an instructor potential, they cannot progress to instructor candidate or instructor status.
  - 6.6.6 If the lapsed instructor has not recertified within the required period, the LMS will remove their instructor status from the LMS.

## 6.7 Retired Instructors

- 6.7.1 Instructors who have retired from their clinical role can continue to teach if they have maintained their professional registration (doctors can relinquish their licence to practice but must retain their GMC registration).
- 6.7.2 Retired instructors may continue to teach until their recertification date; at this point, they must ensure they are clinically credible to recertify as outlined in the credibility of the instructor potential appraisal form; this must be documented on the CD report.

## 7 Programme

- 7.1 Within the programme, the number of groups for each station is given as a guide. Centres may increase the number of groups if they have sufficient faculty, space and equipment, but must not exceed the maximum number of candidates.
- 7.2 The simulations/CASTeach sessions must be run sequentially so that all groups work through the simulations in the order designated in the standard programme.
- 7.3 Skills stations can be run concurrently with other skills stations if there is a lack of specialist equipment.
- 7.4 The skill stations, workshops, simulations/CASTeach stations must be led by a full instructor or a recertifying instructor or instructor candidate under the direction of a full instructor.
- 7.5 RCUK provides all the course materials on the LMS. Course Directors must ensure that the latest versions of materials are used and presented in the most appropriate format.
- 7.6 Limited additional teaching material may be provided by course centres on the understanding that it is appropriate and clinically relevant; this needs to be pre-authorised by an RCUK Clinical Lead before the course and detailed within the Course Director's reports.
- 7.7 The Course Director is responsible for ensuring suitable faculty allocations for the lectures; this should include instructor credibility and knowledge base.
- 7.8 The course centre must supply, as a minimum, the equipment detailed in the 'Equipment list'.
- 7.9 **NLS only:** in exceptional circumstances, a programme based on 32 candidates can be run with four groups of eight candidates and five testing stations.
- 7.10 **NLS only:** When considering lectures, the physiology lecture is not suitable for an instructor candidate to deliver; ideally, this should be delivered by a senior experienced instructor.
- 7.11 **NLS only:** Simulation running order may be changed to facilitate specialist equipment, e.g. preterm manikins.

## 8 Assessment

### 8.1 All courses

- 8.1.1 As part of the pre-course information, centres must advise candidates travelling from overseas or long distances to plan accordingly when booking onto courses; this includes sufficient time to undertake re-tests.
- 8.1.2 RCUK is unable to facilitate online re-test assessments for the post-course MCQ.
- 8.1.3 Candidates must be made aware that re-tests do not need to be taken on planned course dates but can be offered at any RCUK centre (for the relevant course) at any agreed date/time. These must be facilitated in the same way as a standard assessment.
- 8.1.4 All primary CASTests, simulation assessments, and airway tests must be offered in full and not terminated unless the candidate fails to progress within a reasonable timeframe (see relevant instructor guidance for specific information).
- 8.1.5 All CASTests, simulation assessments, and airways tests must be delivered with appropriate faculty:

Course	Minimum Faculty
<b>ALS</b>	1 full instructor, 1 second instructor (full or IC), +/- trained assistant.
<b>EPALS</b>	1 full instructor, 1 second instructor (full or IC), +/- trained assistant. Additional faculty may be needed for the trauma simulation assessments.
<b>NLS</b>	1 full instructor, 1 second instructor (full or IC).

- 8.1.6 Only a qualified instructor or instructor candidate (under supervision) may lead the simulation and assess the candidate.
- 8.1.7 **ALS/EPALS only:** all first re-tests must be offered in full to enable appropriate feedback. If a candidate is offered the second (and final) re-test, this may be terminated if the candidate fails to achieve any 'bold' criterion.

### 8.2 ALS Course Assessments

- 8.2.1 **Components:** The ALS course includes four assessment components: associated resuscitation skills, high-quality CPR and defibrillation, CASTest, and MCQ.
- 8.2.2 **Skills Assessment:**
- ➔ Skills are assessed continuously during skills stations, supervised by qualified instructors.
  - ➔ Candidates failing to demonstrate competency may practice and be reassessed during other sessions.
  - ➔ Candidates who do not pass the skills by the time of the CASTest will fail the course.

#### 8.2.3 **8.1.4 CASTest:**

- ✓ All candidates are initially tested using a standardised simulation decided by the Course/Medical Director.
- ✓ Re-tests must use different simulations led by a different instructor group. Ideally, the Course Director or Medical Director should oversee re-tests.

#### 8.2.4 **CASTest Re-test:**

- ✓ Candidates failing their initial CASTest are entitled to a re-test.
- ✓ If failed again, candidates may take a third and final CASTest within three months or be advised to retake the entire course. This decision should be documented in the course director's report, and the candidate must receive a fail letter.

### 8.3 **EPALS Course Assessments**

8.3.1 **Components:** The EPALS course includes three assessment components: paediatric BLS with high-quality CPR, simulation assessment, and MCQ.

#### 8.3.2 **Skills Assessment:**

- ✓ Skills are assessed continuously during skills stations, supervised by qualified instructors.
- ✓ Candidates failing to demonstrate competency may practice and be reassessed during other sessions.
- ✓ Candidates who do not pass the skills by the time of the simulation assessment will fail the course.

#### 8.3.3 **Simulation Assessment:**

- ✓ All candidates are assessed using a standardised simulation selected by the Course/Medical Director.
- ✓ Assessments are supervised by at least one full instructor and another qualified faculty member (e.g. an IC).

#### 8.3.4 **Simulation Assessment Re-test:**

- ✓ Candidates failing their initial simulation assessment are entitled to a re-test using the alternative simulation assessment from the same group.
- ✓ If failed again, candidates may take a third and final simulation assessment within three months or be advised to retake the entire course; this decision must be documented in the course director's report, and the candidate must receive a fail letter. Third simulation assessments must be chosen from one of the remaining simulation groups.

## 8.4 NLS Course Assessments

8.4.1 **Components:** The NLS course includes two assessment components: the airway test and MCQ.

### 8.4.2 Airway Test:

- ✓ The test must be supervised by at least one full instructor and another faculty member.
- ✓ Candidates are entitled to one immediate re-test if they fail.
- ✓ Failure of the airway re-test will result in an overall failure of the course.

## 8.5 ALS, EPALS and NLS MCQ assessments.

8.5.1 MCQ papers must not be shared outside of the course.

8.5.2 Candidates must complete their assessments within the following time limit with the following pass mark.

8.5.3 Candidates with Dyslexia are entitled to an additional 25% time for their MCQ.

8.5.4 MCQs must be conducted under exam conditions with an invigilator present.

Course	Time limit	Total time for candidates with dyslexia (rounded up)	Pass mark
ALS	60 minutes	75 minutes	75%
EPALS	45 minutes	57 minutes	74%
NLS	30 minutes	38 minutes	80%

### 8.5.5 MCQ Re-test:

8.5.6 Candidates who fail only the MCQ can re-sit the examination paper within three months; failure to pass this re-test will result in failing the course.

8.5.7 **ALS only:** candidates must re-sit using the alternative MCQ paper.

## 8.6 ARNI Course Assessments

8.6.1 **Components:** The ARNI course includes four assessment components: communication with parents, face mask ventilation, advanced airway skills, and simulation stations.

### 8.6.2 Airway Assessment:

- ✓ Candidates must pass both airway skill stations, supervised by at least one full instructor and another faculty member.
- ✓ Failing candidates will receive feedback and may retake the assessments before the end of the day.



### 8.6.3 **Airway Assessment Re-test:**

- Candidates failing the airway skill stations may retest on the same day with a different instructors.
- Failing the re-test means the candidate will have failed the course.

## 8.7 **Certification**

- 8.7.1 Only official RCUK certificates may be issued for completed courses; **no other certificate or letter of completion must be given to candidates at the end of the course.**
- 8.7.2 With the exception where a candidate may not yet have paid for their course, course centres must not withhold certificates for any reason. Where an employer has paid for the course, the certificate must be released to the candidate.

## 9 **Candidate recertification**

- 9.1 Advanced provider course certificates are valid for four years.
- 9.2 Candidates can recertify by undertaking the following courses below:

Provider course	Recertify by attending
<b>ALS</b>	2-day, eALS, modular, Recertification course, Recertification short course.
<b>EPALS</b>	2-day, EPALS recertification course.
<b>NLS</b>	1-day
<b>ARNI</b>	2-day

- 9.3 Candidates can attend a recertification course up to one year after their provider course certificate has expired.
- 9.4 Recertifying candidates can be considered for instructor potential (IP) when attending any course type; however, if a candidate has failed to be nominated as an IP, they can re-attempt to gain IP status **six months** after their previous course.

## 10 **Instructor Potential (IP)**

- 10.1 The IP selection process is a devolved responsibility from RCUK to course centres. RCUK instructors are valued volunteers of the organisation; therefore, any final decision regarding an instructor potential nomination remains with RCUK.

## **10.2 Credibility and nomination process**

- 10.2.1 Candidates who show exceptional ability, aptitude and credibility may be considered for instructor training.
- 10.2.2 Candidates are eligible for consideration for instructor training only after being nominated and seconded by instructors at the final faculty meeting. The whole faculty should then discuss each nominated candidate's performance using the IP appraisal form and guidance (available on the LMS).
- 10.2.3 For candidates who express an interest in becoming instructors before or during the course, an IP appraisal form must be completed in all cases and retained if the candidate is unsuccessful. In addition to putting themselves forward, candidates must still be formally nominated or seconded and reach the required score.
- 10.2.4 Recommendations for instructor potential should be determined by a majority vote of the faculty present, with only those who have directly observed the candidate's performance eligible to vote. The Course Director must oversee the process and will hold the casting vote in the event of a deadlock.
- 10.2.5 IPs should be encouraged to attend a Generic Instructor Course (GIC) as soon as practicable after their nomination but are eligible to undertake the GIC as long as they have a valid provider certificate (i.e. within four years of the date of the course where they gained their IP recommendation).
- 10.2.6 Physicians Associates, Anaesthetic Associates and Clinical Physiologists can be considered for IP status. These individuals must have an appropriate voluntary registration and be in employment within the healthcare system.
- 10.2.7 All IP Appraisal Forms must state the candidate's professional healthcare registration number.
- 10.2.8 All IP recommendations must be marked clearly on the result sheet and named individually in the Course Director's report.
- 10.2.9 Those recommended as having IP must be informed as soon as possible after the course. Information regarding the IP process will be sent via the LMS once the post-course tasks have been completed and the relevant Course Coordinator has verified the IP status.
- 10.2.10 Course centres must not issue any local paperwork/letters to candidates regarding their course outcome other than those available on the LMS (where applicable).
- 10.2.11 Those recommended as having IP status and who have completed an approved GIC (or ATLS/ATNC) may proceed directly to instructor candidate (IC) status.

- 10.2.12 Candidates who have an ATLS/ATNC instructor course certificate must contact the GIC Coordinator and provide a copy of their certificate before undertaking their IC placements.
- 10.2.13 Candidates who have an ERC GIC certificate can undertake their IC placements on RCUK courses. These candidates must provide RCUK with a copy of their GIC certificate before undertaking their IC placements.
- 10.2.14 The AHA Instructor certificate is not valid for entry at instructor candidate level.
- 10.2.15 Candidates deemed appropriate for IP nomination but fail their initial MCQ paper are eligible to hold the nomination until they have undertaken their MCQ re-sit.
- 10.2.16 **ALS/EPALS only:** Those candidates who are already instructors on another recognised RCUK provider course should be identified by the Course Director at the earliest opportunity. Should they express a wish to become an ALS/EPALS instructor, they do not need to be nominated or seconded but should be assessed using the IP appraisal form.
- 10.2.17 **ALS only:** Medical candidates can be recommended during their FY1 training year.
- 10.2.18 **ALS only:** Candidates who show potential and credibility but are not suitable for ALS IP selection may also be considered and nominated for Immediate Life Support (ILS) Instructor training and should be encouraged to apply for the Immediate Life Support Instructor Course.
- 10.2.19 **EPALS only:** Medical candidates recommended for instructor potential must have completed FY2 level and have exposure to paediatric patients within their clinical placement.
- 10.2.20 **EPALS only:** Candidates who show potential and credibility but are not suitable for EPALS IP selection may also be considered and nominated for Paediatric Immediate Life Support (PILS) Instructor training and should be encouraged to apply for the Immediate Life Support Instructor Course.
- 10.2.21 **NLS only:** Nominees must be registered professionals with regular exposure to and professional hands-on experience of resuscitation at birth. Candidates in posts not directly involved with newborn babies on a regular basis require confirmation of credibility by the Course Director. This must be included in the Course Director's Report and the IP Appraisal Summary Form. Where it is unclear, further evidence will be requested in the additional supporting evidence for selection.
- 10.2.22 **NLS only:** Medically qualified instructors will be expected to have their MRCPCH or to be providing second-tier medical cover for the labour ward.
- 10.2.23 **NLS only:** The Scottish Resuscitation of the Newborn Course (SNRC) Instructor certificate is not valid for entry at instructor candidate level.
- 10.2.24 **ARNI only:** Only current NLS instructors will be considered for instructor status.

- 10.2.25 **ARNI only:** Only registered professionals with regular exposure to and sufficient professional experience of resuscitation at birth or in a neonatal intensive care setting may be considered for ARNI IP status.
- 10.2.26 **ARNI only:** Medically qualified instructors will usually be expected to have two years of experience providing second-tier coverage for the labour ward or NICU or be enrolled in a higher specialist training (HST) post for neonatology. As a HST in neonatology, the IP nomination will stand, and IC teaching practices may be arranged during the rotation through critical care.
- 10.2.27 **ARNI only:** NMC-registered health professionals must have neonatal specialist qualifications.
- 10.2.28 **ARNI only:** Rarely, an ARNI candidate may be nominated for IP status, having recently been nominated as an NLS IP or whilst being an NLS IC. In this instance, the nomination will stand, and the individual may pursue their ARNI ICs upon completing four courses as an NLS full instructor.

## **11 Instructor candidate (IC) regulations**

### **11.1 General**

- 11.1.1 Instructor status requires a candidate to:
- successfully complete a provider course and be nominated as having instructor potential
  - successfully complete a GIC (or have completed a recognised equivalent)
  - successfully completed two teaching practices as an IC.
- 11.1.2 Candidates cannot undertake their provider, GIC and teaching practices at the same centre. A maximum of two of the three elements may be completed at the same centre. Please note that teaching practices count as one element. For example, if a candidate completes their provider course and GIC in 'centre A', they CANNOT complete either IC in 'centre A'. Exceptional circumstances must be discussed with an RCUK Clinical Lead.
- 11.1.3 All ICs have two years after successful completion of the GIC to undertake their IC placements. If a candidate is already an instructor or IC, they should complete their teaching practice(s) within two years of either their provider course or appropriate instructor course. Where exceptional circumstances prevent this, the IC should contact a Clinical Lead for advice.

- 11.1.4 After completing the GIC successfully, all ICs must undertake two teaching practices before full instructor status is granted and a certificate issued. Instructor candidates must be able to provide a copy of the GIC logbooks (printed or digital) to all teaching practices.
- 11.1.5 If the provider Course Director and faculty recommend unanimously after the first teaching practice that a second assessment is unnecessary, full instructor status will be approved by RCUK upon receipt of the Course Director's report.
- 11.1.6 ICs must NOT teach on the recertification course.
- 11.1.7 The IC must attend the entire provider course, lead a skill station, lead a simulation/CASTeach station, and be involved in an assessment station. They must not lead a session unsupervised. They may give a lecture; however, this is optional and must not be included as part of their formal assessment.
- 11.1.8 ICs are encouraged to lead CASTest/simulation tests and re-test under supervision from a full instructor.
- 11.1.9 It is strongly recommended that the ICs attend all lectures.
- 11.1.10 The IC assessment forms must be completed by a full instructor nominated by the Course Director. These assessments must be discussed with the IC, and a copy of the forms must be emailed with the course returns.
- 11.1.11 If the faculty decides a third teaching practice is required, this must be documented in the Course Director's report and discussed with the RCUK Clinical Leads to authorise the request. The decision to offer a third IC will only be granted in exceptional circumstances.
- 11.1.12 If the instructor candidate does not pass the final teaching practice, the Course Director must refer the instructor candidate to RCUK for further advice.
- 11.1.13 After successfully completing their IC teaching practices and reviewing the course paperwork, the IC's LMS account will be updated to reflect their instructor status.
- 11.1.14 **ALS Only:** In exceptional circumstances, it may be possible for the IC to complete one teaching practice on an Australian Resuscitation Council (ARC) ALS provider course. ICs wishing to do so must contact RCUK before making any arrangements.

## **12 Post-course requirements**

- 12.1 The 'final faculty' list, 'candidate results sheet and 'Course Director's report' must be completed on the LMS within **one week** of the course date.
- 12.2 The course centre must email the following to RCUK within **one week** after the course, all of the following:

- ✓ programme (including full details of instructor and IC allocations for assessment stations)
- ✓ IC and instructor recertification forms
- ✓ IP appraisal forms.

12.3 It is the responsibility of the original course centre to enter any re-test results on the LMS and release the candidates' certificates.