



ACCP Membership Application Form

This application form is **ONLY** for use by **Advanced Critical Care Practitioners (ACCPs)** who are employed in the role of ACCP, and who:

- a) have satisfactorily completed appropriate Advanced Critical Care Practitioner training to a minimum of PG[Dip] level (see appropriate modules), with the expectation of completion of a full MSc within the last 5 years; and
- b) have successfully completed an ACCP training programme with the FICM ACCP Curriculum 2015 core knowledge, skills and competencies, and
- c) carried out a minimum of 2 years supernumerary practice as a trainee ACCP and
- d) are in career posts functioning as Advanced Critical Care Practitioners and wish their experience to be considered. **Please read the Regulations in Appendix D before completing the form.**

The application form must be submitted electronically. Please complete in full using the electronic version of the document. Do not alter the format. **Submit the form to contact@ficm.ac.uk.** Large applications should be electronically zipped before sending. The submission will be acknowledged by return email. Hard copies will **not** be accepted.

Please read the guidelines in this form carefully and note the supporting documentation required for your application to be considered. Where supporting documents are needed from a referee, please ensure that these are *scanned* versions of signed letters.

Part 1: Personal Details

| | | |
|---|--------------------------------|-------------------------------|
| 1.1 Title | 1.2 Last name | 1.3 First name(s) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1.4 Full address (you must include postcode) | | 1.5 Telephone number (Home) |
| <input type="text"/> | | <input type="text"/> |
| | | 1.6 Telephone number (Work) |
| | | <input type="text"/> |
| | | 1.7 Telephone number (Mobile) |
| | | <input type="text"/> |
| 1.8 Gender | 1.9 Date of birth (DD/MM/YYYY) | 1.10 Email address |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1.11 NMC / HCPC Registration Number | 1.12 Expiry date | |
| <input type="text"/> | <input type="text"/> | |

Part 2: Supporting Evidence

All applications must be accompanied with the following pieces of supporting evidence:

- Signed Clinical Supervisor Confirmation (see *Appendix A*) from the trust in which you completed your training.
- Signed Clinical Director Confirmation (see *Appendix B*) from the trust in which you are currently employed. This may be the same trust as where you were trained.
- Signed ACCP Programme Lead ACCP/ Director Confirmation (see *Appendix C*) from the trust in which you are currently employed.
- Abbreviated CV (no more than 2 sides of A4).

Part 3: Applicant's Declaration

I wish to have my application for Membership of the Faculty of Intensive Care Medicine considered by the Board of the Faculty of Intensive Care Medicine.

I have enclosed all documentation as detailed in Part 2 of the Application Form.

I agree that the Board of the Faculty of Intensive Care Medicine may seek any further information that it considers is relevant to my application, and that my personal details may be made available to a third party(ies), as required, for the purposes of considering my application.

I understand that before an assessment of my application can proceed, the requisite supporting evidence must have been received by the Board.

I confirm that, to the best of my knowledge, all of the information that I have provided in this application represents a true and accurate statement. I understand that any serious misrepresentation or false information supplied with the intention to mislead is a probity issue that may be reported.

I agree that the information provided by me may be processed, in accordance with the General Data Protection Regulation (GDPR), for legitimate purposes connected with my application.

Data Protection Statement

The Faculty of Intensive Care Medicine is part of the Royal College of Anaesthetists. The linked [Data Collection Policy](#) applies to all personal data handled by the College, including its Faculties. The FICM relies on legitimate interests as the lawful basis for processing of personal data. We process and maintain personal data about you so that we can manage your membership, provide you with appropriate products and services and share information with you about FICM activities.

We will only use your information for the purposes as described and will not pass on your details to other third parties unless you have given us consent to do so.

We use appropriate organisational and technical measures to ensure that your data are secure and protected from loss, misuse and unauthorised access or alteration.

You have the right to ask for a copy of the information we hold about you and to have any inaccuracies in your information corrected. If you have any questions about data protection or require further information, please email contact@ficm.ac.uk

3.1 Name of applicant

3.2 Signature of applicant*

3.3 Date declaration signed (DD/MM/YYYY)

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

* *Signature*: Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.

| | |
|---|--|
| Advanced Life Support (ALS) to provider level Date passed | <input type="checkbox"/> |
| Full Supernumerary trainee ACCP post for 2 years During the above 2-year period the trainee: <ul style="list-style-type: none"> • Had no additional clinical responsibilities outside of ACCP training • During clinical attachments, was based within the Critical Care medical/ACCP team | <input type="checkbox"/> <input type="checkbox"/> |
| Completion of Annual Review of Competence Progression (ARCP) for each year as per FICM ACCP Handbook, comprising of the following: Year One Date <input style="border: 1px solid orange;" type="text"/> (DD/MM/YYYY) Year Two Date <input style="border: 1px solid orange;" type="text"/> (DD/MM/YYYY) (NB: confirmation of this detail may be requested and should be available to present): <ul style="list-style-type: none"> 1 x Multi-Source Feedback (per year) 2 x Case Based Discussions (per year) 2 x Mini Clinical Evaluation Exercise (per year) 8 x Direct Observation of Procedural skills (per year) 4 x Acute Care Assessment Forms (per year) 1 x Expanded case summary – 2000 words min (per year) Completed logbook of procedures 2 x records of reflective practice (per year) Log of all CPD activity | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Signature*

Date (DD/MM/YYYY)

| | | | |
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Details of Clinical Supervisor in case further information is required:

Email address (es):

Telephone number(s):

* Signature: Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.

Appendix B: Clinical Director Confirmation

This confirmation must be completed and signed by the applicant's current Clinical Director to confirm the applicant's current clinical commitment in the NHS.

I (Clinical Director)

of (work address)

verify that (name of applicant)

is a substantive ACCP with contracted clinical commitments across 24/7 to the medical workforce of Critical Care.

I realise it is a probity issue for me to sign this confirmation without having understood the standard identified in those competencies and/or for signing the confirmation of an applicant who does not reach the standard.

Please ensure each competency above is assessed and ticked; failure to do so will result in the form being returned.

Signature*

Date (DD/MM/YYYY)

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Details of Clinical Director in case further information is required:

Email address (es):

Telephone number(s):

* *Signature: Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.*

Appendix C: ACCP Programme Director/Lead ACCP Confirmation

This confirmation must be completed and signed by the ACCP Programme Director / Lead ACCP in the applicant's current trust. This may be the same person as the Clinical Supervisor (Appendix A).

I (ACCP Lead)

of (name of Region)

at (work address)

support the application for FICM ACCP Membership of

(name of applicant)

I realise it is a probity issue for me to sign this confirmation without having understood the standard identified in those competencies and/or for signing the confirmation of an applicant who does not reach the standard.

Please ensure each competency above is assessed and ticked; failure to do so will result in the form being returned.

Signature*

Date (DD/MM/YYYY)

| | | |
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* *Signature: Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.*

Appendix D: Faculty Regulations – ACCP Membership

Excerpted from the *Regulations of the Faculty of Intensive Care Medicine*:

14.1 The applicant must:

- a) be a registered nurse / physiotherapist / paramedic (regulated health care professional with authority from regulator to carry out independent prescribing) in substantive employment in the NHS as an Advanced Critical Care Practitioner with a contracted clinical commitment to Critical Care Medicine.
- b) have satisfactorily completed such a period of training (**2 years minimum supernumerary in trainee ACCP post**) supplemented by a personal portfolio as may from time to time be requested and should be available for inspection by the Faculty
- c) be a fit and proper person and be in good standing with the NMC / HCPC holding current up to date registration
- d) have otherwise satisfied the Faculty as to their suitability by the submission of appropriate paperwork relating to the form of application as specified by the Faculty assessors

14.2 The application will be reviewed by the Faculty and, if approved, a certificate of Membership will be sent to the applicant.

14.3 Membership does not confer any eligibility to be listed on the United Kingdom Specialist Register or other formal register.