

**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:**

1. have satisfactorily completed appropriate Advanced Critical Care Practitioner training to a minimum of PG[Dip] level (see appropriate modules), within the last 5 years; and
2. have successfully completed an ACCP training programme with the National Competency Framework (2008) core and common competencies, and;
3. carried out a minimum of 2 years supernumerary practice as a trainee ACCP and;
4. 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](mailto: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)

1.4 Full address (you **must** include postcode) 1.5 Telephone number (*Home*)

1.6 Telephone number (*Work*)

1.7 Telephone number (*Mobile*)

1.8 Gender 1.9 Date of birth (*DD/MM/YYYY*) 1.10 Email address

1.11 NMC / HCPC Registration Number 1.12 Expiry date

**Part 2: Supporting Evidence**

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

* Signed Clinical Supervisor Certificate (see *Appendix A*) from the trust in which you completed your training.
* Signed Clinical Director Certificate (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 / Director Certificate (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](https://www.ficm.ac.uk/data-protection-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](mailto:contact@ficm.ac.uk)

3.1 Name of applicant 3.2 Signature of applicant**\***

3.3 Date declaration signed (*DD/MM/YYYY*)

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

**Appendix A: Clinical Supervisor Certificate**   
  
  
**This certificate must be completed and signed by the Clinical Supervisor of the applicant who supervised their period of training. This certificate is to confirm the applicant’s training status.**

I (Clinical Supervisor)

of (work address)

verify that (name of applicant)

**has successfully completed a UK ACCP training scheme, achieving competencies set out in the FICM Curriculum (2014) or as aligned to the National Competency Framework for ACCPs (2008) as listed below. I realise it is a probity issue for me to sign this certificate without having understood the standard identified in those competencies and/or for signing the certificate of an applicant who does not reach the standard. Please ensure each competency below is ticked; failure to do so will result in the form being returned.**

|  |  |
| --- | --- |
| **Clinical core competences** | |
| Resuscitation and first stage management of the critically ill patient |  |
| Interpretation of clinical data and investigations in the assessment and management of critical care patients |  |
| Diagnosis and disease management within the scope of critical care |  |
| Therapeutic interventions/organ system support |  |
| Practical procedures |  |
| Peri-operative care |  |
| Patient comfort and psychological care |  |
| Discharge planning and rehabilitation |  |
| End of life care |  |
| Patient transport |  |
| **Professional core competences** | |
| Patient safety and healthcare governance |  |
| Health system management |  |
| Professionalism |  |
| **Leadership core competences** | |
| Professional relationships with members of the healthcare team |  |
| Development of clinical practice |  |
| **Teaching and supervising core competences** | |
| Participates in multidisciplinary teaching and assessments of others |  |

**I can confirm that, in addition, the following standards have been met:**

|  |  |
| --- | --- |
| Advanced Life Support (ALS) to provider level |  |
| PGdip level study relevant to ACCP practice inclusive of modules below (or equivalent), within the last 5 years:  Core skills for Advanced Critical Care Practitioners  Advanced History Taking  Clinical Examination  Research |  |
| Non-medical Prescribing module with a recognised HEI |  |
| Full Supernumerary trainee ACCP post for **2 years** |  |
| Completion of Annual Review of Competence Progression (ARCP) for each year, comprising of the following:  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 |  |

Signature\* Date (*DD/MM/YYYY*)

**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 Certificate**  
  
  
**This certificate 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 to Critical Care.

Signature\* Date (*DD/MM/YYYY*)

**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 Certificate  
  
  
This certificate must be completed and signed by the ACCP Programme Director / Lead 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 Associate Membership of

(name of applicant)

Signature\* Date (*DD/MM/YYYY*)

\*  *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:

1. 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.
2. have satisfactorily completed such a period of training (2 years minimum supernumerary in trainee ACCP post) or its equivalent (supplemented by a personal portfolio) as may from time to time be prescribed by the Faculty;
3. be a fit and proper person and be in good standing with the NMC / HCPC
4. 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.