# **A black background with blue text AI-generated content may be incorrect.**

# **Donation after Circulatory Death (DCD) Professional Standards Framework**

The performance of an FICM registered ACCP, during the training period of the DCD Additional Advanced Skills Framework, will be recorded within this Professional Standards Framework (PSF).

Two summative PSF assessments are required.

* One in a simulated environment (with satisfactory performance)
* A second in clinical practise (with satisfactory performance)

Record of a Supervised Learning Event (SLE) following the clinical practise event is also required with evidence of satisfactory performance.

# Donation after Circulatory Death (DCD)

|  |  |  |
| --- | --- | --- |
| **ACCP Surname** |  | |
| **ACCP Forename (s)** |  | |
| **NMC/HCPC number** |  | **Number must be completed** |

|  |  |  |
| --- | --- | --- |
|  | **Satisfactory / Unsatisfactory** | **If yes, please describe how and when this need was met.**  **If no or in progress, please explain why not or how the need is progressing.** |
| **Diagnose death using circulatory criteria (5 minutes of observed loss of cardiac output and apnoea followed by testing for loss of pupillary reflexes to light, loss of corneal reflexes and absent response to supra-orbital ridge pressure) in a safe and timely fashion** |  |  |
| **Accurately documents the diagnosis of death** |  |  |

|  |  |
| --- | --- |
| **Observed by** |  |
| **GMC/NMC Number** |  |
| **Profession/Grade** | **Date** |
| **Signature of observing clinician** | |

***Please complete this form in BLOCK CAPITALS and BLACK ink***

# **Supervised Learning Event Form**

|  |  |  |
| --- | --- | --- |
| **ACCP Surname** |  | |
| **ACCP Forename (s)** |  | |
| **NMC/HCPC number** |  | **Number must be completed** |

|  |  |
| --- | --- |
| **Description of Procedure** | **Diagnosis of Circulatory Death** |
| **ACCP summary notes of case** |  |

|  |  |
| --- | --- |
| **Observed by** |  |
| **GMC/NMC Number** |  |
| **Profession/Grade** | **Date** |
| **Signature of supervising clinician** | |

**Clinical Setting (check one option only):**

**Critical Care Anaesthetic Room**

|  |  |
| --- | --- |
| **Summary of discussion between ACCP and trainer:** |  |

|  |  |
| --- | --- |
| **ACCP notes and reflections on the learning from procedure:** |  |

|  |  |
| --- | --- |
| **Examples of good practice were:** |  |
| **Areas of practice requiring improvement were:** |  |
| **Agreed plan to develop on any areas of practice requiring improvement:** |  |

**Comments on specific aspects of performance** (if relevant)

|  |  |
| --- | --- |
| **Suggested level of performance / global impression (see** [**Capability Level Descriptors**](https://www.ficm.ac.uk/sites/default/files/icm_curriculum_supporting_excellence_v1.0.pdf#page=39) **in the ICM Curriculum for reference)** | Exceeds level of competence expected  Meets level of competence expected  Is below the competence standard required for this additional advanced skills framework process |

# **Reflective Account Form – DCD**

Completing a reflective account about DCD confirmation can be used as part of your revalidation cycle demonstrating that you are meeting the needs of the NMC Revalidation Process, HCPC CPD guide and Good Medical Practice.

|  |  |
| --- | --- |
| **Discussion topic****Organ Donation** |  |
| **Key lessons learnt** |  |

|  |  |
| --- | --- |
| **Name of reviewer** |  |
| **NMC/HCPC/GMC number** |  |
| **Signature** |  |