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## Advanced Critical Care Practitioners

# CPD & Appraisal Pathway

The Faculty of

# Intensive Care Medicine



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manager/ supervisor and the second appraiser should be the local ACCP Clinical Lead or deputy.

### **Appraisal documentation**

All documentation must be presented to both appraisers at least 48hrs prior to the appraisal meeting. Within certain sections, the information recorded may be added to or altered during the appraisal itself and a finalised versions should be signed off by both appraisers subsequent to the meeting. The appraisal meeting should last approximately one hour but may necessitate more time than this.

### **1.5 Revalidation**

It is the responsibility of each ACCP member to adhere and maintain their own professional standards with regards to professional registration and revalidation: The current document does not seek to replace the Revalidation process itself (or the requisite documentation). However, the vast majority of the information contained herein can and should be used to populate the specific domains set out in revalidation documents. A record of each and every annual appraisal should be held by the ACCP for a minimum of 5 years.

This pathway and documentation herein supports and informs the four themes of the **NMC Code of Revalidation**:

- **Prioritise people** by actively seeking and reflecting on any direct feedback received from patients, service users and others to ensure that you are able to fulfil their needs.
  - **Practise effectively** by reflecting on your professional development with your colleagues, identifying areas for improvement in your practice and undertaking professional development activities.
  - **Preserve safety** by practising within your competency for the minimum number of practice hours, reflecting on feedback, and addressing any gaps in your practice through continuing professional development (CPD).
  - **Promote professionalism and trust** by providing feedback and helping other NMC colleagues reflect on their professional development and being accountable to others for your professional development and revalidation.
- For other AHP's they must adhere to their own professional code for revalidation**

#### **1.5.1 Guidance for Advanced Critical Care Practitioners Working outside of the Intensive Care Unit**

In order to meet the demands as laid out in CPD revalidation document, ACCPs must be exposed on an annual basis to activity in both level 2 and level 3 areas. However, the ACCP Subcommittee have noted that ACCPs are now working in two strands.



- Those that wish to maintain the 'traditional' role and work across both level 2 and 3.
- Those that may wish to be career level 2 ACCPs.

Those ACCPs wishing to retain the 'traditional' ACCP role working across both level 2 and 3 need to spend at least 33% of their professional time working within level 3 over the year.

For those who wish to be career level 2 ACCPs and those in outreach roles – this should be specified at appraisal.

It should be noted that those who are career level 2 should not be expected to fulfil level 3 rota commitments and if they wish to work in level 3 later, they must retrain to be up to standard.

### ***1.6 GMC Good Medical Practice***

This document is also supported by, and informed by, the four domains of the **GMC's Good Medical Practice**, which define the principles that underlie Medical revalidation:

#### **Domain 1: Knowledge, Skills and Performance**

- Develop and maintain your Professional Performance
- Apply knowledge and experience to practice
- Record your work clearly, accurately and legibly

#### **Domain 2: Safety and Quality**

- Contribute to and comply with systems to protect patients
- Respond to risks to safety
- Protect patients and colleagues from any risk posed by your health

#### **Domain 3: Communication, partnership and teamwork**

- Communicate effectively
- Work collaboratively with colleagues to maintain and improve patient care
- Teaching, training, supporting and assessing
- Continuity and Coordination of Care
- Establish and maintain partnerships with patients

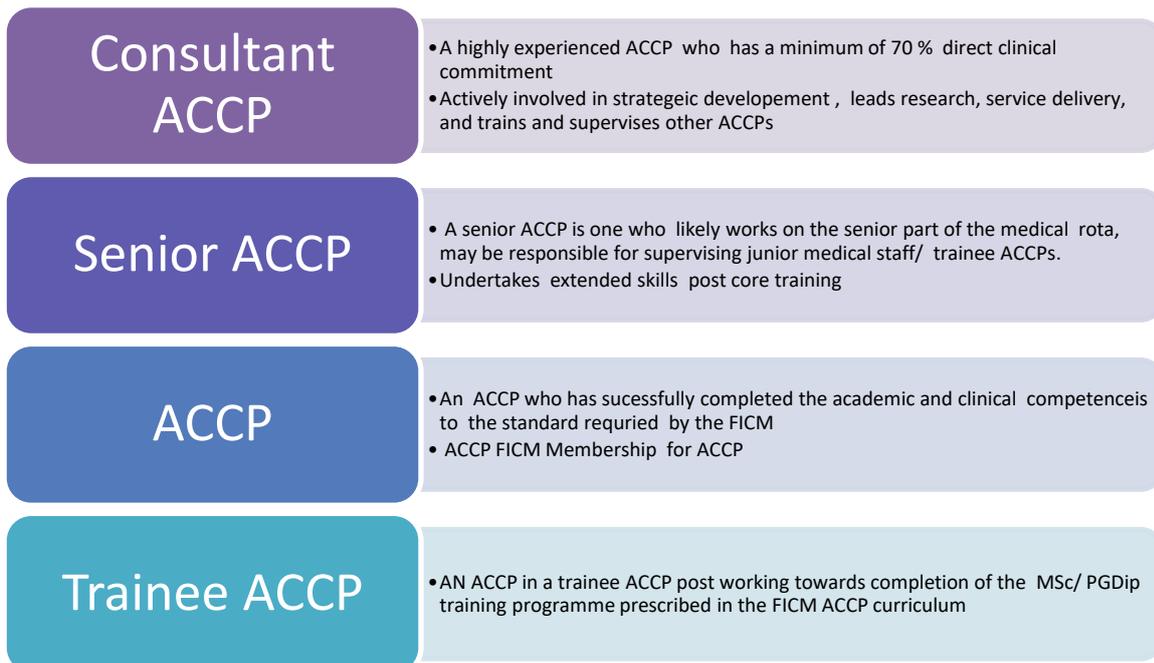
#### **Domain 4: Maintaining Trust**

- Show respect for patients
- Treat patients honestly and colleagues fairly and without discrimination
- Act with honesty and integrity



### **1.7 Career Progression**

On successful completion of training and when performing in the role of an ACCP there is a requirement to consolidate, maintain and extend the knowledge skills and competence as defined by the FICM ACCP Curriculum 2015. As a valuable member of the critical care workforce it is anticipated that as your career progresses there are additional dimensions to service delivery and your role will be agreed with your ACCP Clinical Lead/line manager. This will support your progression through the Agenda for Change (AfC) banding structure.

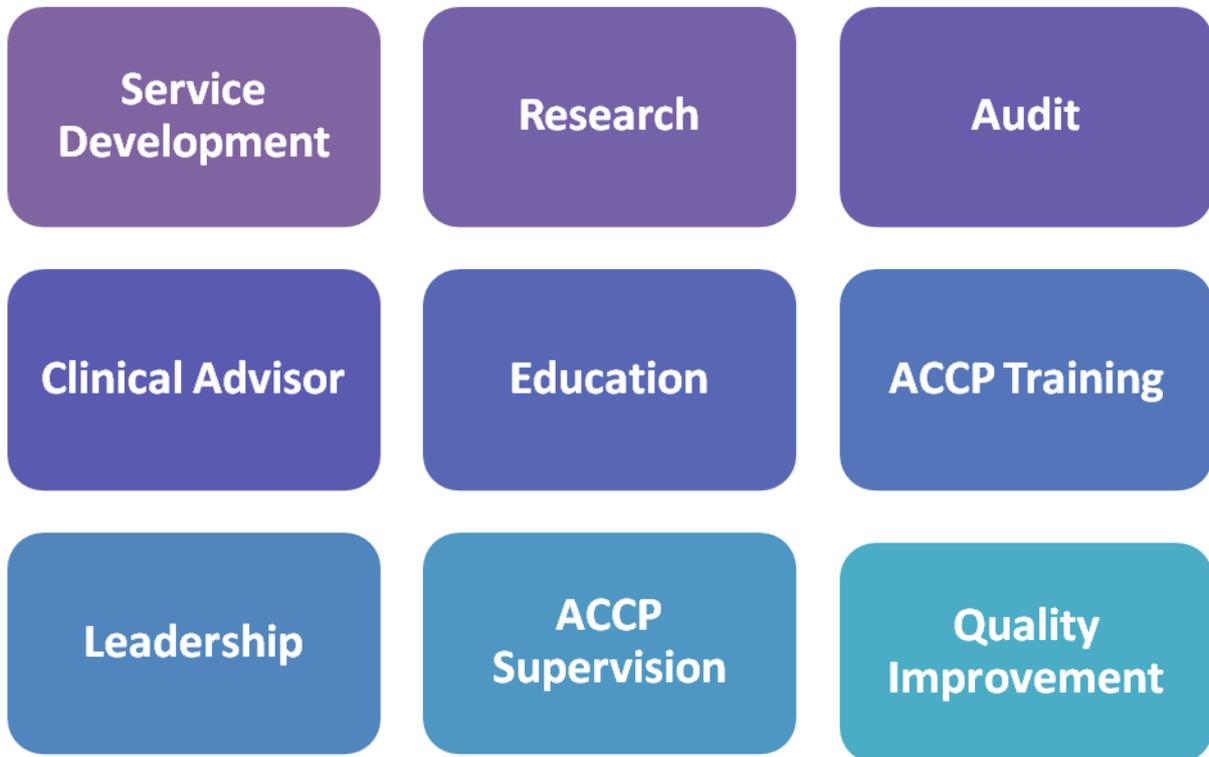






### ***1.8 Career Options***

There are a wide range of skills/activities the ACCP role can develop into in the interests of the service and career development.



## 2. Continuing Professional Development

CPD should focus on outcomes or outputs, rather than on inputs and a time-served approach. As an ACCP, you should evaluate what you have learned and understood from your CPD activity, and how it may impact on and improve your performance.

You should identify and participate in CPD based on your day-to-day work in Critical Care and what you perceive will be needed in the future, both personally and for the service, in order for you to continue to undertake your roles and responsibilities. You should plan and participate in a wide range of CPD covering the entire scope of your practice (although CPD is not limited to this).

CPD should also prepare you to address the unpredictable and changing nature of Critical Care practice. Some CPD should be based on developing and considering new areas of competence, knowledge and skills.

You should also participate in CPD that meets the needs of your patients, colleagues and your employer where appropriate e.g. Mandatory Training

You should ensure that your CPD is influenced by your participation in Healthcare governance processes, individual, organisational and national audit, workplace-based assessments, and other mechanisms that shed light on your professional and work practices.

Personal learning and CPD should be organised and undertaken as part of your personal development. It is an essential part of an ACCP's career. CPD should be linked to the domains and attributes of the NMC Revalidation Code and the Good Medical Practice Framework. For ACCPs registered with the Health Care Professional Council [HCPC] the requirements of the CPD and Registration HCPC document will be met by this document.

### 2.1 Standards of CPD

All Allied health care professionals / physicians associates in the future will undertake a minimum of 40 hours of CPD, this must be undertaken within each 3 year Revalidation Cycle – of these 40 hours, 20 hours must include participatory learning. In order to fulfil the agreed requirements of FICM ACCP role ACCPs should be undertaking 100 hours of CPD, 50 hours of which need to be participatory, within each 3 year Revalidation Cycle.

An ACCP's specific educational needs and Personal Development Plan should be a continuously evolving process that is directed primarily via the six-monthly Educational Supervision meetings with your ES or Clinical Lead.

You must maintain accurate, contemporaneous and verifiable records of your CPD activities, with details including;

- The CPD method (see below) Maintain a continuous, up-to-date and accurate record of their CPD activities;



- Seek to ensure that their CPD benefits the service user
- A brief description of the topic and notes of the actual content. This will be helpful in preparing your reflective accounts.
- Detail of the feedback you provided and how CPD has contributed to improving the quality of their practice and service delivery
- Dates and time the CPD activity was undertaken
- Upon request, present a written profile explaining how they have met the standards for CPD including attendance certificates / event programs etc.

## **2.2 Types of CPD**

The list below details some of the types of CPD activity that you should record. It is not an exhaustive list. For each activity you should record if the activity is individual or participatory;

- Structured learning (direct or distance learning style) e.g. ALS, ATLS, Training For Transfer
- Accredited higher education or training e.g., an HEI Course/Module
- Mandated training specifically relevant to role/scope of practice e.g. Blood Transfusion Training
- Local, Regional, National & International Learning events such as conferences, meetings, workshops, seminars
- Reading and reviewing publications - provide copies of publications read and reflections on these
- e-learning resources utilized - provide e-links & e-certificates
- Research activities undertaken
- Peer review activities – M&M, Clinical Review
- Coaching and mentoring (role in either delivery or being a recipient) - letters, notes observations and practice related outcomes
- Structured professional supervision – date, time, personnel, nature of supervision
- Undertaking short supervised practice for specific skills development – workplace based assessments forms including DOPS, Mini-CEX
- Group or practice meetings – provide sample anonymised minutes/agendas if appropriate
- Participation in clinical audits – provide audit documentation
- Practice visits to different environments relevant to scope of practice
- Job rotation or secondment, shadowing



### 3. Reflective Accounts

Good clinical practice requires you to reflect on your practice and whether you are working to the relevant standards.

Within each 3 year revalidation cycle, you must record at least 5 pieces of formal written reflection that explain how this CPD and/or Quality Improvement activity demonstrates that you are meeting the needs of the NMC Revalidation Process, HCPC CPD guide and Good Medical Practice, i.e. how you changed or improved your work as a result, and how it is relevant to the NMC Code?

For each reflective account, you must also undergo a formal discussion with a suitably qualified and registered member of nursing or medical staff, who is trained to provide reflective feedback and/or appraisal.

A reflection and discussion form which includes the name, signature and NMC/HCPC / GMC number of the clinician that you had the discussion with as well as the date you had the discussion must be included.



## 4. Quality Improvement Activity

Within this section, you must demonstrate that you regularly participate in activities that review and evaluate the quality of your work, both as an individual or as part of the Critical Care Team

Quality improvement activities should be robust, systematic and relevant to your work, including any clinical, academic, managerial and educational roles that you undertake. They should include an element of evaluation and action, and where possible, demonstrate an outcome or change.

Involvement in quality improvement activities is an ongoing process and evidence of participation in such activities must be presented at every appraisal. However, the extent and frequency will depend on the nature of the activity. For example, participation in a full national clinical audit might be appropriate once per revalidation cycle, whereas a case review might be expected to take place more regularly. You should discuss and agree the frequency of the quality improvement activity with your appraiser.

For each episode of QIA that you undertake you must record;

- Nature of the activity i.e. a brief description of its form and function including dates and times if applicable
- The nature of your personal participation within the QIA
- Demonstrate that you have taken appropriate action in response to the results/output from the QIA. This might include the development of an action plan based on the results of the activity or audit, any change in practice following participation, and informing colleagues of the findings and any action required.
- Demonstrate that you have evaluated and reflected on the results of the activity or audit. This might be through reflective notes about the implications of the results on your work, discussion of the results at peer-supervision, professional development or team meetings and contribution to your professional development. A minimum of 5 such pieces reflective work (for CPD or QIA) is required for NMC Revalidation
- You should consider whether an improvement has occurred or if the activity demonstrated that good practice has been maintained. This should be through the results of a repeat of the activity or re-audit after a period of time where possible.

Quality improvement activities for an ACCP can take many forms and examples include;

- Clinical audit - evidence of effective participation in clinical audit or an equivalent quality improvement exercise
- Improvement project using plan, do, study, act cycles QI methodology



- Review of clinical outcomes – where robust, attributable and validated data are available. This could include morbidity and mortality statistics and meetings or Clinical review meetings you should seek to present and discuss
- Performance data and complication rates where these are routinely recorded for local or national reports. Critical Care has in place several robust and validated quality measures that include ICNARC, SICSAG, and SCTS Blue Book Data etc. You should submit any such data that is applicable to your Critical care Unit.
- Case review or discussion – a documented account of interesting or challenging cases that an ACCP has discussed with a peer, another specialist or within a multi-disciplinary team.
- Departmental reports from any external inspection agency e.g. CQC
- Audit and monitor the effectiveness of a teaching programme
- Evaluate the impact and effectiveness of a piece of health policy or management practice
- Teaching sessions delivered to other healthcare staff with feedback from attendees
- MDT meeting attendance
- Departmental Health Care Governance and Managerial meetings attended
- Contribution to local, regional or national guidelines in relation to any aspect of healthcare



## 5. Non-medical Prescribing

As ACCP non-medical prescribers your appraisal / PDP process must involve a review of your prescribing activity. The following aspects must be reviewed:

- **Job Description:** The job description (JD) for any ACCP undertaking non-medical prescribing after completing the approved course must have the following statement added to their JD which has been approved Trust wide: **'Undertakes non-medical prescribing within their sphere of competence. Complying with the requirements of the Non-Medical Prescribing policy and their regulatory body'**.
- **NICE guideline** All ACCPs must be aware of and conform to NICE guidelines [NG5] Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes Published date: March 2015  
<http://www.nice.org.uk/guidance/ng5/chapter/1-Recommendations>



## 6. Personal Good Character and Probity

An ACCP's good character is based on conduct, behaviour and attitudes. ACCPs must constantly adhere to the best principles of Nursing and Medical Professionalism.

For the purpose of NMC revalidation, every 3 years you provide a Health & Character Declaration according to NMC Guidelines (*reference*). This would be deemed to be good practice for those registered with the HCPC.

You must declare if you have been convicted of any criminal offence or issued with a formal caution over the 3 years prior to the renewal of your registration, or if you have any pending police charges.

Probity is at the heart of healthcare professionalism. Probity means being honest and trustworthy and acting with integrity. With regard to your role as an ACCP, probity specifically also extends to the following areas;

- Providing and publishing information about services you provide
- Writing reports and CVs, giving evidence and signing documents
- Research
- Financial and commercial dealings
- Conflicts of interest



## 7. Achievements, challenges and aspirations

Whilst these topics are not mandatory for revalidation, it is important to discuss your achievements over the past year, your aspirations for the future and any challenges you may be currently facing, with your appraiser. Appraisal is a formative process and therefore you are encouraged to discuss these topics then record and document the outcome in support of these discussions.





## 9. Multi-Source Patient and Colleague Feedback

Feedback from colleagues and patients will usually be collected using standard MSF questionnaires that comply with NMC/HCPC/ GMC guidance and it is expected that any questionnaire will be administered independently of the ACCP and the appraiser. The purpose of the exercise is to provide you with information about your work through the eyes of those you work with and treat, and is intended to help inform further development.

Seeking feedback in this way enables colleagues and patient views about an ACCP's behaviour to be gathered in a more systematic way. It provides the opportunity for patients, medical and non-medical co-workers (including other health professionals, managers and administrators) to reflect on the professional skills and behaviour of the ACCP.

It is imperative that you remain sensitive to the timing and circumstances when you request feedback. It might be helpful to assure patients and colleagues that your professional relationship with them will not be adversely affected by any feedback that they provide, and that they do not have to provide feedback if they do not want to. In some cases, you might want to consider using a third party to seek feedback on your behalf.

If directly asking colleagues or patients for feedback, we recommend that you inform them how you intend to use their feedback and that it will remain confidential. You must also ensure that you maintain complete anonymity for all individuals who provide feedback for you

You should receive your questionnaire feedback prior to your appraisal to ensure you have had time to consider it and are prepared to discuss it. You should be able to demonstrate that you have reflected on the feedback. Your appraiser will be interested in what actions you took as a result of the feedback, not just that you collected it.

The discussion of your MSFs and other feedback should highlight areas of good performance and help you to identify any areas that might require further development. This should be reflected in your personal development plan and your choices for continuing professional development. It is acknowledged that feedback from patients in Critical Care can be problematic for a variety of reasons (sedation, delirium, confusion, Neurological impairment). You should therefore also consider collecting views from people who are not conventional patients but have a related role to the patient, e.g. family members, friends and carers.

Trained ACCP's should complete a full MSF every 3 years this is outlined at <https://www.ficm.ac.uk/trainingcurricula-and-assessment/assessment-forms>. This is best planned during revalidation year. Suggested numbers of assessors are provided in the table below. A minimum of 12 feedback forms must be completed for the process to be deemed valid.



Role of assessor	Suggested number of feedback forms
Educational supervisor (ES)	1
Consultant	1 (+ ES)
ST3+	2-4
FY1/2 or CT1/2	2-4
Nursing staff and other ACCP's	4-8
AHPs	2-4
Clerical	1

A full MSF should be completed annually for ACCP's in training.

## 10. Feedback: review of compliments and complaints

Feedback is often provided by patients and others by way of complaints and compliments which should also be reviewed as part of the appraisal process.

A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual ACCP, the team or about the care of patients where an ACCP could be expected to have had influence or responsibility.

Complaints should be seen as another type of feedback, allowing ACCPs and organisations to review and further develop their practice and to make patient-centred improvements.

You should be aware of the complaints procedures in the organisations you work in and be aware of any complaints received about you or your team.

You should record your exact participation in the investigation and response to the complainant where appropriate. In recording any complaints however you must ensure complete anonymity for all individuals involved.

You should demonstrate knowledge of the formal organisational protocols in place when investigating and responding to complaints, and in the continued treatment of the complainant.

You should record any actions taken by yourself or the organisation as a result of the complaint and any alteration in practice that has resulted.

Complaints may potentially act as an indicator of performance and the way in which you use your professional and clinical skills. Complaints can thus be utilised in order to highlight areas for further learning, which should then be included in your personal development plan



## 11. Instructions for using this documentation

All sections of this documentation must be completed in an electronic format and a finalised version should also be printed to hard copy and added to personnel file as per individual institution instructions.

Supporting evidence must be kept within the ACCP's portfolio and be available for inspection at the time of the appraisal meeting.

The NMC, HCPC and GMC clearly stipulate that all the information and declarations within the respective revalidation documentation need to be confirmed by a third party (nurse or doctor according to organisational requirements), to ensure compliance with the revalidation requirements.

For the purposes of ACCP appraisal and revalidation, it is therefore mandatory that both appraisers sign off the declaration to ensure that they are satisfied with content of the appraisal.

Each appraiser must provide their name, NMC, HCPC or GMC number, email, professional or trust address and postcode.





**12.2 Portfolio Review** (to include as a minimum)

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Record of 6 monthly meetings with Educational Supervisor or ACCP Clinical Lead

Logbook (see appendix 1)

All Workplace based assessments undertaken

Current job plan

CPD undertaken

Teaching undertaken

Audit undertaken

Research undertaken

Courses attended & certificates

Personal development plan for the next year

Summary of appraisal discussion

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## Personal details

<b>NMC/HCPC Number</b>	
<b>Address</b>	
<b>Telephone number</b>	
<b>Email address</b>	
<b>Employer address</b>	
<b>Name of designated body (for revalidation purposes)</b>	
<b>Nursing qualifications (including ACCP): Awarding body Dates</b>	
<b>FICM Status</b>	
<b>Year of appraisal</b>	
<b>Revalidation year</b>	
<b>Membership of Learned societies e.g. ICS, SICS, ESICM, ACTA</b>	



## Personal Development Plan for last year and Review of Progression

Date of last appraisal

Name of last  
appraisers

This section should clearly list each component of last year's PDP (as defined in last year's appraisal if applicable) and the current status of progression towards meeting the goals within the PDP.

Learning/development need	Was this need met? Yes/No/In progress	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.




**General comments concerning last year's progress**

--



**Scope of work**

Scope of work information should be completed and any alterations on yearly review clearly noted.

**Clinical commitments including current job plan, job description/job specification (if available)**

--

**Work Setting – brief description of Critical Care unit – number of beds, admissions per year, types of cases admitted, sub-specialty areas**

--

**Regular Clinical roles - ICU, HDU, Outreach, ED, MAU, OP Clinics**

--

**Ad-hoc clinical roles – as above but undertaken less than once per month**

--

**Out of hours commitment (hours/frequency)**

--

**Educational Roles**

--

**Research Roles**

--

**Managerial & Leadership roles**

--





## Mandatory Training

Please provide an up to date list of the Mandatory Training that you are required to undertake by your Trust, both generic (e.g. Fire & Safety, Conflict Resolution) and specific to your role in Critical Care (e.g. Blood Transfusion, ALS/CALS).

Please also indicate with which elements of the mandatory training you are currently up to date with.

Training	Up to date Yes/No	Date Completed	Comments
Fire			
Manual Handling			
Information governance			
Safeguarding			
ALS			
Infection protection / control			
Mental Capacity Act/ DOLS			
Equality and diversity			
Blood transfusion theory & practice			
Conflict resolution			
Waste management			



## Educational Supervisor Meetings

Please provide details of your six-monthly meetings with your Educational Supervisor

Name of Educational Supervisor	
--------------------------------	--

Job Title	
-----------	--

Date of Meeting	
-----------------	--

Outcomes Agreed



## Educational Supervisor Meetings (2)

Please provide details of your six-monthly meetings with your Educational Supervisor

Name of Educational Supervisor	
--------------------------------	--

Job Title	
-----------	--

Date of Meeting	
-----------------	--

Outcomes Agreed



## Health

Please confirm that you are capable of fulfilling the Professional Obligations placed upon you by the NMC (2015), HCPC. This states that you must be in a state of health that ensures you are capable of safe and effective practice without supervision, after any reasonable adjustments are made by your employer. It does not necessitate a complete absence of any disability or illness.

I accept the professional obligation placed upon me about my personal health

**If you feel you are unable to accept this statement for whatever reason, please explain why in the comments box:**

Are you registered with a GP?      Yes       No

Is your immunisation state up to date?      Yes       No

**Please provide the dates of your last immunisation and certificates**

**How many sick days have you taken since your last appraisal?**

*Continued on the next page*



How many sick days have you taken in the last three years?

Please provide any additional comments regarding any health issues and your role as an ACCP?



## Achievements, challenges and aspirations

Whilst these topics are not mandatory for revalidation, it is important to discuss your achievements over the past year, your aspirations for the future and any challenges you may be currently facing with your appraiser. Appraisal is a formative process and therefore you are encouraged to discuss these topics and record and documentation in support of these discussions.

### *Achievements*

### *Challenges*

### *Aspirations*



## Professional Indemnity Arrangements

You must clearly state whether your indemnity arrangement is through:

- Your employer
- A membership with a professional body
- A private insurance arrangement

You must show evidence to demonstrate that you have an appropriate arrangement in place.

If your indemnity arrangement is provided by membership with a professional body or a private insurance arrangement, you will need to record the name of the professional body or provider.

Insurer	
Name	
Renewal date	



## Probity

I confirm I have read and understand my professional responsibility as an ACCP in relation to probity and have discussed any areas of concern or conflict with my appraiser.

I accept the professional obligation placed upon me in relation to probity

<b>ACCP signature</b>	
<b>Print name</b>	

<b>Appraiser signature</b>	
<b>Print name</b>	
<b>Date</b>	



## Significant Events

Significant events are an additional source of supporting information that can be used to demonstrate that an ACCP is continuing to meet the principles and values set out in Good Medical Practice.

If your employing trust utilises data capture software for Significant Events, please record any output from this that is relevant to you.

Please give details of any significant events in which you have been involved, either clinically or in a managerial capacity. These should include;

- Never events
- Near misses
- Morbidity & Mortality Reviews
- Datix events
- Coroner's Reports & Attendances (anonymised)
- Patients referred to the Procurator Fiscal

**In addition to a concise description of the event, the ACCP should reflect on each episode and give details of the lessons learnt from the significant event and any action subsequently taken.**

## Reflective Account Form

Good nursing and medical practice requires you to reflect on your practice and whether you are working to the relevant standards. Within each 3 year revalidation cycle, you must



record at least 5 pieces of formal written reflection that explain how this CPD and/or Quality Improvement Activity demonstrates that you are meeting the needs of the NMC Revalidation Process, HCPC CPD guide and Good Medical Practice.

<b>Discussion topic</b>	
<b>Key lessons learnt</b>	

<b>Discussion topic</b>	
<b>Key lessons learnt</b>	

<b>Discussion topic</b>	
<b>Key lessons learnt</b>	



<b>Discussion topic</b>	
<b>Key lessons learnt</b>	

<b>Discussion topic</b>	
<b>Key lessons learnt</b>	

<b>Name of reviewer</b>	
<b>NMC/HCPC/GMC number</b>	
<b>Signature</b>	
<b>Date</b>	

**Non-Medical Prescribing Review**

One reflective piece per year must be in relation to activities as a NMP.

Is non-medical prescribing defined on your job description and registered with the NMC if appropriate?

Yes  No



Have you completed one reflective account form relating to non-medical prescribing?

Yes  No

<b>Title of the non-medical prescribing related reflection for this CPD period</b>	
--	--

All ACCPs must be aware of and conform to NICE guidelines [NG5] Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes Published date: March 2015 <http://www.nice.org.uk/guidance/ng5/chapter/1-Recommendations>

I confirm that I am aware of and conform to this guideline

<b>Signature</b>	
<b>Date</b>	

<b>Signature of reviewer</b>	
<b>Date</b>	



## Quality Improvement Activity

You must demonstrate that you regularly participate in activities that contribute to QI within critical care, both as an individual or as part of the Critical Care Team.

Please complete a separate form for each quality improvement activity.

**Brief description of the quality improvement activity; please include it's function, dates and times if applicable**

**What was your involvement in this activity?**

**What action have you taken in response to the results/outputs of the activity? (e.g. action plans, changes to practice)**



**Demonstrate evaluation and reflection on the results of the activity (e.g. reflective notes, discussion of the results with peer-supervision, contributions to your personal development)**

**Is any further action to be taken, such as re-audits? If so, please provide details:**



## Personal Development Plan for next year

Following a thorough examination and discussion with your appraisers, you should agree a set of educational and CPD goals for the forthcoming year and incorporate these into a coherent Personal Development Plan.

This section should clearly list each component of next year's PDP.

Learning/development need	When and how will this be met?






## PORTFOLIO

It is mandatory for all ACCPs to maintain a contemporaneous portfolio. This will contain the following documentary evidence of in addition to the information laid out in the domains identified above. The Portfolio must be available for inspection at the time of the appraisal meeting.

The contents of the portfolio should include as a minimum:

- Record of six monthly meetings with Educational Supervisor or ACCP Clinical Lead
- Logbook (see appendix 1)
- All Workplace based assessments undertaken
- Current job plan
- CPD undertaken
- Teaching undertaken
- Audit/QI undertaken
- Research undertaken
- Courses attended & certificates



## Summary of Appraisal Discussion

The appraisers and the ACCP being appraised must record here a jointly agreed and concise summary of the appraisal discussion. In order to directly address the appraisal process to the combined requirements of NMC Revalidation/ HCPC and GMC Good Medical Practice, it is useful to consider the appraisal in four distinct areas.

In preparation for the appraisal, the ACCP should use these four areas to summarise the evidence they have provided within the domains laid out above.

### ***1. Maintaining Effective Practice via a Knowledge, Skills and Performance Framework***

### ***2. Preserving and promoting Safety and Quality***

*Continued on the next page*



***3. Prioritising people via Communication, Partnership & Teamwork***

***4. Promoting & Maintaining Professionalism and Trust***



## Appraisal Outputs

1. An appraisal has taken place that reflects the whole of the ACCP's scope of work and addresses the principles and values set out in Good Medical Practice

Yes  No

2. Appropriate supporting information has been presented for appraisal and revalidation purposes and this reflects the nature and scope of the ACCP's work

Yes  No

3. A review that demonstrates progress against last year's personal development plan has taken place

Yes  No

4. An agreement has been reached with the ACCP about a new Personal Development Plan and any associated actions for the coming year

Yes  No

5. No information has been presented or discussed that raises a concern about the ACCP's fitness to practice

Yes  No

### *Comments for the appraisers*

*Continued on the next page*



*Comments for the appraisers*

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<b>Signature of Appraiser 1</b>	
<b>NMC number</b>	

<b>Signature of Appraiser 2</b>	
<b>GMC number</b>	

<b>ACCP signature</b>	
<b>Registration number Which Regulator</b>	

<b>Date</b>	
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## FICM ACCP ICM Multi Source Feedback (MSF) Team Assessment of Behaviour (TAB)

Please use a **CROSS (X)** for each question and complete this form in **BLOCK CAPITALS** and **BLACK ink**.

Trainee ACCP's surname			
T-ACCP's forename(s)			
NMC/equivalent			NUMBER <b>MUST BE COMPLETED</b>

Observed by		Profession and grade
Signature		GMC/NMC/Equivalent number
Date		

Domain	No Concerns	Minor Concerns	Major or Serious Concerns	Comments Please provide feedback on professional behaviour including areas of excellence and areas for improvement  <b>NB: Any concerns <u>must</u> be commented on to allow constructive feedback and planning for improvement</b>
<b>1. Maintaining trust/ professional relationships with patients</b> <ul style="list-style-type: none"> <li>• Listens</li> <li>• Is polite and caring</li> <li>• Shows respect for patients' opinions, privacy, dignity and is unprejudiced</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Verbal communication skills</b> <ul style="list-style-type: none"> <li>• Gives clear, understandable information</li> <li>• Speaks good English at an appropriate level for patient or relative</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. Team working/ working with colleagues</b> <ul style="list-style-type: none"> <li>• Respects others' roles</li> <li>• Works constructively within team</li> <li>• Effective handover</li> <li>• Delegates appropriately</li> <li>• Supportive of colleagues</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



<p><b>4. Accessibility</b></p> <ul style="list-style-type: none"> <li>• Accessible to all staff</li> <li>• Does not shirk duty</li> <li>• Responds when called</li> <li>• Arranges cover for planned absence, notifies of unplanned absence</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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**Do you have any concerns about this practitioner's probity or health?**

Yes

No

*If yes please explain on additional sheet*

**Additional comments on practitioner's professional behaviour:**



## FICM ACCP ICM Multi Source Feedback (MSF) Team Assessment of Behaviour (TAB)

Please use a **CROSS (X)** for each question and complete this form in **BLOCK CAPITALS** and **BLACK ink**.

ACCP's surname		
ACCP's forename(s)		
NMC/equivalent		NUMBER <b>MUST BE COMPLETED</b>

Observed by		Profession and grade
Signature		GMC/NMC/Equivalent number
Date		

Domain	No Concerns	Minor Concerns	Major or Serious Concerns	Comments Please provide feedback on professional behaviour including areas of excellence and areas for improvement  <b>NB: Any concerns <u>must</u> be commented on to allow constructive feedback and planning for improvement</b>
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<b>2. Verbal communication skills</b> <ul style="list-style-type: none"> <li>• Gives clear, understandable information</li> <li>• Speaks good English at an appropriate level for patient or relative</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. Team working/ working with colleagues</b> <ul style="list-style-type: none"> <li>• Respects others' roles</li> <li>• Works constructively within team</li> <li>• Effective handover</li> <li>• Delegates appropriately</li> <li>• Supportive of colleagues</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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--	--------------------------	--------------------------	--------------------------	--

**Do you have any concerns about this practitioner's probity or health?**

Yes

No

*If yes please explain on additional sheet*

**Additional comments on practitioner's professional behaviour:**



**FICM ACCP**  
**Case-based Discussion (CbD)**  
**Assessment Form**

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

Trainee ACCP's Surname	
T-ACCP's Forename(s)	
NMC/equivalent Number	NUMBER <b>MUST</b> BE COMPLETED

Code Number or Description of Case	
------------------------------------	--

Observed by	
GMC/NMC Number	NUMBER <b>MUST</b> BE COMPLETED
Date	Profession/grade:
Signature of supervising clinician	

**Clinical Setting:**

ICU     HDU     ED     Ward     Transfer     Other

**Assessment:**

	<b>Practice was satisfactory</b>	Tick one	Assessor's signature
	<b>Practice was unsatisfactory</b>	Tick one	Assessor's signature

Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given.

**Examples of good practice were:**

**Areas of practice requiring improvement were:**

**Further learning and experience should focus on:**

**Special focus of discussion:**

Please grade the following areas: (Descriptors included with each section)	Satisfactory	Unsatisfactory
<b>1. History taking and information gathering</b>		
Did the trainee take an adequate history and gather enough information from relatives, staff, notes or other colleagues to help decision making?	Tick	Tick
<b>2. Assessment and differential diagnosis</b>		
The focus here is on a targeted clinical examination that, combined with domain 1, allows full assessment and the assimilation of a differential diagnosis. It is important that more than one diagnosis is considered, but the most likely diagnosis should also be highlighted.	Tick	Tick
<b>3. Immediate management and stabilisation</b>		
Having made a full assessment, was the immediate management appropriate? Did the patient require urgent action? Was that action taken? Was it effective? Was appropriate help sought?	Tick	Tick
<b>4. Further management and clinical judgement</b>		
Once patient was stable, were further management decisions appropriate? Were appropriate drugs given? Were relevant tests ordered? Was the patient <b>managed/admitted</b> to the appropriate clinical area?	Tick	Tick
<b>5. Identification of potential problems and difficulties</b>		
Did the trainee identify potential problems?	Tick	Tick
<b>6. Communication with patient, staff and colleagues</b>		
How was communication dealt with by the trainee? Were intervention options discussed with the patient? Was there good communication with patient's relatives, staff and other colleagues?	Tick	Tick
<b>7. Record keeping</b>		
The records should be legible, signed, dated and timed. All necessary records should be completed in full.	Tick	Tick
<b>8. Overall clinical care</b>		
The case records and the trainee's discussion should demonstrate that this episode of clinical care was conducted in accordance with good practice and to a good overall standard.	Tick	Tick
<b>9. Understanding of the issues surrounding the clinical focus chosen by the assessor</b>		
The clinical focus must be one of the topics identified in the assessment schedule. The trainee should show an understanding <i>appropriate to their experience</i> .	Tick	Tick

## Case-based Discussion (CbD) – Intensive Care Medicine ACCP

Case-based discussion is designed to evaluate trainee clinical practice, decision-making and the interpretation and application of evidence, by reviewing their record of practice. Its primary purpose is to enable a conversation between trainee and assessor about the presentation and management of a critically ill patient. It is not intended as a test of knowledge, nor as an oral or clinical examination. It is intended to assess the clinical decision-making process and the way in which the trainee used medical knowledge when managing a single case.

The evaluation should be according to the trainee's level of training. A satisfactory assessment will indicate that the trainee's performance is what is expected from a trainee at their level of training. Please refer to the [FICM ACCP Curriculum](#).

The trainee should bring to their assessment a copy of the notes of three critically ill patients they have dealt with independently. The assessor will select one case. The trainee should be asked how they proceeded with management. In particular questions should be directed towards asking them to explain and justify the decisions they made. It is important to ask questions that bear directly upon the thought processes of the trainee during the case being discussed and not to digress into a long exploration of their knowledge of theory.

The assessor should also identify one particular issue that should have influenced the trainee's decision making in this case. They should explore the trainee's thinking in relation to the impact of this issue. This exercise is to explore in greater depth the way that the trainee reacts to events. If this specific focus is relevant to the case then the trainee should have taken its impact into account in their management and decision-making. If they believed their knowledge of the issue to be inadequate they should have sought advice before proceeding. Therefore the trainee does not need to have prior notice of the focus the assessor will discuss. If their knowledge and understanding of the clinical problem is inadequate this will be reflected by the marking.

Such discussions will also incorporate an assessment of the adequacy of a trainee's record keeping, although this is not the primary purpose of CbD.

In practical terms, the trainee will arrange a CbD with an assessor (Consultant or senior trainee) and bring along a selection of three case notes from cases in which he/she has recently been solely involved. The assessor selects one and then engages the trainee in a discussion around the assessment of the patient, the choices and reasons for selection of techniques and the management decisions with respect to initial resuscitation, stabilisation, further management and ICU/HDU admission decision. The assessor then scores the trainee in each of the nine domains described above, using the standard form. It may be appropriate only to score three or four domains at a single event, and it should be emphasised that the purpose of the tool is to understand the decision making processes and thinking of the trainee. CbD is the trainee's chance to have somebody pay close attention to an aspect of their clinical thinking and to provide feedback. Feedback and discussion are mandatory.

## Curriculum Competency Level Descriptors

The following Competency Level Descriptors are excerpted from Part II of *The CCT in Intensive Care Medicine* and are presented here for indicative ease of reference when completing the ACCP 'Competencies Assessed' section (over).

Level	Task orientated competence	Knowledge orientated competence	Patient management competence
1	Performs task under direct supervision.	Very limited knowledge; requires considerable guidance to solve a problem within the area.	Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these.
2	Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task.	Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols.	Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases.
3	Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives.	Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically.	Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases.
4	Independent (consultant) practice.	Expert level of knowledge.	Specialist.



**FICM ACCP**  
**Case-based Discussion (CbD)**  
**Assessment Form**

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

ACCP's Surname	
ACCP's Forename(s)	
NMC/equivalent Number	NUMBER <b>MUST</b> BE COMPLETED

Code Number or Description of Case	
------------------------------------	--

Observed by	
GMC/NMC Number	NUMBER <b>MUST</b> BE COMPLETED
Date	Profession/grade:
Signature of supervising clinician	

**Clinical Setting:**

ICU     HDU     ED     Ward     Transfer     Other

**Assessment:**

	<b>Practice was satisfactory</b>	Tick one	Assessor's signature
	<b>Practice was unsatisfactory</b>	Tick one	Assessor's signature

Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given.

**Examples of good practice were:**

**Areas of practice requiring improvement were:**

**Further learning and experience should focus on:**

**Special focus of discussion:**

Please grade the following areas: (Descriptors included with each section)	Satisfactory	Unsatisfactory
<b>1. History taking and information gathering</b>		
Did the trainee take an adequate history and gather enough information from relatives, staff, notes or other colleagues to help decision making?	Tick	Tick
<b>2. Assessment and differential diagnosis</b>		
The focus here is on a targeted clinical examination that, combined with domain 1, allows full assessment and the assimilation of a differential diagnosis. It is important that more than one diagnosis is considered, but the most likely diagnosis should also be highlighted.	Tick	Tick
<b>3. Immediate management and stabilisation</b>		
Having made a full assessment, was the immediate management appropriate? Did the patient require urgent action? Was that action taken? Was it effective? Was appropriate help sought?	Tick	Tick
<b>4. Further management and clinical judgement</b>		
Once patient was stable, were further management decisions appropriate? Were appropriate drugs given? Were relevant tests ordered? Was the patient <b>managed/admitted</b> to the appropriate clinical area?	Tick	Tick
<b>5. Identification of potential problems and difficulties</b>		
Did the trainee identify potential problems?	Tick	Tick
<b>6. Communication with patient, staff and colleagues</b>		
How was communication dealt with by the trainee? Were intervention options discussed with the patient? Was there good communication with patient's relatives, staff and other colleagues?	Tick	Tick
<b>7. Record keeping</b>		
The records should be legible, signed, dated and timed. All necessary records should be completed in full.	Tick	Tick
<b>8. Overall clinical care</b>		
The case records and the trainee's discussion should demonstrate that this episode of clinical care was conducted in accordance with good practice and to a good overall standard.	Tick	Tick
<b>9. Understanding of the issues surrounding the clinical focus chosen by the assessor</b>		
The clinical focus must be one of the topics identified in the assessment schedule. The trainee should show an understanding <i>appropriate to their experience</i> .	Tick	Tick

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4	Independent (consultant) practice.	Expert level of knowledge.	Specialist.



**FICM ACCP**  
**ICM Mini Clinical Evaluation Exercise (ICM-CEX)**  
**Assessment Form**

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

Trainee ACCP's Surname	
T-ACCP's Forename(s)	
NMC/equivalent Number	NUMBER <u>MUST</u> BE COMPLETED

Observation	
Code Number	

Observed by	
GMC/NMC Number	NUMBER <u>MUST</u> BE COMPLETED
Date	Profession/grade
Signature of supervising clinician	

**Clinical Setting:**

ICU       HDU       ED       Ward       Transfer       Other

**Assessment:**

	<b>Practice was satisfactory</b>	Tick one	Assessor's signature
	<b>Practice was unsatisfactory</b>	Tick one	Assessor's signature

Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given.

**Examples of good practice were:**

**Areas of practice requiring improvement were:**

**Further learning and experience should focus on:**

Please grade the following areas: (Descriptors included with each domain)	Satisfactory	Unsatisfactory
<b>1. History taking and information gathering</b>		
Did the trainee take an adequate history and gather enough information from relatives, staff, notes or other colleagues to help decision making?	Tick	Tick
<b>2. Assessment and differential diagnosis</b>		
The focus here is on a targeted clinical examination that, combined with domain 1, allows full assessment and the assimilation of a differential diagnosis. It is important that more than one diagnosis is considered, but the most likely diagnosis should also be highlighted.	Tick	Tick
<b>3. Immediate management and stabilisation</b>		
Having made a full assessment, was the immediate management appropriate? Did the patient require urgent action? Was that action taken? Was it effective? Was appropriate help sought?	Tick	Tick
<b>4. Further management and clinical judgement</b>		
Once patient was stable, were further management decisions appropriate? Were appropriate drugs given? Were relevant tests ordered? Was the patient <b>managed/admitted</b> to the appropriate clinical area?	Tick	Tick
<b>5. Identification of potential problems and difficulties</b>		
Did the trainee identify potential problems?	Tick	Tick
<b>6. Communication with patient, staff and colleagues</b>		
How was communication dealt with by the trainee? Were intervention options discussed with the patient? Was there good communication with patient's relatives, staff and other colleagues?	Tick	Tick
<b>7. Record keeping</b>		
The records should be legible, signed, dated and timed. All necessary records should be completed in full.	Tick	Tick
<b>8. Overall clinical care</b>		
The case records and the trainee's discussion should demonstrate that this episode of clinical care was conducted in accordance with good practice and to a good overall standard.	Tick	Tick
<b>9. Understanding of the issues surrounding the clinical focus chosen by the assessor</b>		
The clinical focus must be one of the topics identified in the assessment schedule. The trainee should show an understanding <i>appropriate to their experience</i> .	Tick	Tick

## Clinical Evaluation Exercise (CEX) – FICM ACCP

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The evaluation should be according to the trainee's level of training. A satisfactory assessment will indicate that the trainee's performance is what is expected from a trainee at their level of training. Please refer to the ICM curriculum.

The trainee should ask the assessor to observe the clinical encounter with the patient. The assessor

should observe the trainee's performance only interfering if it is necessary (e.g. patient safety is compromised, help to manage the patient is required...etc).

It is best to mark sheet and write notes while the trainee is being observed. The assessor then scores the trainee in each of the nine domains described above, using the standard form. It may be appropriate only to score three or four domains at a single event.

Discussion and feedback should be given as soon as possible after the observation in a quiet and private place. Feedback and discussion are mandatory.

## Curriculum Competency Level Descriptors

The following Competency Level Descriptors are excerpted from Part II of *The CCT in Intensive Care Medicine* and are presented here for indicative ease of reference when completing the ACCP 'Competencies Assessed' section (over).

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**FICM ACCP**  
**ICM Mini Clinical Evaluation Exercise (ICM-CEX)**  
**Assessment Form**

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

ACCP's Surname		
ACCP's Forename(s)		
NMC/equivalent Number		NUMBER <b>MUST</b> BE COMPLETED

Observation		
Code Number		

Observed by		
GMC/NMC Number		NUMBER <b>MUST</b> BE COMPLETED
Date		Profession/grade
Signature of supervising clinician		

**Clinical Setting:**

ICU       HDU       ED       Ward       Transfer       Other

**Assessment:**

	<b>Practice was satisfactory</b>	Tick one	Assessor's signature
	<b>Practice was unsatisfactory</b>	Tick one	Assessor's signature

Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given.

**Examples of good practice were:**

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<b>1. History taking and information gathering</b> Did the trainee take an adequate history and gather enough information from relatives, staff, notes or other colleagues to help decision making?	Tick	Tick
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<b>3. Immediate management and stabilisation</b> Having made a full assessment, was the immediate management appropriate? Did the patient require urgent action? Was that action taken? Was it effective? Was appropriate help sought?	Tick	Tick
<b>4. Further management and clinical judgement</b> Once patient was stable, were further management decisions appropriate? Were appropriate drugs given? Were relevant tests ordered? Was the patient <b>managed/admitted</b> to the appropriate clinical area?	Tick	Tick
<b>5. Identification of potential problems and difficulties</b> Did the trainee identify potential problems?	Tick	Tick
<b>6. Communication with patient, staff and colleagues</b> How was communication dealt with by the trainee? Were intervention options discussed with the patient? Was there good communication with patient's relatives, staff and other colleagues?	Tick	Tick
<b>7. Record keeping</b> The records should be legible, signed, dated and timed. All necessary records should be completed in full.	Tick	Tick
<b>8. Overall clinical care</b> The case records and the trainee's discussion should demonstrate that this episode of clinical care was conducted in accordance with good practice and to a good overall standard.	Tick	Tick
<b>9. Understanding of the issues surrounding the clinical focus chosen by the assessor</b> The clinical focus must be one of the topics identified in the assessment schedule. The trainee should show an understanding <b>appropriate to their experience</b> .	Tick	Tick

## Clinical Evaluation Exercise (CEX) – FICM ACCP

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The trainee should ask the assessor to observe the clinical encounter with the patient. The assessor should observe the trainee's performance only interfering if it is necessary (e.g. patient safety is compromised, help to manage the patient is required...etc).

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2	Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task.	Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols.	Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases.
3	Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives.	Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically.	Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases.
4	Independent (consultant) practice.	Expert level of knowledge.	Specialist.



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

Trainee ACCP's Surname		
T-ACCP's Forename(s)		
NMC/equivalent Number		NUMBER <u>MUST</u> BE COMPLETED

Procedure	
Code Number	

Observed by		
GMC/NMC Number		GMC /NMC NUMBER <u>MUST</u> BE COMPLETED
Date		Profession/grade
Signature of observing clinician		

**Assessment:**

	<b>Practice was satisfactory</b>	Tick one	Assessor's signature
	<b>Practice was unsatisfactory</b>	Tick one	Assessor's signature

Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given.

**Example of good practice were:**

**Areas of practice requiring improvement were:**

**Further learning and experience should focus on:**

Performance	YES	NO	Comments
Understands <b>indications</b> and <b>contraindications</b> for the procedure	Tick	Tick	Comments
<b>Explained</b> procedure to patient	Tick	Tick	Comments
Understands relevant <b>anatomy</b>	Tick	Tick	Comments
Satisfactory <b>preparation</b> for procedure	Tick	Tick	Comments
<b>Communicated</b> appropriately with patient and staff	Tick	Tick	Comments
Full <b>aseptic</b> technique	Tick	Tick	Comments
Satisfactory <b>technical</b> performance of procedure	Tick	Tick	Comments
<b>Adapted</b> to unexpected problems during procedure	Tick	Tick	Comments
Demonstrated adequate <b>skill</b> and <b>practical fluency</b>	Tick	Tick	Comments
Maintained <b>Safe</b> practice	Tick	Tick	Comments
<b>Completed</b> procedure	Tick	Tick	Comments
Satisfactory <b>documentation</b> of procedure	Tick	Tick	Comments
Issued clear <b>post-procedure instructions</b> to patient and staff	Tick	Tick	Comments
Maintained <b>professional</b> demeanour throughout	Tick	Tick	Comments

If you have rated the performance unsatisfactory, you **MUST** indicate which elements were unsatisfactory

## Curriculum Competency Level Descriptors

The following Competency Level Descriptors are excerpted from Part II of *The CCT in Intensive Care Medicine* and are presented here for indicative purposes for ease of reference when completing the ACCP 'Competencies Assessed' section (over).

Level	Task orientated competence	Knowledge orientated competence	Patient management competence
1	Performs task under direct supervision.	Very limited knowledge; requires considerable guidance to solve a problem within the area.	Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these.
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**FICM ACCP**  
**Direct Observation of Procedural Skills (DOPS)**  
**Assessment Form**

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

ACCP's Surname		
ACCP's Forename(s)		
NMC/equivalent Number		NUMBER <u>MUST</u> BE COMPLETED

Procedure		
Code Number		

Observed by		
GMC/NMC Number		GMC /NMC NUMBER <u>MUST</u> BE COMPLETED
Date		Profession/grade
Signature of observing clinician		

**Assessment:**

	<b>Practice was satisfactory</b>	Tick one	Assessor's signature
	<b>Practice was unsatisfactory</b>	Tick one	Assessor's signature

Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given.

**Example of good practice were:**

**Areas of practice requiring improvement were:**

**Further learning and experience should focus on:**

Performance	YES	NO	Comments
Understands <b>indications</b> and <b>contraindications</b> for the procedure	Tick	Tick	Comments
<b>Explained</b> procedure to patient	Tick	Tick	Comments
Understands relevant <b>anatomy</b>	Tick	Tick	Comments
Satisfactory <b>preparation</b> for procedure	Tick	Tick	Comments
<b>Communicated</b> appropriately with patient and staff	Tick	Tick	Comments
Full <b>aseptic</b> technique	Tick	Tick	Comments
Satisfactory <b>technical</b> performance of procedure	Tick	Tick	Comments
<b>Adapted</b> to unexpected problems during procedure	Tick	Tick	Comments
Demonstrated adequate <b>skill</b> and <b>practical fluency</b>	Tick	Tick	Comments
Maintained <b>Safe</b> practice	Tick	Tick	Comments
<b>Completed</b> procedure	Tick	Tick	Comments
Satisfactory <b>documentation</b> of procedure	Tick	Tick	Comments
Issued clear <b>post-procedure instructions</b> to patient and staff	Tick	Tick	Comments
Maintained <b>professional</b> demeanour throughout	Tick	Tick	Comments

If you have rated the performance unsatisfactory, you **MUST** indicate which elements were unsatisfactory:

## Curriculum Competency Level Descriptors

The following Competency Level Descriptors are excerpted from Part II of *The CCT in Intensive Care Medicine* and are presented here for indicative purposes for ease of reference when completing the ACCP 'Competencies Assessed' section (over).

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**Acute Care Assessment Form (ACAT)**

Date of Assessment (DD/MM/YY)      Trainee's Surname

/   /

Trainee's Forename

Trainee's Year

Trainee's GMC Number

Assessor's Registration Number (e.g.GMC, NMC, GDC)

Assessor's Name

Assessor's Email

Assessor's Position:

- Consultant       SAS       SpR       SHO       GP       Nurse       Other

List of cases seen (please include the curriculum competence level being assessed where applicable):

**How has the trainee's acute work been assessed?**

Post Take Ward Round	<input type="checkbox"/>
During Acute Unselected Take- Day	<input type="checkbox"/>
During Acute Unselected Take- Night	<input type="checkbox"/>
Specialty Take	<input type="checkbox"/>
Critical Care	<input type="checkbox"/>
Regular Ward Round	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>
-----	<input type="checkbox"/>

Please score the trainee on the scale shown. Please note that your scoring should reflect the performance of the trainee against that which you would reasonably expect at their stage/year of training and level of experience. Please mark 'Unable to Comment' if you feel you have not observed the behaviour.

<i>Well below for expectation of training</i>	<i>Below for expectation stage of training</i>	<i>Borderline for expectation for stage of stage of</i>	<i>Meets expectation for stage of training</i>	<i>Above expectation for stage of training</i>	<i>Well above expectation for training</i>	<i>Unable to Comment stage of</i>	<i>expectation stage</i>
<b>Clinical Assessment:</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Record Keeping:</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Investigations and Referrals:</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Management of Critically Ill Patient:</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Time Management:</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Management of Take/Team Working:</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical Leadership:</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Handover:</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall Clinical Judgement:</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on this observation please rate the level of overall competence the trainee has shown:

<b>Overall Clinical Judgement</b>		
<b>Rating</b>	<b>Description</b>	
Below Level expected during Foundation Programme	Trainee required frequent supervision to assist in almost all clinical management plans and/or time management	<input type="checkbox"/>
Performed at the level expected at completion of Foundation Programme / early Core Training	Trainee required supervision to assist in some clinical management plans and/or time management	<input type="checkbox"/>
Performed at the level expected on completion of Core Training/ early Higher Training	Supervision and assistance needed for complex cases, competent to run the acute care period with senior support	<input type="checkbox"/>
Performed at level expected during Higher Training	Very little supervising consultant input needed, competent to run the acute care period with occasional senior support	<input type="checkbox"/>
Performed at level expected for completion of Higher Training	Able to practise independently and provide senior supervision for the acute care period	<input type="checkbox"/>

**Which aspects of the encounter were done well?**

**Any suggested areas for improvement?**

**Agreed Action:**

**Trainee's Comments:**

**Trainee's Signature:**.....

**Assessor's Signature:**.....