**FICM ACCP Training Unit Approval Form**

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| **Name of unit proposed for training recognition** |  |
| **Proposing local ICU Consultant**  |  |
| **Unit Clinical Lead**  |  |
| **The proposed unit has:** | **Met****Y/N** | **Comments** |
| 1. The Department has an acceptable CQC assessment
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| 1. A nominated ICM consultant lead for ACCPs with a formal link to an HEI providing the academic component of training.
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| 1. A named Educational Supervisor with sufficient time in their job plan to provide support for each trainee ACCP to mentor progress and provide pastoral support.
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| 1. Recognition for training (by FICM and SEBs) doctors to at least Core Training level.
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| 1. Consistent quality assurance regarding the ethos towards training (eg positive feedback from doctors in training in GMC, FICM, and locally collected survey data)
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| 6a.Sufficient clinical activity to deliver the ACCP training syllabus and meet the curricular requirements. 6b.If sufficient clinical activity to fully deliver the ACCP training syllabus is not possible, provide evidence of an arrangement or alliance with a larger allied teaching hospital/DGH or tertiary centre, in a hub and spoke model.  |  |  |
| 1. Consultant staffing is compliant with GPICS v2 standards. For some smaller/rural units, this may mean appropriate during daytime hours covered by trained Intensivists, with operational plans for clinical support in place for out-of-hours cover.
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| 1. Sufficient training opportunities for all trainees (ACCPs and doctors in training) allocated to the unit has been considered
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| 1. The RA has no concerns about the unit undertaking ACCP training from a training environment perspective
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**Additional Comments**

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| **Regional Advisor Signature. Print and sign** | **Region**  |

**Once this form is complete, it should be sent to the FICM ACCP Sub-Committee via** **contact@ficm.ac.uk** **and the detail should be reviewed yearly or if a concern has been raised.**