

## ACCP Member Equivalence Pathway

### 1. Introduction

From November 2017, the Faculty of Intensive Care Medicine (FICM) made the decision to close the route of access for Member status to Advanced Critical Care Practitioners (ACCPs) who were not on an ACCP specific Higher Education Institution (HEI) training programme. This has led to the requirement to ascertain an equivalence pathway for those who still desire or require ACCP Member status. (See [ACCP Programme Specification](#)).

All ACCP trainees must register with the Faculty as soon as possible after starting their ACCP training, via submission of an ACCP Trainee Registration Form to the Faculty. **There is no fee for registration**, but it is considered important that ACCP trainees register to inform future training and workforce planning. Registration also enables ACCP Trainees to establish contact with the Faculty and remain abreast of developments in the field and ACCP related or relevant Faculty events and initiatives.

There are Advanced Clinical Practitioners (ACPs / ANPs) who may wish to change career path, moving into critical care and obtaining FICM ACCP Member Status, as well as ACCPs that commenced training post November 2017, who did not complete an ACCP Specific HEI training programme so are unable to obtain FICM ACCP Member status.

It is also envisaged that in future, Operating Department Practitioners (ODPs), Physicians Associates (PAs) and Anaesthesia Associates (AAs), when their regulating bodies allow independent prescribing, would also require a pathway to enable achievement of FICM ACCP Member status.

This document and the Equivalence Pathway ([Appendix 1](#)), have been developed to support experienced practitioners and recognise previous qualifications and experience to obtain FICM ACCP Member status.

It is anticipated that this document will require regular review in light of the changing landscape around advanced practice and the regulation agenda.

### 2. Education

Existing ACCP training across the UK, combines robust clinical education and assessment with a HEI-based academic programme which can be taken to Postgraduate Diploma as a minimum or MSc ideally.

HEIs throughout the UK currently offer a varied mix of generalised Advanced Practice (Level 7) pathways which include a varied mix of modules leading to an ACCP qualification. There are also some HEIs offering specific ACCP level 7 qualification pathways, which vary in content. Currently, the FICM ACCP Sub-Committee do not approve or recommend any specific courses, however Accreditation of HEIs to provide a specific FICM ACCP Level 7 Course is being progressed.

The Faculty of Intensive Care Medicine maintains a register of all ACCP Members who have applied for and met the qualification criteria. FICM considers that education, that is specific and regulated, is essential in delivering and maintaining high quality professional standards for all ACCPs.

Accredited FICM ACCP HEI Equivalency courses that comply with the [FICM ACCP Training Competency Document](#) and [ACCP Programme Specification](#) will offer reassurance that specific training standards and competencies will be met. Regulating training will protect the ACCP Members' qualification and maintain quality standards.

Core Modules and competencies as set out in the ACCP Programme Specification will be regulated and monitored by the FICM ACCP Sub-Committee. Confirmation and approval of the HEI taught core modules / portfolio will lead to the award of FICM ACCP Member Status (once application submitted and reviewed). Hub and spoke HEI courses may offer students ease of access to FICM ACCP Accredited modules / courses from distant HEIs. Modules may be undertaken via distance learning, webinars, and occasional attendance for study days and examinations. Other modules may be accessed from local HEIs to complete MSc pathways.

It is envisaged that ACCPs that have not completed an ACCP specific HEI training programme will require additional critical care credits at Level 7 in order to achieve sufficient educational requirements for ACCP Member Status. It is envisaged that all future ACCP Members will be qualified with an MSc rather than a Post Graduate Diploma (PGDip).

These modules should include:

- **Core Skills for Advanced Critical Care Practitioners 1 (or equivalent)**

This module aims to equip the Advanced Critical Care Practitioner trainees with the core skills in clinical history taking, examination and applied anatomy, physiology and pathophysiology of critical illness. The ACCP will develop advanced clinical decision-making skills in the critical care setting to facilitate a high degree of autonomous practice.

- **Advanced History Taking**

Advanced History Taking and Assessment is a single, practice-focused module that provides students with the opportunity to develop their critical thinking through enhanced knowledge and skills in taking a comprehensive patient history and performing a thorough physical and psychosocial assessment.

Students will be expected to demonstrate analysis and evaluation through their assessment skills, and ability to accurately document a patient/client health history and examination findings using appropriate terminology, reporting deviations from normal in a succinct manner to colleagues within the multidisciplinary team.

- **Clinical Examination**

This module will introduce students to the broad principles of clinical history taking, clinical examination skills and develop their ability to formulate a differential diagnosis.

- **Independent Prescribing**

This module enables ACCPs to be able to independently assess, diagnose (using a variety of tools) and make prescribing decisions to treat the diagnosed condition. This ensures that the formulary designed by the hospital within which the ACCP works, is flexible enough to allow for prescribing of any medication within the sphere of competence of the individual ACCP.

The acquisition of the ability to undertake Non-Medical Prescribing (NMP)/Independent Prescribing is pivotal to the success of the individual ACCP in practice and their full integration into the critical care team; the NMP/Independent Prescribing module is nationally set and counts for 40 academic

credits. ACCP trainees will usually undertake the NMP module in year 2 of their training programme; the exact timing of the module within the PgDip will be determined by the respective HEI.

- **Research Module**

This module develops an understanding of research designs and methods, enables the critical appraisal of evidence and research and introduces the principles of data collection and analysis. This module is delivered via a distance learning approach.

It is the aspiration of the ACCP Sub-Committee to produce a national exam as a benchmark of ACCP standards across the UK; this will likely take the form of an OSCE. It is not currently possible to deliver a national ACCP examination, but the Group intends to work towards this in future years.

It is understood that although Physicians Associates (PAs) will likely obtain regulation in the near future, these professionals would be required to complete a full ACCP training programme in the same way that other Health Care Professionals (HCPs) are required to, and can then follow the ACCP limb of the equivalence pathway if they have not undertaken an approved ACCP HEI Programme.

For ACPs who change career path to ACCP, a **minimum of 2 years supernumerary** (not on the medical rota or in staffing numbers) will be required to obtain the relevant competencies, experience and educational components. Although the educational components may be achieved in a shorter duration, the additional time will allow the candidates time to develop the minimum critical care experience to gain FICM ACCP Member status. However, for those ACCPs that have completed the 2-year full ACCP training programme but require equivalence due to insufficient HEI provision to meet FICM ACCP Member requirements, it is envisaged that approximately 12 months will be required to complete the additional modules and clinical competencies.

### 3. Competencies

The curriculum for ACCPs provides a core set of competencies required of all ACCPs. It is recognised that individual Health Boards / Trusts in addition to this core skills-set may wish to train their ACCPs to perform additional tasks or procedures dependent on the clinical case mix and requirements for their own units.

It is expected that the ACCP upon 'qualifying' will have satisfied their mentor and the Faculty of Intensive Care Medicine that they have completed all the essential competencies and have documentation to confirm this.

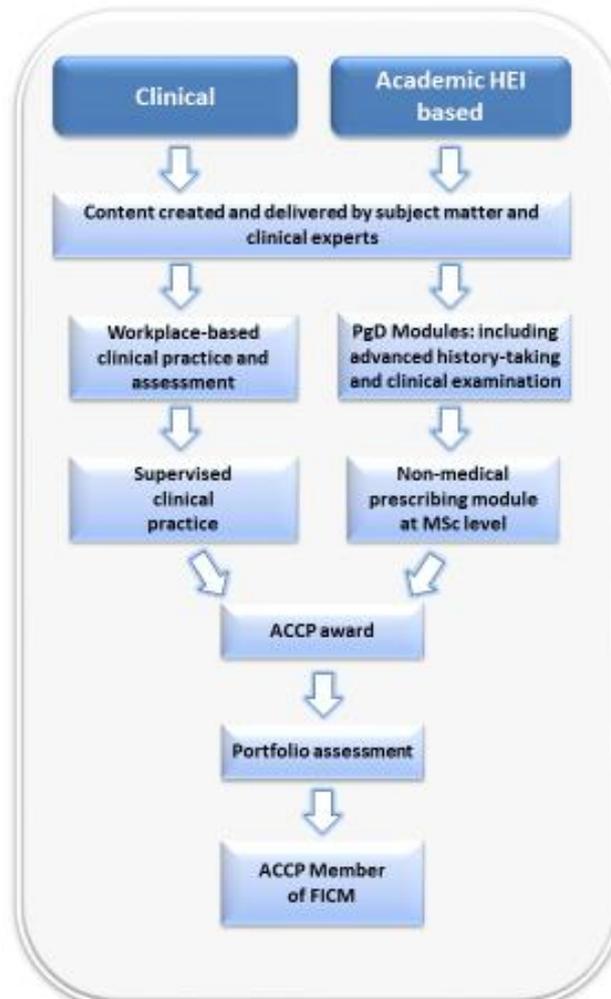
These will include:

ACCP Logbook Procedures	
Essential	Desirable (list not exhaustive)
Peripheral venous cannulation	
Arterial cannulation	Pulmonary artery flotation catheter insertion
Central venous cannulation	Endotracheal intubation
Nasogastric tube insertion	Insertion of TOE probe
Urinary catheterisation	Bronchoscopy
Defibrillation in cardiac arrest	Cardioversion/Defibrillation
Laryngeal mask airway insertion	Intra-aortic balloon pump removal
Dialysis catheter insertion	Thromboelastography/ROTEM analysis

A minimum number of Work Based Assessments (WBA) are required each year to ensure progression:

Minimum Assessments per ACCP Academic Year	
Assessment	Minimum No.
Direct Observation of Procedural Skills [DOPS]	8
Acute Care Assessment Tool [ACAT]	4
Case-based Discussion [CBD]	2
ICM Mini-Clinical Evaluation Exercise [I-CEX]	2
Multi-Source Feedback [MSF] (including self-assessment exercise within specified domains)	1
Expanded Case Summary – 2000 words max. (to standard of case presentation in departmental meeting)	1
Logbook Summary – demonstrating activities, patient involvement, practical procedures and critical incidents. <b>Note: No patient identifiable material should be stored or presented.</b>	1
Records of reflective practice – 500 words max.	2
Summary of all formal teaching sessions and courses attended	1

### ACCP Pathway



## 4. Portfolio

The FICM ACCP Handbook, Assessment and Syllabus documents should be an essential part of the ACCP's portfolio, in order to demonstrate appropriate skills and experiences.

During each year of training and equivalence an Annual Review of Clinical Performance (ARCP) should be carried out. An ARCP from your ACCP Clinical Lead / Clinical Consultant is required to maintain objectivity and continue professional learning and development.

This should include:

- 1 x Multi Source Feedback (MSF) 15 outputs
- 2 x Case-based Discussion (CbD)
- 2 x Mini Clinical Evaluation Exercise (I-CEX)
- 8 x Direct Observation of Procedural Skills (DOPS)
- 4 x Acute Care Assessment Form (ACAT)
- Expanded Case Summary (2000 words max)
- Logbook
- 2 x records of reflective practice
- Record of all CPD carried out.

The ARCP will bring the HEI and Clinical area together, making sure all ACCPs are fully competent in their knowledge and skills. It will assist in keeping ACCPs up to date in maintaining professional competence and standards.

## **5. Continuing Professional Development (CPD) /Appraisal**

For ongoing development, the FICM ACCP CPD and Appraisal Pathway, can be used to plan, institute, maintain and evidence ongoing clinical, academic, and professional learning. Nurses must revalidate according to the Nursing Midwifery Council (NMC) Guidelines, Allied Healthcare Practitioners must adhere to the code of the Health and Care Professions Council (HCPC) and others including PAs will require adherence to the General Medical Council (GMC) rules and regulations.

Recording Continuing Professional Development is essential to maintain and demonstrate clinical competence. Using the approved FICM appraisal documentation will be the basis for the ACCP's annual appraisal.

ACCPs should record:

- 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 Local, Regional, National & International Learning events such as conferences, meetings, workshops, seminars
- Reading and reviewing publications
- e-Learning resources – provide e-links & e-certificates
- Research activities undertaken
- Peer review activities – M&M Meetings, 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
- Group or practice meetings – provide a sample of 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
- Any additional Optional Specialist Frameworks completed post qualification

## **6. Specific Guidance**

Advanced Practitioners come from a range of professional backgrounds such as nursing, pharmacy, paramedics, and occupational therapy.

Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision-making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes.

## **Advanced Clinical Practitioners (ACPs)**

Advanced Clinical Practice defines a level of practice within the healthcare workforce. Advanced Clinical Practitioners (ACPs) are regulated Healthcare Professionals, who enhance capacity and capability within multi-professional teams by supporting existing and more established roles. They help to improve clinical continuity, provide more patient-focused care, enhance the multi-professional team and help to provide safe, accessible and high-quality care for patients.

ACPs can demonstrate expertise and professional judgement to achieve capabilities in areas such as: diagnostics and therapeutics, enhanced skills in consultation, critical thinking and clinical decision-making, and the leadership they demonstrate within their teams. ACPs are educated to master's level and have developed the skills and knowledge to allow them to take on expanded roles and scope of practice.

*Only ACPs who have regulation by a base profession (NMC/HCPC) that allows for independent prescribing are able to follow the ACCP Equivalence Pathway.*

To transfer and enter the ACCP Equivalence Pathway ACPs must:

- Be registered as a healthcare professional, with recent experience of working within critical care (a minimum 2 years critical care experience is required)
- Demonstrate evidence of appropriate continuing professional development
- Hold a Substantive Trainee ACCP post, having met individual Health Board / Trust selection procedures in terms of skills and relevant experience in a recognised Intensive Care Medicine (ICM) training Critical Care Unit (If working in a non ICM training unit bespoke placements in an ICM training Unit will be required, through a Hub and Spoke process)
- Complete appropriate required modules at Level 7 at a FICM ACCP Accredited HEI.
- Be eligible to undertake independent prescribing (mandatory to achieve Member status)
- Have a satisfactory enhanced DBS (formerly CRB) check
- Have a satisfactory Occupational Health Clearance

If English is not your first language, you will also need to provide evidence of competence in written and spoken English in accordance with the University's Admissions Code of Practice i.e. IELTS of 6.5 overall with a minimum of 5.5 in each part.

## **Operating Department Practitioners (ODPs)**

Operating Department Practitioners (ODPs) are regulated Healthcare Professionals, involved with the overall planning and delivery of perioperative care. They are mainly employed in surgical operating departments but can also be found in other clinical areas, including Emergency Departments (ED) and Intensive Care Units (ICU).

There are ODPs currently working as ACCPs but they are unable to register and become FICM ACCP Members as they are unable to independently prescribe.

ODPs are currently unable to undertake an ACCP equivalence course as current legislation does not allow independent prescribing, which is an essential part of the ACCP role. It is envisaged that legislation will soon allow ODPs to independently prescribe and potentially become FICM ACCP Members. Once this regulation has occurred, to become an ACCP Member, ODPs must:

- Be registered as a healthcare professional, with recent experience of working within critical care (a minimum 2 years critical care experience is required)
- Demonstrate evidence of appropriate continuing professional development
- Hold a Substantive ACCP post, having met individual Health Board / Trust selection procedures in terms of skills and relevant experience in a recognised Intensive Care Medicine (ICM) training Critical Care Unit
- Complete appropriate required modules at Level 7 at a FICM ACCP Accredited HEI
- Be eligible to undertake non-medical prescribing (mandatory)
- A satisfactory enhanced DBS (formerly CRB) check
- A satisfactory Occupational Health Clearance.

### **Physician Associates (PAs)**

Physician Associates are a new healthcare professional, who are as yet unregulated. Whilst they are not a doctor, they work to the medical model, with the attitudes, skills and knowledge-base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision. They are integral part of the Post Registration Medical Associate Professions workforce plan developed by NHS Health Education England. PAs are currently dependent practitioners who work alongside medical staff.

Physician Associates:

- Support doctors in the diagnosis and management of patients
- Might work in a GP surgery or be based in a hospital
- Will have direct contact with patients
- Will be graduates who have undertaken post-graduate training
- Will work under the direct supervision of a doctor
- Will be trained to perform a number of day-to-day tasks including:
  - Take medical histories
  - Perform examinations
  - Diagnose illnesses
  - Analyse test results
  - Develop management plans

PAs are currently unable to undertake an ACCP equivalence course as current legislation does not allow independent prescribing. which is an essential part of the ACCP role.

It has just been agreed that PAs will now be regulated by the General Medical Council and is envisaged that legislation will soon follow to allow PAs to independently prescribe and potentially become ACCPs (only regulated Healthcare Professionals are able to become ACCPs).

To transfer and enter the ACCP equivalence pathway PAs must:

- Be registered as a regulated Healthcare professional, with recent experience of working within critical care (a minimum 2 years critical care experience is required)
- Demonstrate evidence of appropriate continuing professional development
- Hold a Substantive Trainee Advanced Critical Care Practitioner post, having met individual Health Board / Trust selection procedures in terms of skills and relevant experience in a recognised Intensive Care Medicine (ICM) training Critical Care Unit (If working in a non-ICM training unit bespoke placements in an ICM training unit will be required)

- Be entered into an appropriate programme leading to an appropriate Postgraduate Diploma/MSc degree/ equivalence course with a FICM ACCP Accredited HEI
- Be eligible to undertake non-medical prescribing (mandatory)
- Have a satisfactory enhanced DBS (formerly CRB) check
- Have a satisfactory Occupational Health Clearance

If English is not your first language, you will also need to provide evidence of competence in written and spoken English in accordance with the University's Admissions Code of Practice i.e. IELTS of 6.5 overall with a minimum of 5.5 in each part.

PAs would require two-years critical care experience before being able to enter the full ACCP training pathway. Once full ACCP training inclusive of FICM ACCP competencies in clinical practice have been completed, if they have not been undertaken within a FICM ACCP Accredited HEI, they would follow the Qualified ACCP limb of the pathway ([Appendix 1](#)). Current ACCPs have significant critical care experience in previous roles that enriches their clinical knowledge and skills.

## **7. Summary**

The PgDip/MSc is awarded by the HEI but the full assumption of the role of an ACCP requires successful completion of assessment of clinical competence in the workplace by consultant trainers in ICM.

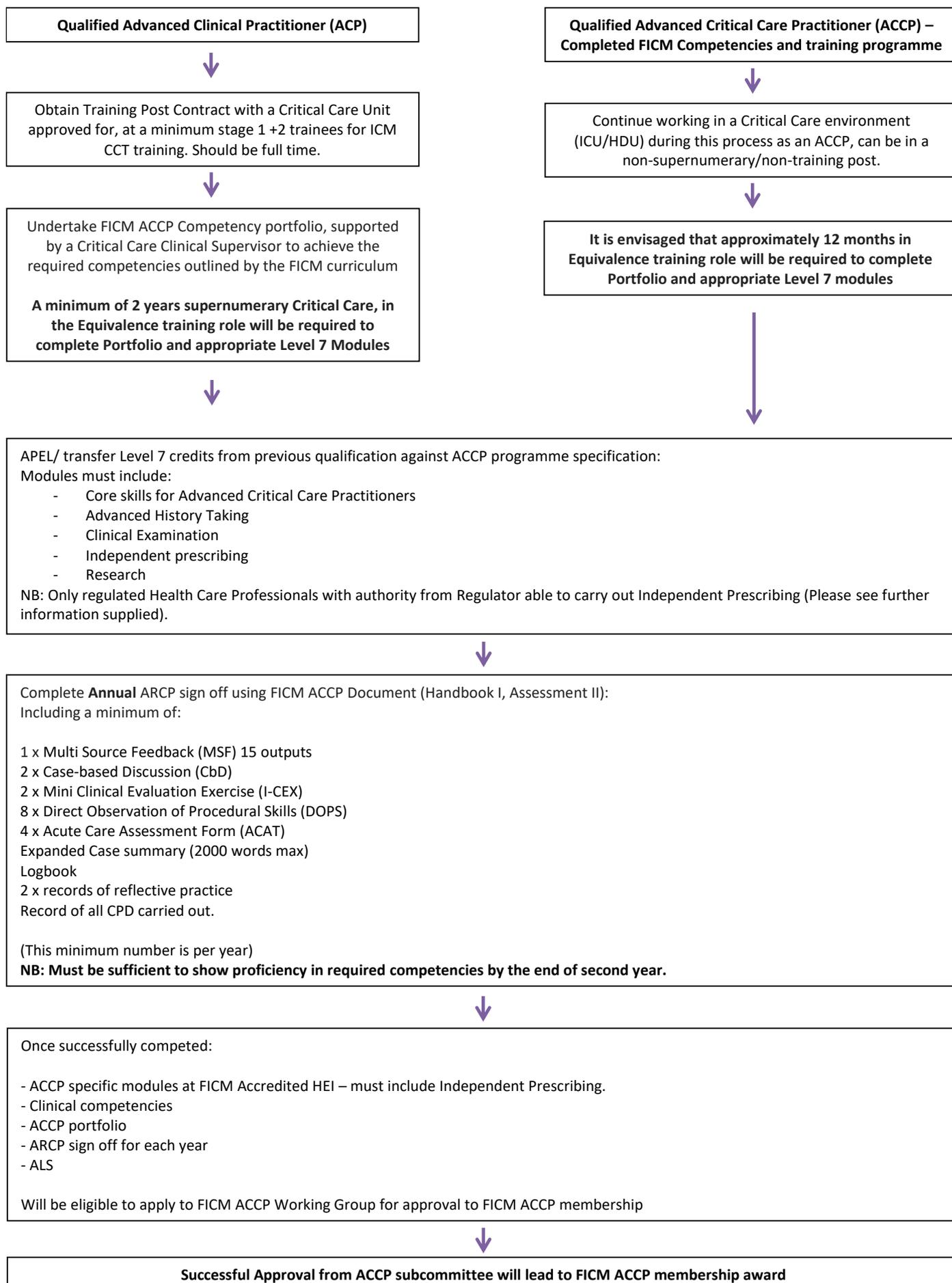
ACCPs that have satisfactorily **completed** training to a minimum of PgDip level can apply to become an ACCP Member of FICM, as long as the course undertaken meets the requirements above, or the ACCP has 'topped up' their educational component to meet the above requirements.

It should be noted that submission of an ACCP Trainee Registration Form does **not** mean that the trainee will automatically be awarded ACCP FICM Membership at the end of their training; this will be contingent on the content of their FICM ACCP Membership application and the location/content of their ACCP programme and whether they have met the additional requirements identified in this document if a non-ACCP specific programme has been completed.

ACPs who have had a career path change, are required to carry out a minimum **2-year training programme** to become an ACCP, although a full additional PGDip to the achieved qualification to obtain ACP status is not required, achievement of the identified Level 7 modules and FICM ACCP Competencies are required. The pathway outlines what is required and how to achieve FICM ACCP Member status.

On receipt of the application from candidates who have met the criteria and provided sufficient evidence, this will be reviewed and if deemed appropriate, member status will be provided. However, if there is insufficient evidence or candidates fail to meet the requirements, advice on how to meet the criteria will be given and member status will not be provided until this has been achieved. Further applications will be returned/rejected unless the criteria have been met. The decision by the FICM ACCP Sub-Committee is final and not subject to repeated appeals.

## FICM Member – ACCP Equivalence Pathway



## ACCP Member Equivalence Pathway Glossary

FICM	Faculty of Intensive Care Medicine
HEI	Higher Education Institution
ACCP	Advanced Critical Care Practitioner
ACP	Advanced Clinical Practitioner
ANP	Advanced Nurse Practitioner
FICM Member Status	Achieved on successful completion of Specific HEI programme, competencies and 2 year Supernumerary period
ODP	Operating Department Practitioner
PA	Physicians Associate
AA	Anaesthesia Associate
Supernumerary	Period of time where a trainee ACCP is present in excess of the normal/requisite number of medical/ACCP team members
PGDip	Post Graduate Diploma - 120 credits at Level 7. Runs alongside ACCP Supernumerary time and achievement of competencies
MSc	Masters of Science – Additional 60 Credits to PGDip at Level 7 (usually undertaken as a dissertation), whole MSc will equate to 180 Credits
TOE Probe	Trans-Oesophageal Probe
DOPS	Direct Observation of Procedural Skills
ACAT	Acute Care Assessment Tool
I-CEX	Intensive Care Medicine Mini-Clinical Evaluation Exercise
MSF	Multi-Source Feedback
CbD	Case Based Discussion
CPD	Continuing Professional Development
NMC	Nursing and Midwifery Council
GMC	General Medical Council
HCPC	Health and Care Professions Council
ALS	Advanced Life Support
ATLS	Advanced Trauma Life Support
DBS	Disclosure and Barring Service
NHS	National Health Service
ICM	Intensive Care Medicine
ARCP	Annual Review of Clinical Performance